

Appendix D – Admission Scenarios by Service Category

Code	Service Category	Admission Scenario(s)
	Long-term placements	
0	<i>Residential - low level needs</i>	A,B
1	Residential - medium level needs	C,D
2	Residential - high level needs	E,F
3	Nursing	J,K
4	Nursing - advanced dementia and mental health needs	L,M
5	Advanced / Complex Nursing	N,P
	Short-term placements	
	<i>Respite - Service Category 0 - Residential - low level needs</i>	Q
	End of Life Care (Fast Track-eligible) - Service Category 3 - Nursing	R
	End of Life Care (Fast Track-eligible) - Service Category 1 - Residential - Medium level needs	S

1 Introduction

- 1.1 The following Admission Scenarios offer a picture of the type and level of needs that will be referred under each Service Category, including for short term Respite and End of Life Care placements.
- 1.2 **Please note** that, as detailed at Clause 6 of Schedule 1, in all cases Service Users will be people who:
- a) are not able to reside in their own homes AND
 - b) have care and support needs that are prevalent 24/7 and include night-time care needs AND

- c) have needs which cannot realistically be met in any other way at home, for example, through use of Assistive Technology, aids and equipment¹ in the person's home and/or because the frequency or unpredictability of the person's needs, makes support at home non-viable.

1.3 **Please note** also that the need for support at night is assumed in all Service Categories, with the exception of Service Category 0 where this may or may not be a requirement. Night support includes but is not limited to:

- assistance to toilet during the night on more than one occasion
- support with clothing and bedding
- orientation back to bed
- responding to sensor to ensure safe return to bed
- management of continence aids, pad changes, catheter monitoring
- reassurance and comforting
- repositioning
- other personal care

2 Long term placements

Service Category 0: Residential – low level needs

The following examples describe individuals who might otherwise be supported at home, but despite their relatively low-level support needs, may nevertheless require residential care to meet their outcomes.

- **Mrs A**

Mrs A is 98 years old and requires care in bed, encouragement to eat and assistance with eating food and drinking.

She is unable to bear weight and requires the assistance of 2 people for all transfers.

She is doubly incontinent and requires assistance to change pads night and day. She requires assistance for a full body wash daily and at times of incontinence.

Mrs A can make basic decisions if given simple choices and is accepting of the help she receives from carers.

- **Mr B**

Mr B is a 90-year-old man who is blind and has limited mobility.

¹ Assistive Technology, aids and equipment may, nevertheless, benefit the Service User within a Care Home setting

Whilst living at home, Mr B was experiencing self-neglect due to his fear of mobilising and falling in his own home, which resulted in his skin integrity deteriorating. Mr B was experiencing increasing anxiety and was calling family and carers throughout the night.

Mr B requires full support with his medication as he cannot see to do so.

Mr B requires support to manage his personal care, toileting needs and mobilising around the care home, and carers need to support Mr B to apply prescribed creams to his pressure areas.

Mr B does not have a cognitive impairment but requires assistance to make decisions due to his anxiety.

- **Mr B2 (Capital Drop, already resident in a Care Home without Nursing)**

Mr B2 has been in care for four years. He sold his property to fund his care and has now dropped below the funding threshold.

He has poor eyesight due to cataracts and has mild memory loss. He is mobile with a frame but needs verbal prompting to use it. He has fallen several times in the last month getting up to the toilet at night but not using his frame. A pressure mat is now in situ beside his bed to alert staff.

Mr B2 can wash and dress but needs some verbal prompting.

Mr B2 mobilises around the home and enjoys the social contact from other residents many of which he now knows quite well.

Mr B2 actively engages in social activities arranged by the home.

Service Category 1: Residential – medium level needs

- **Mrs C**

Mrs C is 89 and has a diagnosis of dementia. She has had frequent falls at home which have led to multiple hospital admissions.

Prior to her most recent hospital admission she was experiencing depression but is now much brighter and has gained weight. It's clear however that she is no longer able to remain at her home.

Mrs C needs frequent help with eating and drinking. She uses a walking frame and needs help from a carer when mobilising. She remains vulnerable to falls. She can get anxious at night and may need some reassurance.

She is no longer able to use the toilet independently and wears pads for reassurance. Despite her dementia diagnosis she can make decisions herself. She requires assistance with medication.

- **Mrs D**

Mrs D is 72 years old and has had a stroke which impacts her mobility on her left side.

Mrs D requires support with all transfers using a stand aid and assistance of 1 carer. Mrs D also requires this level of support for all personal care.

Mrs D is at risk of falls if she tries to mobilise without support but has good insight into this and is able to reposition herself.

Mrs D has limited use of her left hand and requires some support with eating and drinking and tasks that involve using her hands. She can mostly use her right hand when needed.

Care staff are required to support Mrs D with exercises to avoid contractures in her left hand and leg.

Mrs D experiences some incontinence and requires support from carers to use the toilet throughout the day, as she is prone to UTI's, which then impact on her cognition and orientation.

Mrs D is able to make decision about her care and support but can make some 'unwise' decisions which increase her risk of harm.

Service Category 2: Residential – high level needs

- **Mr E**

Mr E is 79 years old, is 5' 10" (1.78m) tall and weighs 138kg (21 stone and 10 pounds).

He is not mobile, requires hoisting and needs the support of 2 to 3 staff (or additional time for 2 staff) for transfers, bathing, washing and dressing

He requires equipment including a bed, hoisting equipment and wheelchair that can safely support his weight and proportions. However, this equipment is standard and could be used by other residents².

- **Mrs F**

Mrs F has early onset dementia and is becoming more disorientated to time and place.

² Please refer to Pan-Dorset Equipment Guidance, February 2024, Appendix 15 to the Over-arching Framework Agreement Specification

Mrs F requires prompts and guidance throughout the day to support her with her daily living tasks and to support her to feel less anxious.

At home, Mrs F would become lost in the community and was at increased risk of harm. Mrs F was also experiencing self-neglect and without prompts did not manage her personal care or nutritional needs.

Mrs F's mobility is variable, and she experiences frequent falls, requiring supervision when mobilising and sensors to be in place to alert staff.

Mrs F requires support with all personal care and toileting needs, which can sometimes take longer than usual due to her confusion and requiring reassurance.

Mrs F does not display any aggression towards others.

Service Category 2a: Residential – advanced dementia and mental health needs (without nursing)

- **Mr G**

Mr G is 67-year-old man who has a diagnosis of dementia, which is now at an advanced stage.

Mr G can mobilise independently, he is doubly incontinent but lacks insight into this need. He requires all drinks and meals to be provided. He need assistance with eating, drinking, washing and dressing.

Mr G is disorientated to time, place and person, he is dependent on others to assess risks and is capable of making only very simple decisions.

Mr G also needs proactive and reactive interventions, as he may exhibit behaviours that require the development of a Behaviour Support Plan, including frequent disorientation and restlessness.

From time to time, Mr G can exhibit aggression, particularly in the afternoon and into the evening, and so requires support from skilled staff who will get to know him, can identify the factors that may trigger this behaviour, and know what to do to minimise occurrences and manage risks during this time.

- **Mr H**

Mr H is a 68-year-old man, diagnosed with schizotypal disorder. He struggles with social norms and experiences delusional and psychotic thoughts.

Mr H requires residential support, due to his age and increasing frailty, as well as the impact of his mental health on his overall wellbeing and safety.

Mr H is physically able to manage his personal care but chooses not to do. Because of this, Mr H requires skilled carers to engage with him to support him to manage his personal care needs.

Mr H also requires skilled carers that are able to recognise and respond when his mental health needs require additional support from the community mental health teams.

Mr H does not display aggressive behaviours but has been known to when approached in the wrong way. His mood can be unpredictable and he requires support from carers that understand mental health needs and issues, and how to engage effectively with Mr H.

Service Category 3: Nursing

- **Mr J**

Mr J is 65 years old and was independent until his recent stroke which has left him requiring full personal care with the assistance of two.

Mr J requires regular repositioning every four hours due to the risk of his skin breaking down. He requires assistance of two due to not being able to assist or cooperate when being transferred and including personal care interventions.

Mr J requires assistance of one when feeding, due to problems with swallowing and has SALT input and a safe swallow plan provided. Mr J can be distracted during mealtimes and is at risk of losing weight and becoming underweight.

Mr J is at risk of contractures for his upper and lower limbs and requires assistance to complete prescribed exercises to reduce the risk and maintain movement as much as possible. Mr J experiences pain associated with the contractures. He is not always able to indicate where his pain is located.

Mr J requires his medication to be administered to him, he is prescribed some 'as required' medication for constipation and pain and relies on trained staff to assess when this is needed.

- **Mrs K**

Mrs K is 73 years old and is living with Parkinson's disease. Mrs K is still able to mobilise at times but is at very high risk of falls, and due to frailty this likely to cause an injury.

Due to her variable mobility, Mrs K may require the support of 2 carers with moving and handling equipment, including stand aid and hoists. Care staff need to assess Mrs K's mobility for each intervention and choose the appropriate moving and handling procedure.

Mrs K requires support with all personal care interventions from 2 carers. Mrs K is doubly incontinent and requires support to manage this throughout the day. Mrs K can become distressed when she is incontinent so often needs timely support to reduce the risks of falls.

Mrs K's swallowing is affected by Parkinson's disease, and she is at high risk of aspiration. She requires support with all eating and drinking, including thickened fluids and a soft diet.

Mrs K requires nursing staff to administer Parkinson's medication at a specific time each day. Mrs K also has PRN (pro re nata) medication to manage the dyskinesias movements associated with Parkinson's, these need to be given at specific times to support with personal care interventions.

It is expected that Mrs K's care and support needs will continue to increase as the Parkinson's progresses; Mrs K will likely require care in bed, and further specialist equipment and support.

Service Category 4: Nursing – advanced dementia and mental health needs

- **Mrs L**

Mrs L is an 89-year-old insulin dependent diabetic. Her diabetes requires daily management but has until recently been managed by universal services. Her blood sugars are unstable and require careful monitoring.

Mrs L has later stage dementia and is unable to effectively communicate pain or a change in her physical condition. She is also incontinent of bladder and bowel, increasing her risk of infection. Her skin integrity is poor and she has pressure sores.

Mrs L has some difficulty swallowing and is at risk of choking. She requires a soft diet and support with eating and drinking. Her nutritional intake has reduced since her admission to a care home. She now requires nutritional supplements and monitoring of her weight and nutritional intake.

Mrs L may not always accept care when approached. A retreat and return method is usually successful in ensuring essential care is achieved. At times, Mrs L may resist care interventions, lashing out towards staff as care is attempted to be delivered. This has resulted in staff sustaining bruising and scratches to the arms.

Mrs L may have periods of being unsettled overnight during which she calls out and requires reassurance from staff. Her calling out can disturb others and puts her at risk of retaliation from other residents.

- **Mr M**

Mr M is a 75-year-old man with Progressive Supranuclear Palsy (PSP) and dementia.

PSP impacts on Mr F's balance, mobility, and swallowing, as well as his moods and ability to communicate. As a result, Mr F has a PEG feed in place, which is used for all nutrition and medication. Nursing staff must ensure the PEG site is cleaned as Mr F can often disturb the area, increasing the risk of infection.

Due to Mr F's dementia, he often lacks insight into his abilities and experiences frequent falls due to the impact PSP has on his balance.

Mr F requires skilled carers and nursing staff, who have good knowledge of PSP to understand the impact this has on his physical care needs, as well as how PSP interacts with dementia.

Mr F requires all support with personal care tasks, and toileting needs. He has a catheter in place, which needs monitoring and support to empty throughout the day.

Service Category 5: Nursing – advanced dementia and mental health needs

- **Mrs N**

Mrs N is 77 years old and has been living at home with her elderly husband as her main carer. Providing care and support to Mrs N is problematic due to issues with her unpredictable behaviour, impulsiveness, speech communication, balance and mobility, lack of insight into safety, and general cognitive decline due to Cortico Basal Syndrome.

Mrs N is now coughing after eating and drinking. Carers need to be mindful of silent aspiration. Mrs N can be doubly incontinent, wears a pad at night and is unreliable in telling carers if she needs the toilet.

Mrs N requires assistance with washing and dressing to a non-functional left limb. Her skin is sensitive, intact but constantly bruised following falls. Her clawed left hand has persistent fungal infections. Her contracted hand and arm require carers to encourage Mrs N to exercise.

Mrs N's communication is limited to one word with carers needing to decipher the context for what she is trying to say e.g. "shirt" when she wishes to get dressed.

Mrs N is generally withdrawn and has isolated herself in front of the television watching repetitive programmes.

Mrs N has anxiety which easily escalates into anger, aggression and impulsive behaviour. She can often be reassured by distraction techniques.

- **Mr P**

Mr P is a 77-year-old man who was involved in a Road Traffic Accident in 2006 which resulted in a T6 spinal injury causing paralysis to his lower body.

Mr P was previously involved in volunteer work and social activities. Mr P has a wife who visits regularly and 6 grown up children, including 4 daughters and 2 Sons.

As his care needs increased Mr P made the decision to move into a nursing home to be cared for 24/7. Mr P requires regular bowel, supra pubic catheter, nephrostomy and wound care management.

Mr P is spending time both in his wheelchair and bed rest throughout the day to promote wound healing and prevent deterioration of his current pressure sores.

He has normal consistency diet and Fortisips x 2 daily to aid wound healing.

Mr P has a non-problematic long term suprapubic catheter in place. He requires a bladder washout once every two weeks and a catheter change every four weeks. Manual evacuation is required every other day.

Mr P has pressure sores. He is being seen by a Tissue Viability Nurse who has advised that his wounds will need to be redressed in his new home. This will require one carer to encourage and assist with positional changes.

He is able to transfer with a banana board independently. It is recommended that a hoist is used to reduce the damage to his sacral sore from friction. Mr P is fully compliant with all his medications.

He has good family support with regular visits. Mr P would like to be involved in regular outings and growing vegetables.

3 Short term placements

Respite - Service Category 0: Residential – low level needs

- **Mrs Q**

Mrs Q is 85 years old and has reduced mobility. She lives at home and has support from home care staff and her family. She needs residential respite care at times, sometimes at short notice.

Mrs Q has Osteoarthritis in her hands and shoulders and has both knees replaced. Mrs Q has Macular degeneration, and her vision is compromised.

Mrs Q has had previous heart attacks and has an unstable heart rhythm. She has mild Dementia and is able to make day-to-day choices but needs support with more complex decision-making.

It is important to Mrs Q that she retains the skills she has, so that she can remain living in the house where she was born.

Mrs Q has a son who manages her finances and visits twice a week. Mrs Q has a DNAR but no other Advance Statement.

End of Life Care (Fast Track CHC-eligible) - Service Category 3: Nursing

- **Mr R**

Mr R is 75 years old and has a diagnosis of Prostate cancer which has spread to his brain and lungs. Mr R's condition is deteriorating rapidly, and he is entering the final stages of life.

Mr R is incontinent of faeces and has a Supra-pubic catheter. Mr R needs support with eating and drinking and SALT assessment indicates a fork mashable diet. His weight is stable, but his BMI is low.

Mr R has some red areas of skin over bony prominences and a grade 2 pressure ulcer on his Sacrum. Mr R needs regular analgesia and pain management is problematic due to his cognitive impairment. Anticipatory medications have been prescribed and dispensed.

Mr R has a significant cognitive impairment and is no longer able to make decisions and choices for himself. Mr R's two daughters have Power of Attorney (PoA) for Finances and Health and Welfare.

Mr R has an Advance Statement to Refuse Treatment prepared in consultation with his GP while he retained Capacity, and his choice is for a natural death. He has a DNAR in place.

Mr R's daughters are very supportive of his choices.

End of Life Care - Service Category 1: Residential – medium level needs

- **Mrs S**

Mrs S is 57 years old with a diagnosis of breast cancer which has spread to her bones. She is aware of her prognosis and that she is entering the end-of-life stage of her illness.

Mrs S can make decisions and choices and does not have an Advance Statement to Refuse Treatment.

Mrs S has been supported by her GP team to understand her diagnosis and prognosis however she does also need support from care staff when she becomes fearful or upset.

Mrs S's family are struggling with her diagnosis and are very anxious about her.

Mrs S wants to remain as independent as possible for as long as she can and to spend time with her family, including her infant granddaughter.

Mrs S needs support to manage her symptoms including pain and to maintain her weight: she has a low BMI and poor appetite.

[ends]