

Residential Care (without nursing) - Service Category Overview [A3 Format]

The following table sets out the type and level of care and support needs that are anticipated for each Service Category, along with the key factors that differentiate the service inputs required.
The agreed fee rate for each Service Category will apply regardless of funding source.

Service Category	Residential – low level needs	Residential – medium level needs	Residential – high level needs	Residential – advanced dementia and mental health needs (without nursing)
Number	0	1	2	2a
Needs Summary (COC2)¹	The person <u>will</u> have mainly physical care needs , is likely to require little or no support in many areas of need and is able to cooperate with care where needed. We would expect that in most cases, these needs would be supported at home.	The person <u>will</u> have physical care needs and may also have some cognitive impairment or other mental health care needs.	The person <u>may</u> : <ul style="list-style-type: none"> Have a cognitive impairment and/or <u>middle or later stage dementia</u>² or other mental health care needs, which may include behaviours that require the development of a Positive Behaviour Support Plan, AND/OR Have physical care needs requiring support in several areas of need. 	The person <u>will</u> : <ul style="list-style-type: none"> Have a cognitive impairment and/or be physically frail AND have middle or later stage dementia or other mental health care needs, which may require the development of a Positive Behaviour Support Plan AND have care and support needs which include those outlined in Category 2 (Residential – high level needs) AND require significantly enhanced service inputs to meet the person’s needs and to keep them and others safe
Key differences in service requirements	Little or no care and support needed.	Regular care and support needed.	Timely and frequent care and support needed.	Timely and frequent care and support needed.
	No risks around behaviours and non-compliance with care.	Risks around behaviours and non-compliance with care can be managed within planned interventions.	Risks around behaviours and non-compliance with care may not be manageable solely within planned interventions.	Risks around behaviours and non-compliance with care unlikely be manageable solely within planned interventions and require a prompt and skilled response that may be outside the range of planned interventions.
	No risk to the service user or others.	Level of risk to the service user or others is minor.	Level of risk to the service user or others is moderate.	Multiple risks to the service user or others which may be moderate or high and which may not necessarily be reduced by skilled interventions.
Maximum assumed direct care hours Per Service User Per Week (PRPW)	23.6	25.0	28.6	40
Estimated number / % long term placements per year, area-wide³	Up to 15	146	240	Up to 44

¹ In all cases, service users will be people who are not able to reside in their own homes, whether on a short or long-term basis AND have care and support needs that are prevalent 24/7 and may include night-time care needs AND have needs which cannot realistically be met in any other way, for example, through use of Assistive Technology, aids and equipment in their own home and/or because the frequency or unpredictability of the person’s needs, makes support at home non-viable.

² [The progression, signs and stages of dementia | Alzheimer’s Society \(alzheimers.org.uk\)](https://www.alzheimers.org.uk/about-us/news-and-views/the-progression-signs-and-stages-of-dementia)

³ Based on current demand for long term placements at Jul-23.

Service Category	Residential – low level needs	Residential – medium level needs	Residential – high level needs	Residential – advanced dementia and mental health needs (without nursing)
Needs description				
1. Health care needs	<ul style="list-style-type: none"> Will be generally stable or where unstable, the person is able to communicate any issues. 	<ul style="list-style-type: none"> May have health care needs which may or may not be unstable. Where unstable the person is able to communicate any issues. 	<ul style="list-style-type: none"> May require some health care tasks to be undertaken by a trained, clinically supervised person Due to cognitive impairment, the person may be unable to communicate pain or a change in their physical condition. 	
2. Medication ⁴	<ul style="list-style-type: none"> May require supervision or prompting with medication 	<ul style="list-style-type: none"> May from time to time, be non-compliant with medication but risks relating to the person's behaviour are generally predictable and responsive to planned interventions 	<ul style="list-style-type: none"> May require administration and monitoring of medication regime by a person specifically trained for the task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. However, with such monitoring, the condition will usually be non-problematic to manage 	
3. Mobility, transfers, falls	<ul style="list-style-type: none"> Will be able to safely mobilise around the home but may require guidance and/or equipment to do so. Low risk of falls. 	<ul style="list-style-type: none"> May require supervision and/or assistance up to 2 carers to mobilise and for transfers. Moderate to high risk of falls. 	<ul style="list-style-type: none"> May require supervision and/or assistance of up to 2 carers to mobilise and for transfers. May be at moderate to high risk of falls May be at risk of contractures and require support to prevent further restrictions and/or deterioration. May be completely immobile or have a clinical condition such as Motor Neurone Disease, where there is a high risk of serious physical harm associated with movement or transfer. 	
	<ul style="list-style-type: none"> No risks around behaviours and non-compliance with care. 	<ul style="list-style-type: none"> Risks around behaviours and non-compliance with care can be managed within planned interventions, and pose a minor risk to self, others or property. 	<ul style="list-style-type: none"> Risks around behaviours and non-compliance with care may not be manageable solely within planned interventions, and pose a moderate risk to self, others or property. 	<ul style="list-style-type: none"> Risks around behaviours and non-compliance with care unlikely be manageable solely within planned interventions, require a prompt and skilled response that may be outside the range of planned interventions, and pose a moderate or high risk to self, others or property.
4. Continence needs	<ul style="list-style-type: none"> May be incontinent of urine and faeces but where applicable this is managed via medication, regular toileting and/or equipment. 	<ul style="list-style-type: none"> May have daily episodes of incontinence. Continence care is routine but requires monitoring to minimise risks. 	<ul style="list-style-type: none"> May have 4 or more episodes of incontinence daily. Continence care may be problematic and require the assistance of 2 or more people. May require catheter/stoma care and support from a health professional and general maintenance from care staff. 	
	<ul style="list-style-type: none"> No risks around behaviours and non-compliance with care. 	<ul style="list-style-type: none"> Risks around behaviours and non-compliance with care can be managed within planned interventions, and pose a minor risk to self, others or property. 	<ul style="list-style-type: none"> Risks around behaviours and non-compliance with care may not be manageable solely within planned interventions, and pose a moderate risk to self, others or property. 	<ul style="list-style-type: none"> Risks around behaviours and non-compliance with care unlikely be manageable solely within planned interventions, require a prompt and skilled response that may be outside the range of planned interventions, and pose a moderate or high risk to self, others or property.
5. Pressure and skin care management	<ul style="list-style-type: none"> Will have pressure areas intact with no to minimal risk to pressure areas. 	<ul style="list-style-type: none"> May require daily checks for skin integrity. Mild to moderate risk of pressure area breakdown. 	<ul style="list-style-type: none"> May have poor tissue viability and/or lack awareness of when skin damage occurs. High/severe risk of pressure area breakdown. May require regular turning. May have graded pressure sores, which require care by a trained, clinically supervised person. 	
6. Mental health, cognition and behaviour	<ul style="list-style-type: none"> May experience some confusion or be in the early stages of dementia, but there are no behaviours that are likely to challenge others. 	<ul style="list-style-type: none"> May have a cognitive impairment and/or be in the early to middle stages of dementia and may exhibit unusual behaviours such as disinhibition along with disorientation that requires some staff intervention to promote their dignity and/or prevent disturbance to other residents. 	<ul style="list-style-type: none"> May have a cognitive impairment and/or be in the middle or later stages of dementia and may exhibit behaviours including frequent disorientation, disinhibition, restlessness. The person maybe totally dependent on others to assess risks and capable of making only very simple decisions. 	
				<ul style="list-style-type: none"> May previously have been assessed by or require further or ongoing input from a Mental Health Professional, eg. CPN.
			<ul style="list-style-type: none"> May exhibit behaviours including aggression, persistent attempts to leave the care setting, and/or socially inappropriate behaviour, that require an increased level of skilled, staff response. This may include individuals who are 	<ul style="list-style-type: none"> May exhibit behaviours including aggression, persistent attempts to leave the care setting, and/or socially inappropriate behaviour, that require a more specialist, skilled staff response. This may include individuals who are actively

⁴ The administration of medication is a health care need which can be met at the lower end of need by the Local Authority but CHC and Joint Funding should be considered where this need is indicative of eligibility by its' nature, intensity, complexity and unpredictability.

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			actively mobile and whose behaviour impacts on other residents because of this.	mobile and whose behaviour impacts on other residents because of this.
7. Psychological and emotional needs ⁵	<ul style="list-style-type: none"> Will require minimal reassurance at times of potential anxiety. 	<ul style="list-style-type: none"> May require reassurance at times of actual or potential anxiety but responds positively when this is provided. 	<ul style="list-style-type: none"> May experience frequent and sustained episodes of anxiety, low mood and/or periods of distress including possibly hallucinations which impacts heavily on their ability to function and <u>require an increased level of staff response</u>. 	<ul style="list-style-type: none"> May experience frequent and sustained episodes of anxiety, low mood and/or periods of distress including possibly hallucinations which impacts heavily on their ability to function and <u>require a more specialist, skilled staff response</u>.
8. Communication needs	<ul style="list-style-type: none"> Will be able to communicate their needs verbally 	<ul style="list-style-type: none"> May require assistance to communicate their needs, with additional effort needed to ensure correct interpretation, or communicate visually, through touch or with hearing. 	<ul style="list-style-type: none"> May be unable to reliably communicate their needs and be difficult to understand. 	
9. Acceptance of care ⁶	<ul style="list-style-type: none"> Will be compliant with care 	<ul style="list-style-type: none"> May from time to time, be non-compliant with care but risks relating to the person’s behaviour are generally predictable and responsive to planned interventions. 	<ul style="list-style-type: none"> May be non-compliant with care and a risk assessment indicates that the person’s behaviour poses a moderate risk to self, others or property. 	<ul style="list-style-type: none"> May be non-compliant with care and a risk assessment indicates that the person’s behaviour poses a moderate or high risk to self, others or property, and may require care to be delivered in their best interests.
10. Eating and drinking	<ul style="list-style-type: none"> Will be able to maintain adequate dietary and fluid intake. 	<ul style="list-style-type: none"> May need support of staff to maintain adequate dietary and fluid intake⁷ May need encouragement and monitoring of diet to ensure sufficient intake and/or minimise risks, e.g. monitoring food intake type for a diabetic who lacks insight. 	<ul style="list-style-type: none"> May need full support of staff to maintain adequate dietary and fluid intake, which may include physical assistance to eat and drink because of cognitive or physical restrictions and risk of choking. This could include people who are nutritionally at risk or who have an eating disorder. May need staff to follow a SALT plan, liaise with SALT professionals and for the care home to provide a range of modified diets. May have dysphagia requiring skilled intervention to ensure adequate nutrition/hydration and minimise the risk of choking and aspiration to maintain airway. 	
11. Washing and bathing	<ul style="list-style-type: none"> Will need the physical assistance of up to 1 person for washing, bathing and dressing. 	<ul style="list-style-type: none"> May need the physical assistance of 1 or 2 people for washing and bathing. 	<ul style="list-style-type: none"> May require specified moving and handling, the physical assistance of 2 or more people for washing, bathing or care on bed. 	
12. Dressing	<ul style="list-style-type: none"> Will need the physical assistance of up to 1 person for washing, bathing and dressing. 	<ul style="list-style-type: none"> May need the physical assistance of 1 or 2 people for dressing. 	<ul style="list-style-type: none"> May require specified moving and handling, the physical assistance of 2 or more people for dressing or care on bed 	

⁵ Psychological and emotional needs may be indicative of eligibility for CHC and Joint Funding across all Service Categories. CHC and Joint Funding should be considered where this need is indicative of eligibility by its’ nature, intensity, complexity and unpredictability.

⁶ A person’s acceptance of care may be indicative of eligibility for CHC and Joint Funding across all Service Categories. CHC and Joint Funding should be considered where this need is indicative of eligibility by its’ nature, intensity, complexity and unpredictability.

⁷ Where a person requires support from staff to maintain adequate dietary and fluid intake for more than 30 minutes per day, this may be indicative of eligibility for CHC and Joint Funding across all Service Categories. CHC and Joint Funding should be considered where this need is indicative of eligibility by its’ nature, intensity, complexity and unpredictability.