



Is my resident well?

**Ten everyday questions to ask yourself,
to help recognise when care home residents
are becoming unwell**

Guide for care home staff and carers

How to use this guide

This guide includes ten questions (marked with this sign **?**) to go through and ask yourself when caring for all residents.

It does not replace your everyday care home policies.

Answering these **?** questions in order, (unless it is an emergency situation), each time you visit a resident, will help you notice changes from what is normal for a resident, so that you can act quickly if they become unwell.

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Look for questions with this sign ?

When answering the ? questions, be aware that:

GREEN is normal	AMBER you need to take action	RED you must seek immediate help
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Example of how to use

Score colour	GREEN Resident does not show signs of being unwell	AMBER Resident showing signs that they may be unwell	RED Resident is unwell and needs help immediately
What you should do	Continue to monitor daily.	Discuss any residents who have amber scores with the person in charge as soon as you notice, so the resident can be supported.	Contact the person in charge immediately, so the right help and care can be provided. If they are not immediately available follow the advice on pages 23 to 26 about calling 111 or 999 for help.

Remember to see the person as a whole. Think about - what is important to the resident about their care? Do they have an advance care plan? Make sure you are familiar with their care plans, it may help you to decide what to do if they are unwell.

Breathing

1. ? Is the resident breathless?

Score colour	GREEN	AMBER	RED
What you should do	<p>No</p> <p>Continue to monitor.</p>	<p>Yes – but this is usual</p> <p>Yes – breathing faster than normal but not gasping</p> <p>Discuss with the person in charge - note if it is different from normal.</p> <p>Consider the possibility of sepsis (infection spread to the blood - see page 17).</p>	<p>Yes – they’re gasping for air</p> <p>Yes – their lips are blue</p> <p>Contact the person in charge immediately or call 999</p> <p>(Also check care plan for resident’s wishes. Do they have an advance care plan or DNACPR/ReSPECT form?)</p>








2. ? Do they have a cough?

Score colour	GREEN	AMBER	RED
	No	Yes – but this is usual	Yes – they're gasping for air Yes – their lips are blue
What you should do	Continue to monitor.	Discuss with the person in charge - make a note of the colour of the phlegm. Consider the possibility of sepsis (infection spread to the blood-see page 17). Note: cough can also be a sign of swallowing difficulties.	Contact the person in charge immediately or call 999 (Also check care plan for resident's wishes. Do they have an advance care plan or DNACPR/ReSPECT form?)

Bowel habits

3. ? Have you noticed any changes in your resident's bowel habits?

The Bristol Stool Chart

Type 1		Separate hard lumps like nuts (hard to pass)	AMBER Indicates constipation - encourage drinking and monitor outputs.
Type 2		Sausage-shaped but lumpy	
Type 3		Like a sausage but with cracks on its surface	GREEN Indicates good bowel health - continue to monitor.
Type 4		Like a sausage or a snake, smooth and soft	
Type 5		Soft blobs with clear cut edges (passed easily)	RED <ul style="list-style-type: none"> Type 5&6 may have diarrhoea Type 7 may have food poisoning Less than 3 bowel movements a week Blood in stool Discuss all with the person in charge and encourage drinking.
Type 6		Fluffy pieces with ragged edges, a mushy stool	
Type 7		Watery, no solid pieces, entirely liquid	

Hydration - drinking

Urine infections can be serious in older people.

4. **?** Does your resident have any of the signs of dehydration below?

- Change in urine colour (see page 8)
- Change in smell of urine
- Headaches
- Dizziness
- Reduced urine (less toilet visits or dry pads)
- Confusion (see page 12)

Score colour	GREEN	AMBER	RED
	No	If you answer yes to any of the above	
What you should do	Continue to monitor.	<ul style="list-style-type: none">• Encourage drinking• Monitor drinking input and output• Test urine (if available).	If there is no improvement after a few hours discuss with the person in charge.

Note: if the resident has swallowing difficulties discuss with the person in charge ways to increase fluids.

5. ? What colour is the urine?

Urine colour

GREEN Continue to monitor.	1, 2, 3 Well hydrated	1
		2
		3
AMBER <ul style="list-style-type: none"> • Encourage drinking • Monitor • Inform person in charge 	4, 5, 6 Hydrated, but could drink more	4
		5
	6, 7, 8 Dehydrated, need to drink more	6
		7
		8

Pain

If the resident **cannot communicate** their needs (e.g. advanced dementia).

6. ? Do they have any of the signs below that might show they are in pain?

- Aggressive behaviour
- New facial expressions e.g. frowning or moving away when touched
- Change in sleep pattern
- Avoiding certain movements or moving less than normal
- Eating less
- Increase in shouting, moaning, calling out or being quiet

Score colour	GREEN No	AMBER Yes - but this is usual	RED Yes - pain worse than usual or new type of pain
What you should do	Continue to monitor.	Check if prescribed pain relief can be given. Is it worse than normal? If yes, discuss with the person in charge.	Contact the person in charge immediately – look for the cause. Has something happened to the resident? e.g. a fall. If they have chest pain or other severe pain, immediately call 999.

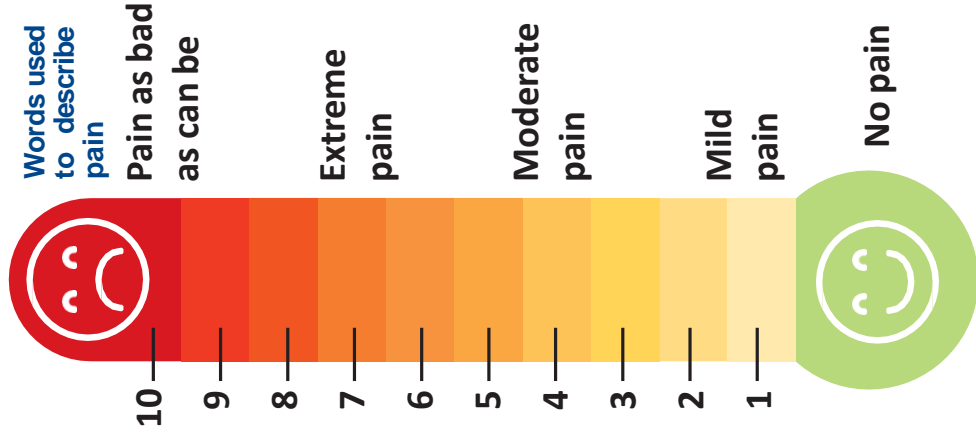
Pain

If the resident **can communicate** their needs

7. **?** Are they in pain?

- If yes, ask where the pain is and whether it is new for them
- Ask them to describe their pain or give it a number 1-10, use the thermometer on page 11 (or use your care home pain scale).

Score colour	GREEN No pain	AMBER Has pain score: 1,2,3,4,5	RED Has pain score: 6,7,8,9,10
What you should do	Continue to monitor.	Check if prescribed pain relief can be given. Is the pain worse than normal? If yes, or pain is new, discuss with the person in charge.	Contact the person in charge immediately. Investigate if anything has happened to the resident e.g. a fall. If they have chest pain or other severe pain, immediately call 999.



Confusion

8. ? Have you noticed a change in a resident, are they more confused than normal?

Are they:

- Unable to concentrate
- Upset, drowsy or irritated
- Hearing or seeing things

Score colour	GREEN No to all	AMBER If you answer yes to any of the above	RED If you answer yes to any of the above, but the confusion started suddenly
What you should do	Continue to monitor.	Discuss with the person in charge – reassure the resident and go through this guide to look for the possible cause for the confusion e.g. urine infection.	Speak to the person in charge. Sudden confusion can be caused by (for example): stroke, chest pain, sepsis, bleeding and low blood sugars, which all require urgent attention and you may need to call 999.

Wellbeing

9. ? Over the last few days or weeks, have you noticed a change in your resident's mood or wellbeing?

Check if:

- Something has happened to change their mood
- Their sleep pattern has changed
- They are eating less food or more food

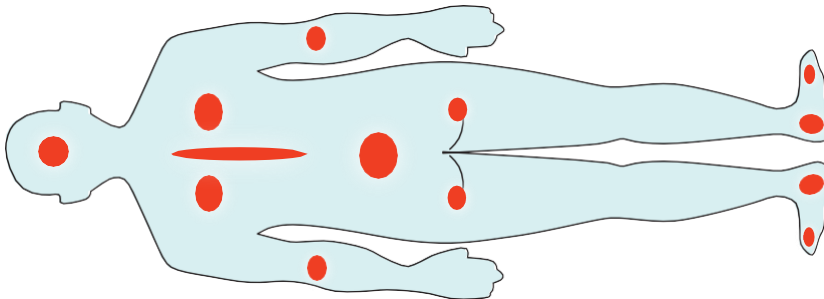
Score colour	GREEN No to all	AMBER If you answer yes to any of the above	RED If very agitated and you are worried about the risk to themselves or others
What you should do	Continue to monitor.	Take time to talk to the resident, discuss their concerns and see if you can help. If you cannot help or don't see an improvement speak to the person in charge. Use this guide to look for other reasons for change in mood e.g. pain.	Inform the person in charge or call GP/111 for advice.

Skin


10. ? Does your resident have any signs of skin damage?

- Redness
- Pain
- Hard areas
- Broken skin
- Swelling
- Hot or cold skin

Check possible pressure areas (common areas pictured in red)



Skin

Score colour	GREEN No	AMBER Yes slightly red, hot or cold areas appearing	RED Yes very red, painful, swollen or broken skin
What you should do	Continue to monitor and keep resident moving.	<ul style="list-style-type: none">• Do skin test on page 16• Make sure resident is moved or can move themselves with the right equipment regularly• Make sure they are clean and dry• Discuss with the person in charge and monitor every few hours (if your home has a policy – follow it).	<p>Discuss with the person in charge immediately and assess skin using care home pressure ulcer assessment form.</p> <p>Red skin found</p> 

Skin test

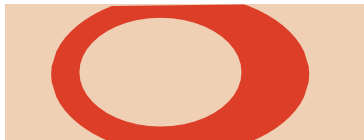
It is important to keep residents moving and reposition them so they do not develop pressure ulcers.

If you see a red area of skin on a resident use the test below.



Press finger over red skin for 15 seconds

Make sure you tell the resident what you are doing –this may be painful.



Remove your finger:

AMBER

If the **skin goes white** when your finger is removed, a pressure ulcer has not started to form, but make sure the resident is able to move to reduce the redness - check this regularly, so it does not get worse.



RED

If the **skin stays red** – your resident has a stage 1 pressure ulcer – immediately speak with the person in charge (see amber box on page 15).

Sepsis (when infection spreads into blood)

This can be life threatening

AMBER

If a person has one or more of these symptoms, they might have sepsis:

- Feverish/hot with uncontrolled shaking
- Fast or irregular breathing
- A fast heart beat
- Increased confusion or difficult to wake up
- Not passed urine in the past 12–18 hours
- Urine cloudy, smelly or painful to pass.

This person needs a medical review.

1. Immediately inform the person in charge
2. Contact the GP or call 111, and state that they may have sepsis.

RED

If a person has one or more of these symptoms, they might have severe sepsis:

- Cannot feel a pulse at the wrist
- Very fast breathing (more than one breath every two seconds)
- Blue lips
- Responds only to voice or pain, or unresponsive
- Skin rash or patchy skin
- Not passed urine in the past 18 hours
- Sudden worsening.

This person needs an urgent medical review.

1. Immediately inform the person in charge
2. **Call 999, and state that they may have 'red flag' sepsis.**

What to do if a resident falls:

Obvious injury

A person has fallen or has been found lying on the floor:

- Check if it's safe to approach the resident
- Check if the resident responds to you and look for an injury
- Ask the person in charge to assess the resident immediately and move them only if the person in charge says you can.

You can see an obvious injury (e.g head injury, bleeding, broken bone)

- Call 999
- Keep the person warm and as comfortable as possible
- Get the resident's notes (and the red bag if appropriate)
- Tell next of kin in line with their care plan
- Record the fall in the person's notes and begin a falls investigation
- If the person is on blood thinners (e.g. warfarin, apixaban, dabigatran, rivaroxaban, edoxaban) seek urgent medical advice.

What to do if a resident falls:

No obvious injury

A person has fallen or has been found lying on the floor:

- Check if it's safe to approach the resident
- Check if the resident responds to you and look for an injury
- Ask the person in charge to assess the resident immediately and move them only if the person in charge says you can.

You cannot see an obvious injury

- Follow the care home's policy to move the person to a safe place
- Keep them warm and as comfortable as possible
- Observe the person frequently checking for any changes, especially if they are on blood thinners (see list on page 18).
- Tell the person's next of kin in line with their care plan
- Record the fall in the person's notes and begin a falls investigation
- Call GP or 111 if you need advice or are unsure what to do (see page 23/24).

Remember, if a resident's mobility changes this could also indicate they are unwell – discuss with the person in charge.

Care plans

It is important to know your residents and what their wishes are. Make time to read their care plans and update them if you see any signs in this guide of them being unwell.

Make sure you know what is in your resident's care plan as it may help you decide what to do:

- Do they have an advance care plan or urgent care plan?
- What are their known wishes?
- Has a decision been made about resuscitation on a DNACPR/ ReSPECT form? (see example)

Example of DNACPR form

The image shows a form titled "DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION" for "Adults aged 16 years and over". The form includes fields for Name, Address, Date of birth, and NHS number. It also has a section for "Date of DNACPR decision" and a "DO NOT PHOTOCOPY" warning. Below this, there is a statement: "In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) are intended. All other appropriate treatment and care will be provided." The form then asks: "1 Does the patient have capacity to make and communicate decisions about CPR?" with instructions to go to box 2 if "YES". It also asks: "If 'NO', are you aware of a valid advance decision refusing CPR which is relevant to the current condition?" and "If 'NO', has the patient appointed a Welfare Attorney to make decisions on their behalf?" Both of these questions have "YES / NO" response boxes.

Last year of life –things to consider

Is the resident in the last year of life?

Do they have an advance care plan that tells you their priorities of care?

For example:

- Do they want to go to hospital?
- Are there other options for looking after them in the care home?

If there is not a plan in place, discuss this with the person in charge. Early discussions with residents about their wishes may help you know what to do when they are unwell. Page 22 gives indicators which may show your resident has an advancing disease or is the last months, weeks or days of their life.

1. Advancing disease

- Needs more assistance with activities of daily living
- Change to where they live (e.g move into care home)
- Diagnosis of a condition that can not be cured
- Depression
- More hospital visits
- Weight loss

2. Increasing decline

- Reduced appetite
- Withdrawn/unsociable
- Reduced mobility
- Sleeping more
- Not strong enough to attend hospital visits
- Increased need for interventions
- Slender appearance
- Increasing lack of concentration
- Fatigue
- Weight loss

3. Last days of life

- Bed bound
- Little intake of food and drink
- Sleepy
- Bluish colour of skin
- Patchy skin
- Needs assistance with all care
- Semi-conscious or unconscious
- Very weak
- Difficulty swallowing
- Reduced attention
- Changes to rhythm of breathing
- Irregular pulse
- Hearing or seeing things
- Confused in time or place

Urgent clinical support for care homes



Can't
get your
resident's
GP on the
phone?



Call 111
immediately

Registered health care professionals can speak directly to a 111 clinician

To access this service please dial NHS 111 as usual and state that you are a Registered Health Care Professional.

You will be asked for the following information:

- Resident demographics
- Resident diagnosis/condition
- What advice you require
- Resident phone number and your work mobile number

You will then receive a call back from a clinician in a timely manner, depending on a strict order of priority

Call 999 in
an emergency
situation

- if your resident is blue and gasping for breath
- You suspect a stroke
- They have chest pain or other severe pain
- Signs of sepsis (infection spread to blood -see page 17).

Preparing to call 111, a GP or 999

1. Sit somewhere quiet

If possible, in the resident's room (so when you make the call you can say "I am with Mr/Mrs...now")

2. Have all of the residents information available and something to take notes on

The address and contact details of the home

Their name, date of birth and GP information

Evidence for the GP or nurse to make the correct judgement

3. Think about...

Why are you calling?

What do you need advice on?

What is the resident's normal routine or behaviour?

Has anything changed and over what period?

What evidence can you provide?

What are the resident's wishes/preferences?

Does the resident have a decision on resuscitation?

Has this happened before and is there a pattern? If so, what did you do and what have you done so far?

A follow up plan – what to do if the advice is not working?

You will be asked a lot of questions, **if you don't know the answer don't worry.**

By preparing for your call and following the SBAR tool you will get the best support and advice for your resident.

SBAR handover tool

This tool covers: situation, background, assessment and recommendation (SBAR).
By following the SBAR tool, it will ensure that your call to a health service is clear and purposeful – whether you are speaking to a GP, 111 or 999.

<p>Situation What is going on now?</p>	<p>My name is..., I'm calling from..... I am calling because I need your advice about... (Provide the resident's name, date of birth and GP information) Describe the symptoms as clearly as possible, explain what has changed from their normal health. Tell the health professional what you see.</p>
<p>Background What has happened? ?</p>	<p>Describe what is happening to the resident, say how long it has been going on (if known) provide any relevant medical history (e.g. stroke, dementia, falls). What medications are they taking? Have there been any recent changes to medication? Does the resident have any allergies?</p> <p style="text-align: right;">➔</p>

<p><i>Background</i> What's the resident's history?</p>	<p>What actions have already been taken? - If so what for? Is there an advance or urgent care plan in place for this resident? Is there a DNACPR/ReSPECT form?</p>
<p><i>Assessment</i> What do you think is going on?</p>	<p>If you suspect the resident has a particular condition e.g. urine infection, constipation, let the health professional know. How does the person look? - Are they in pain; breathless? Call 999 if they are blue and gasping, or in severe pain. Have you been able to do any observations, if so what are the results?</p>
<p><i>Recommendation</i> What do you want done?</p>	<p>Explain clearly what you need: advice, medical review etc. Confirm what you have agreed with the health professional, summarise and repeat back to them, so you can be sure. Agree a timeframe for calling back if the resident does not improve. Ensure you understand if a health professional will visit or call back, and when.</p>

Other useful contacts

More information

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