

## Proposed Banding Definitions - Residential Care

### Introduction

The starting principle is, where possible, the person will be supported to remain in their own home or a community setting (e.g. Supported Living, Extra Care, and Shared Lives) and includes support from friends and family. This means using an asset and strength based approach to commissioning services.

The primary need prompting admission is likely to arise from these people living alone or with a carer and whose level of dependency has exceeded that which can be reasonably met in their own home and/or with the lack or irretrievable breakdown of social support networks and associated risks cannot be managed

Everyone admitted to long term residential care will have **substantial and permanent** physical and/or sensory disability, learning disability, mental ill health, dementia and /or there will be a frequent need for specially adapted facilities.

In addition to the above, there will be identified risks that will require management over above what it is safe to expect in a community setting. These include:

- Risk from others e.g. abuse, exploitation, domestic violence etc.
- Risk of neglect e.g. health, self-care, problematic substance use, hoarding, own environment etc.
- Risk of physical complications e.g. medical, sensory, methods of substance misuse, nutrition)
- Memory and cognitive impairment e.g. forgetfulness, medical condition, organic condition

Community based options should be considered for appropriateness and affordability against Cost Effective Care Policy and these options need to be fully considered and exhausted prior to a placement in a Residential / Nursing care setting.

In reaching decisions concerning the appropriateness of a permanent Residential Care or Nursing Care placement, it is necessary to ensure that all the assessed needs can be met within the statement of purpose of the care home and the relevant payment rate. If a placement is made in a dual registered home (residential care placement) and community health services has had some involvement with the service user, they will remain responsible for continuing to provide services to meet health needs.

**There will no longer be a Nursing Banding. If a nursing care placement is required, Residential or Residential Plus should be applied when assessing the eligibility of the social care needs. Funded Nursing Care (FNC) eligibility will be determined by Health. The usual process for this is to complete a Continuing HealthCare (CHC) checklist (see The National Framework for NHS Continuing Healthcare 2018 for further details on the FNC process). If awarded, FNC will be paid to meet the nursing care needs provided by the appropriate nursing service.**

The new definitions of categories of need and fee rates are as follows:

### **Older Adult- Residential**

An assessment of these people will indicate that their needs exceed those that can safely and/or cost effectively be met in a community setting. A risk assessment should be completed and clearly indicate why risks are not able to be managed within existing services or through existing support mechanisms.

People with this level of need will typically have a degree of disability/frailty that can be associated with their age and/or they will be experiencing considerable difficulty arising from sensory disabilities, physical disabilities, mental health difficulties and/or dementia.

In effect this group of people will need support with a range of daily living activities as opposed to simply requiring supervision or help during the day and night. (It may, however include a significant level of supervision/observation to maintain safety.) This will include the need for **supervision, care or support** over a 24 hour period with:

- mobility, high risk of falls and/or orientation
- equipment and adaptations to assist with daily living
- assistance or prompting with eating,
- personal care,
- medication administered,
- managing continence in a dignified manner
- managing distress

People with this level of need will typically require up to (X- number to be confirmed) number of hours of individual care per week on average and the care and support of 1 person to meet such needs the majority of the time but 2 people may be required for some tasks.

### **Older Adult Residential Plus**

This definition applied to older people who have needs in addition to those included within the Residential definition. These people will require considerable management and support through additional staff attention for prolonged periods of time. These needs may be related to complex physical care needs or be related to behaviours that challenge .It may include frequent and regular observations/supervision to maintain safety.

This group of people will need the **majority** of their needs met as follows:

- Most personal care tasks carried out by two or more members of staff during the day and/or night.

- Assistance with transfers by two or more members of staff and has a significant risk of falls.
- Assistance with mobility by two or more members of staff and has a significant risk of falls
- Appropriate management of frequently occurring (or highly likely) behaviours that challenge, often requiring support by two or more member of staff and may result in the regular use of physical intervention techniques that have been subject to a Best Interest Assessment and consequent DOLs plan.

People with this level of need will typically require (Y number to be confirmed) hours of individual care per week on average.