

Care Home Information Pack

# Concerned about a resident?

Accessing the right response at the right time  
for people living in care homes.

Winter 2022 / 23





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# Introduction

## Welcome to our Care Home Information Pack.

Care home residents' health needs are likely to be complex in nature, the majority will be living with a form of dementia, be in receipt of seven or more medications and a significant proportion live with depression, mobility problems, incontinence, and pain.

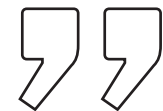
Hospitals are not always the best places for older people who could have worse outcomes associated with hospital admissions including increased frailty and deconditioning.

This pack has been developed to both support care home staff and raise awareness of additional community services to contact when you are concerned about your resident, this includes when to call the **2 Hour Urgent Community Response Team (2 hr UCR)**.

The pack provides links to training materials, good practice and the contact details of services that are available for care home staff to refer to for additional support and treatment; especially where residents have shown signs of deterioration and could be treated in their normal place of residence.



Hospitals are not always the best places for older people who could have worse outcomes associated with hospital admissions including increased frailty and deconditioning.



NHS England North West (2022)



# What is 2 Hour Urgent Community Response (UCR) and how do I access it?





## 2 Hour Urgent Community Response (UCR)

Do you know there are teams of advanced clinicians in your community who can respond within two hours if your resident's health or wellbeing suddenly deteriorates.

**The 2 Hour Urgent Community Response Team provides urgent care to people in the place they call home**, this helps people to receive care at home with help from wrap around community services.

**It's a service that is made up of a multidisciplinary team (MDT) that may include:**

- Nurses (inc. district nurses and community nurses)
- Clinical practitioners
- Therapists
- Occupational therapists
- Paramedics

The team can carry out assessments, order tests, diagnose, prescribe and order equipment within two hours of referral.

**The service operates from:**

- 8.00am - 8:00pm, 7 days a week 365 days a year including bank holidays.

## Who can access the service?

Any resident in a care home:

- Who is in a crisis and **needs intervention within two hours to stay safely in the care home and avoid admission to hospital**
- Who is living with dementia
- Who is medically safe to be treated/cared for in a community setting

**If you think a resident might be admitted to hospital unless they are seen within two hours, call your UCR team.**

## Typical conditions suitable to refer for a 2 hour UCR response:

These Include but are not limited to:

- Falls
- Increasing frailty
- Reduced function/reduced mobility
- Urgent equipment provision
- Confusion/delirium, acute worsening of dementia and/or delirium
- Urgent catheter care
- Urgent support for diabetes
- Urgent support for respiratory conditions



# Benefits of using Urgent Community Response



## The benefits of 2 Hour Urgent Community Response are to support people:

- To remain in the place they call home to recover after a fall, accident, acute illness or operation that would otherwise put them at risk of going into hospital
- Reduce the risk of being admitted to hospital which may result in further deconditioning
- Return home more quickly after a hospital stay

## How can you make a referral?

- Contact your local UCR Team directly or through your normal access routes for your area (i.e. telemedicine/triage)
- The UCR Team will complete an initial triage and clinical assessment to understand a person's needs and this response is within two hours



## Key Messages

## KEY MESSAGES

- THINK** • Could my resident benefit from a 2 Hour Urgent Community response?
- ASK** • What are the contact details for my local 2 Hour Community Response Team?
- DO**
- Contact the 2 Hour Urgent Community Response Team if your resident is in a crisis and needs intervention within two hours to stay safely in the care home and avoid admission to hospital
  - Use a deterioration tool such as Restore 2 or Restore2mini to aid the clinical assessment
  - A structured communication tool is also useful when communicating your concerns
  - For life threatening emergencies contact 999

## Find out more

Find the UCR NHS publications on:

<https://www.england.nhs.uk/community-health-services/urgent-community-response-services/>

Visit the Community Services and Ageing Well Future NHS platform:

<https://future.nhs.uk/communityhealthservices/>

Further information and tools and resources that can support your work.

Email: [communityhealthservices-manager@future.nhs.uk](mailto:communityhealthservices-manager@future.nhs.uk)



## 2 Hour Urgent Community Response

### Referral Contact Details:

Area	Location & Contact Telephone Numbers			
<b>Mersey</b>	<ul style="list-style-type: none"> <li>• Liverpool</li> <li>• Knowsley, Sefton, Southport &amp; Formby</li> <li>• St Helens</li> <li>• Wirral</li> </ul>	<b>Via Immedicare tele hub</b> <b>0300 323 0240</b>  <b>01744 676767</b> <b>Via Wirral community Centralised Booking Service/SPA on 0151 514 2222 - Option 2</b>		
<b>Cheshire</b>	<ul style="list-style-type: none"> <li>• Chester</li> <li>• East Cheshire</li> <li>• Halton</li> <li>• Mid Cheshire</li> <li>• Warrington</li> </ul>	<b>01244 366866</b> <b>01625 663322</b> <b>0844 264 3615</b> <b>01270 278353</b> <b>01925 444220</b>		
<b>Greater Manchester</b>	<ul style="list-style-type: none"> <li>• Bolton</li> <li>• Bury</li> <li>• Heywood, Middleton &amp; Rochdale (HMR)</li> <li>• Manchester (HCP use only)</li> <li>• Oldham</li> </ul>	<b>01204 331155</b> <b>0161 253 6292</b> <b>0300 303 5310</b> <b>– Option 3</b> <b>0161 667 3292</b>  <b>0161 770 6771</b>	<ul style="list-style-type: none"> <li>• Salford</li> <li>• Stockport</li> <li>• Tameside &amp; Glossop (T&amp;G)</li> <li>• Trafford</li> <li>• Wigan</li> </ul>	<b>0161 206 6666</b> <b>0161 204 4777</b> <b>0161 922 4888</b>  <b>0300 323 0303</b> <b>01942 481221</b>
<b>Lancashire &amp; South Cumbria</b>	<ul style="list-style-type: none"> <li>• Blackburn with Darwen</li> <li>• Chorley and South Ribble</li> <li>• East Lancashire</li> <li>• Greater Preston</li> <li>• Morecambe Bay</li> </ul>	<b>01282 805989</b> <b>01772 777999</b> <b>01282 805989</b> <b>01772 777999</b> <b>01539 715888</b>	<ul style="list-style-type: none"> <li>• Fylde Coast</li> <li>• Fylde Coast</li> <li>• West Lancashire</li> </ul>	<b>01253 951068</b> <b>01253 955750*</b> *Out of hours – Care Co-ordination <b>0300 247 0011</b> Short Intensive Support Service (SISS)





## What do care home staff and residents say about 2 hour UCR?



UCR is a fast and supportive service to assist on appropriate and effective pathway for residents to eliminate unnecessary admissions to hospital.

Care home manager



I felt I knew what was happening to my Dad's care.

Resident's daughter



The huge negative impact on our residents being taken out of their own safe environment has been greatly reduced due to the 2 Hour Urgent Community Response Team and their fantastic work.

Care home manager



If I'm not happy with a resident's condition I know who to contact.

Care assistant



I feel like I have received very personal and specialist care wrapped around me.

Resident



I don't need to go to hospital as much as I used to.

Resident



How do I determine  
if my resident is deteriorating?





# What do we mean by 'Deterioration'?

Deterioration:

**"When a resident moves from their normal clinical state to a worse clinical state".**

This increases their risk of illness, sepsis, organ failure, hospital admission, further disability and even sometimes death.

## To improve resident outcomes it's important to focus on:

- 1 Recognition** – Spot the early signs that a resident is deteriorating
- 2 Response** – Think what actions do I need to take?
- 3 Communicate** – Escalate your concerns and ask for help from other healthcare staff  
(e.g. GPs, community nurses, tele triage, care co-ordination and 2 hour UCR)

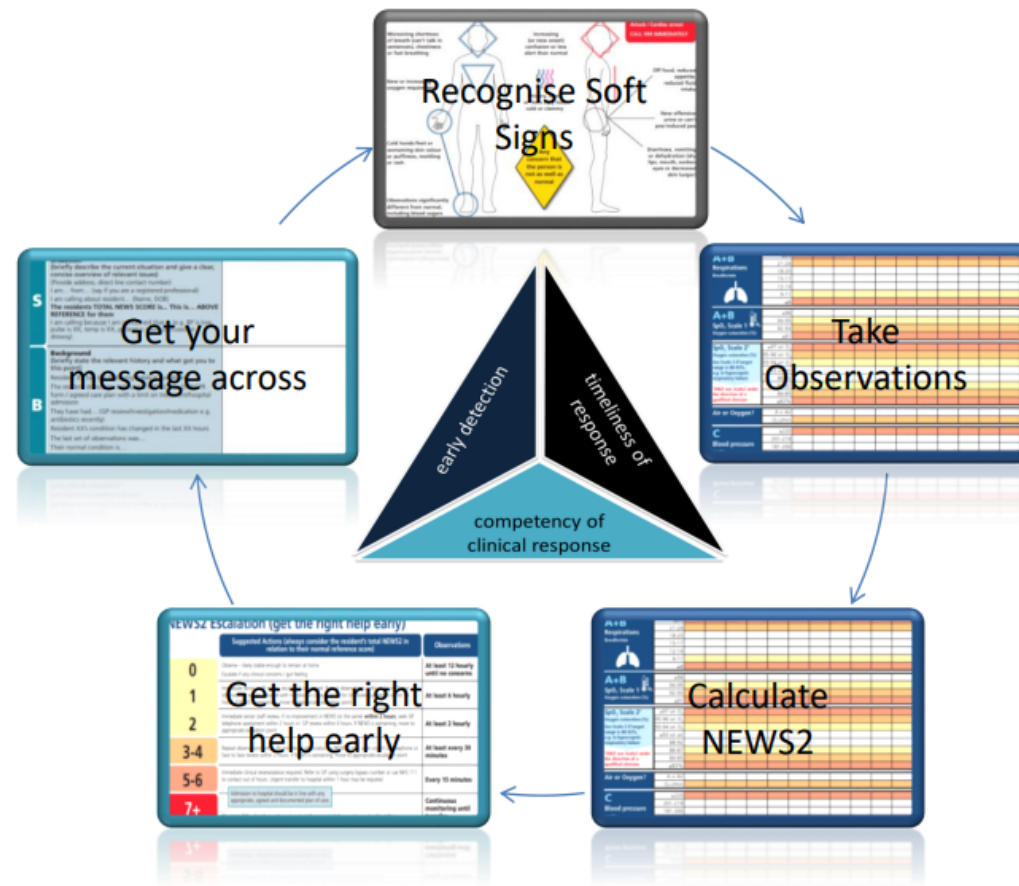
## Why do we need to spot deterioration early?

- Responding early will ensure that the resident receives 'The right care, at the right time by the right person'
- Prompt treatment and care will enhance the resident's comfort and promote recovery
- We can avoid some hospital admissions which may not be in the resident's best interest or wishes

# RESTORE2

**Restore2** is an example of a physical deterioration and escalation tool for care/nursing homes which includes the National Early Warning Score (NEWS2) and promotes a standardised response to the assessment and management of unwell residents.

Staff should feel confident and competent when using **Restore2** to recognise and respond to deterioration. Training and resources are available to support this.





# Know your resident and what is normal or not normal for them

- Understanding what is normal for your resident helps you detect any changes
- Important signs can be spotted by everyone who comes into contact with residents (care staff, support staff, relatives, residents themselves)
- Looking at the 'soft signs' such as 'he's off his legs', not eating and drinking as much or seems more breathless than normal can all indicate early deterioration
- The tool is designed to support your 'Gut Instinct' and help you explain to colleagues why you are worried, so better care decisions can be made earlier
- Ask your resident - how are you today?

**RESTORE2 mini**  
Recognise Early Soft Signs, Take Observations, Respond, Escalate

Ask your resident – how are you today?

Does your resident show any of the following 'soft signs' of deterioration?

- Increasing **breathlessness** or **chestiness**
- Change in **usual drinking / diet habits**
- A **shivery fever** – feel **hot or cold** to touch
- Reduced mobility – '**off legs**' / less co-ordinated
- New or increased **confusion/ agitation / anxiety / pain**
- Changes to usual level of **alertness / consciousness / sleeping** more or less
- '**Can't pee**' or '**no pee**', change in pee appearance
- Diarrhoea, vomiting, dehydration**

Any **concerns** from the resident / family or carers that the person is not as well as normal.

**If YES to one or more of these triggers – take action!**

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**If yes to one or more of the triggers - take action and escalate your concerns!**

To download a copy of **Restore2** assessment tool go to: [\*\*RESTORE2 Tool\*\*](#)



## Further information and resources

### For all Care Homes

- [Presentation Slides from Training Webinar](#)
- [RESTORE2 Workbook](#)
- [Safety Champion – Evidence Record & Resource File](#)

### For Care Homes that take Observations and will be using RESTORE2

- [RESTORE2 Tool](#)

Training Videos:

- [Managing Deterioration Videos](#)
- [Wessex AHSN Training Videos](#)

Competencies Sign Off Sheets:

- [RESTORE2 Tool](#)
- [Vital Signs](#)
- [Care Home Top Tips for Rolling out RESTORE2](#)

**RESTORE2 posters for those using the full tool, please feel free to print and share around your home**

- [Benefits for homes](#)
- [How to complete a NEWS2 observation chart](#)
- [RESTORE2 Q&A](#)
- [How often should I repeat observations](#)

**For Care Homes that do NOT take Observations and will be using RESTORE2 Mini:**

- [RESTORE2 Mini Tool](#)
- [Health Education England Video on SBARD](#)
- [Health Education England Video on Soft Signs of being unwell](#)

Restore2 Mini e-learning module

- <https://www.bluestreamacademy.com/enquiry/index>





What do I do if  
my resident has a fall?





# Managing falls

**The reaction of care home staff at the time of a fall is critical to a resident's wellbeing and recovery.**

'A long lie' after a fall can have serious consequences, especially where the resident is unable to move. If your policy states 'call an ambulance after a fall' it's likely that your resident will experience a long waiting time. Not all falls in care homes result in serious injury meaning that residents don't always need to go into hospital.

Level one and two falls as described in Falls Response Governance Framework for NHS Ambulance Trusts ([aace.org.uk](http://aace.org.uk)) can be supported by care home staff or responded to by community based falls response services such as falls pick up lifting services or 2 Hour Urgent Community Response within the care home environment.



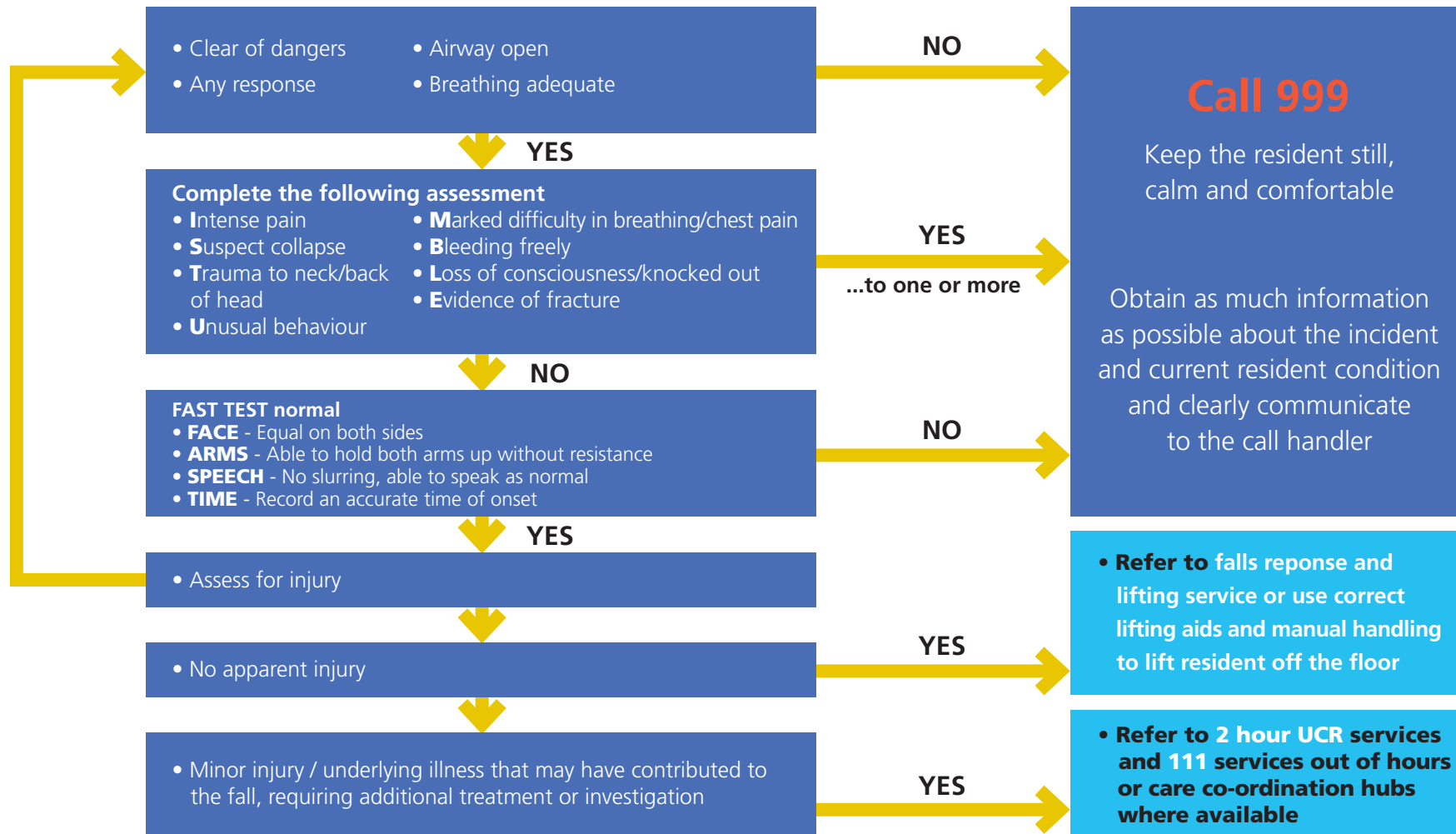
Absolutely brilliant, couldn't believe it, Mum was crying and upset when the responder arrived, then laughing and giggling when they left. Responding in 45 minutes, lifted in 10 minutes. No waiting for an ambulance to arrive like last time.



Service user of community based falls pick up service



# North West post falls management pathway



## Key Messages

### KEY MESSAGES

- THINK**
- Risk of falls, has my resident had a **Falls - risk assessment** and is it up to date?
  - Is there a falls prevention plan in place?
  - What is the care home's post fall management policy?

- ASK**
- Have I followed the post falls management tool?
  - If the resident has no injury, what equipment does the care home have to support the resident off the floor?
  - **What are the contact details for the falls response and lifting service in my area?**
  - **What are the contact details for the 2 Hour Urgent Community Response service?**

- DO**
- Keep calm and make the resident comfortable
  - Complete the post falls management pathway. Call 999 if appropriate
  - Support your resident to get off the floor if safe to do so
  - No apparent injury – consider falls response/falls lifting service
  - **Think UCR if resident has minor injuries after a fall > > > >**





How do I improve  
my residents' safety through  
Safety Huddles?





# Resident safety is everyone's business

## What is a safety huddle?

A safety huddle is a brief, focused and structured exchange of information about potential or existing safety risks which may affect residents, staff and any person accessing the care home. It is not a formal meeting or handover.

Huddles are held at the same time and place each day and provide a non-judgemental, safe space where all team members can speak up and work together on any safety concerns.

### Key features of a safety huddle

- **Short, stand-up meeting** – 10 minutes of focused time using the same agreed format
- **Facilitated** – every huddle requires a huddle leader to facilitate
- **All staff involved** – a multidisciplinary approach to care and risk identification
- **Focus on high-risk activities and residents** that you may be concerned about– raise safety concerns and focus on high-risk activities such as medication rounds, infection control, deterioration and new admissions
- **Share knowledge** – share knowledge, appreciate teamwork and celebrate success
- **Safe space** – staff are encouraged to raise safety issues without fear of being viewed negatively



## Key principles of a safety huddle

The key principles of a safety huddle are to ensure that all residents that you are worried about are discussed daily; to ensure important information is shared with staff; to agree actions; and to celebrate success in reducing harm.

Everyone that works in the care home to support residents should be involved, including care staff, housekeeping, maintenance and kitchen staff.

### Benefits of safety huddles

- Improved information sharing
- Increased accountability, empowerment, and sense of teamwork
- Increased staff awareness of safety
- Improved culture of safety
- Reduction in harm, adverse events and near misses

The safety huddle is a space to discuss any residents that you are worried about and agree on a plan to reduce any risks to them. It's a space to address staff concerns and explore any issues affecting residents most at risk. This may include:

- Medication safety issues
- Falls
- Identification of deteriorating patients
- Equipment failures
- Infections

## Key Messages

## KEY MESSAGES

- THINK**
- Could safety huddles in our home work to keep residents at risk safe?
  - What is the best time each day to get everyone involved?
- ASK**
- Who are we worried about today?
  - Are there any residents at risk?
  - What can we do as a team to support the resident?
- DO**
- Involve all members of the team
  - Hold safety huddles at the same time each day
  - Use visuals to track progress
  - Report any concerns to your GP/ community nurses and other members of the MDT to support person centred planning to reduce resident harms
  - **Contact the 2 Hour Urgent Community Response Team if your resident needs more immediate care or is in a crisis and needs intervention within two hours to stay safely at home/usual place of residence and avoid admission to hospital**







## Safety huddle prompt sheet

### Reducing falls

- How many days since our resident fell?
  - Celebrate milestones 1, 10, 30, 60 days
  - If recent, what was the learning?
  - Could we have done something different?
  - Use visuals and data to demonstrate progress
- Who are we worried about today?
- What are we going to do as a team to prevent them falling?
- Review the 'bigger picture' – location of resident, timings, staffing, cohorting
- Are there any other residents of concern today?

### Useful links

[Safety Huddles - Improvement Academy](#)

[Safety briefing and huddles | ihub - Safety briefing and huddles](#)

[NHS England » Improving patient safety by introducing a daily Emergency Call Safety Huddle](#)

[Using safety huddles at Rathgar care home on Vimeo](#)

[Reducing falls through safety huddles in care homes](#)



## Think Urgent Community Response (UCR)...



If you think your resident **might be admitted to hospital unless they are seen within two hours.**

**Call your UCR Team...**

- Has had a fall with a minor injury that requires treatment?
- Has there been a sudden deterioration in health needs?
- Increased confusion / delirium?
- Urgent catheter care that may otherwise result in an attendance to A&E

- Where treatment at home is in keeping with the person's wishes as part of a pre-agreed treatment escalation plan, advance care plan or advanced decision to refuse treatment

- Urgent support for diabetes
- Can the urgent treatment be delivered at the care home?
- Palliative/end of life care crisis support
- Suspected chest infection or UTI and may require treatment that could be supported in the home



# 2 Hour Urgent Community Response

## Referral Contact Details:

Area	Location & Contact Telephone Numbers			
<b>Mersey</b>	<ul style="list-style-type: none"> <li>Liverpool</li> <li>Knowsley, Sefton, Southport &amp; Formby</li> <li>St Helens</li> <li>Wirral</li> </ul>	<b>Via Immedicare tele hub</b> <b>0300 323 0240</b>  <b>01744 676767</b> <b>Via Wirral community Centralised Booking Service/SPA on 0151 514 2222 - Option 2</b>		
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North West Ageing Well Team  
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for people living in care homes.

