 **Appendix 01 – Procedural Guidance**

# Introduction

People with learning disabilities are at increased risk of early avoidable death so all staff must ensure that health advice is sought straight away when there are concerns about a person’s physical health.

Some of the people we support cannot communicate to others that they are feeling unwell, so it is essential to ask for medical advice promptly when any symptoms and or concerns are observed.

This guidance provides staff with advice, process, and other requirements in relation to the physical health and well-being of the people we support.

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1. **Annual Health Checks**

To maximise people’s wellbeing and reduce the risk of people becoming physically unwell, people supported by AFG must be offered support to access annual ‘Health Checks’ at their GP practice.

More information here: [Learning disabilities - Annual health checks - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/learning-disabilities/annual-health-checks/)

AFG care and support planning includes the requirement to offer each person we support assistance to attend an ‘annual health check’. This may also mean making reasonable adjustments to be able to access health services. More guidance and information can be found on the gov.uk website: [Making Reasonable Adjustments](https://www.gov.uk/government/publications/reasonable-adjustments-for-people-with-learning-disabilities)

Annual Health Checks are recorded on Carista; Diary Events>Physical Health>Annual Health Check.

There may be other health checks required on a routine or annual basis. These can include (but not limited to):

* Breast Screening [Breast Screening - NHS](https://www.nhs.uk/conditions/breast-screening-mammogram/when-youll-be-invited-and-who-should-go/)
* Cervical Screening (also known as Smear Test) [Cervical screening - NHS](https://www.nhs.uk/conditions/cervical-screening/)
* Oral Health / Dental Appointments
* Condition specific annual reviews
* Asthma Reviews

It is important that the Health Action Plan and other appointment schedules are maintained, so that we can track health changes and the person we support has assistance where required to attend appointments.

In some localities, Local Authorities or ICBs ask our services to use the Anticipatory Care Calendar. This is remaining a locality specific document. If the Local Authority or ICB asks your service to complete this, templates are available on SharePoint. This is not a standardised AFG approach, but like with other documents professionals ask to complete time to time, it should be completed upon request.

1. **Life-threatening or Medical Emergency**

**If you would call 999 for a family member or friend in a medical emergency or life-threatening situation, you must also do this for a person we support.**

[**When to call 999 - NHS (www.nhs.uk)**](https://www.nhs.uk/nhs-services/urgent-and-emergency-care-services/when-to-call-999/)

Medical emergencies are when someone is seriously ill or injured and their life is at risk, including (but are not limited to):

* loss of consciousness
* severe burns or scalds\* see attached
* an acute confused state
* suspected heart attack or stroke
* fits/seizures that aren't stopping or last longer than usual
* severe and enduring pain
* chest pain
* abdominal pain
* breathing difficulties
* broken/suspected broken bones
* severe bleeding that can't be stopped
* severe allergic reaction
* choking

Where attendance/admission to hospital is necessary, see Appendix 3 Hospital Protocol.

1. **Physical Health Concerns (Non-Emergency)**

All staff, if observing a physical health concern (including medical) other than a life-threatening emergency, must contact the GP or local ICB Hub in the first instance for non-emergencies. They may give advice to contact NHS 111 or 999 instead. Where the GP or ICB Hub is unavailable to support, such as during out of hours periods, or if concerns persist or worsen whilst awaiting contact or appointment, NHS 111 should be contacted.

Examples include (but are not limited to):

* when someone has had an unwitnessed fall (including being found fallen out of bed) or a fall where there are actual or potential injury concerns
* coughing (persistent, changing cough, when eating) ￼
* constipation
* pain
* vomiting
* changes in mobility
* being unusually lethargic
* skin wounds
* blood loss
* bruising
* accumulation of health concerns
* existing/known health conditions worsen, new symptoms develop, or the condition persists longer than expected

Appointments and bookings at your GP surgery - NHS (www.nhs.uk)

[When to use NHS 111 online or call 111 - NHS (www.nhs.uk)](https://www.nhs.uk/nhs-services/urgent-and-emergency-care-services/when-to-use-111/)

[When to visit an urgent treatment centre (walk-in centre or minor injury unit) - NHS (www.nhs.uk)](https://www.nhs.uk/nhs-services/urgent-and-emergency-care-services/when-to-visit-an-urgent-treatment-centre-walk-in-or-minor-injury-unit/)

Staff can use Appendix 2 Early Warning Signs Tool to map where the areas of concern are, and document what steps are taken including the advice that was sought. It is a helpful aid to support decision making and can be used over different time periods to track changes.   
Whilst this tool is not mandatory, some may find it useful to communicate between staff and shifts any symptoms and changes, including what has been done to support in the meantime.

1. **Falls**

In the event of a fall, G033 Falls Prevention and Management Policy must be referred to and followed.

Changes to physical health must always be considered where a person we support falls and this may appear out of character, unusual, or a new risk for them; this is most important in the event of a fall that cannot easily be explained or without an obvious cause. Underlying physical health changes that can cause falls include:

* UTI (Urinary Tract Infection)
* Viruses such as Cold, Influenza, and other respiratory conditions
* Low sodium (salt) levels, blood sugars or dietary changes
* Migraine, neurological changes or repeat head or inner ear pain
* Early signs of stroke, circulatory or heart conditions

In the event a person we support:

1. Comes to harm or injury as result of a fall
2. Falls because of the actions of someone else, or was not adequately supervised or supported according to their care plan
3. Did not receive the proper preventative measures, which results in repeated falls

Staff must refer to the G005 Safeguarding Policy and Local Authority’s Threshold Tool. It is likely that in the above examples, we may need to refer the matter as a Safeguarding. The significant event process should also be followed.

Staff can reflect on whether mapping out the presenting symptoms via the Appendix 2 Early Warning Signs Tool would help identify changes in health that may contribute to falls risk.

This UTI poster can be helpful in your services or health files as a reference guide. It is common that falls have an underlying health cause: [NHS UTI Symptoms Poster](https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2023/10/2023.08.03_UTI_Symptoms_Poster_A4.pdf)

1. **Bowel Monitoring**

Individuals with learning disabilities are more likely to experience constipation or bowel and stool related difficulties compare to those without a disability. Common reasons for this include diet, lack of exercise or difficulty in mobilising, and some types of medication or combinations of medications for multiple health conditions.

The NHS have an easy-ready leaflet that people we support can access or be assisted to read and understand. Enabling people we support to communicate any symptoms or pain can be invaluable to spotting signs of constipation early. [NHS Constipation Leaflet: Easy Read](https://afgltd-my.sharepoint.com/:b:/g/personal/natalie_bell_afgroup_org_uk/EaaGunU9I59IsfjCW0WV-EcBSda0eIesO3gApy3_y3443Q?e=0ixe7s)

T892 Bowel Monitoring Chart must be used, and the guidance note followed where a person we support has:

1. New habits, stool changes or symptoms
2. Takes medications that can affect bowel movement and stool type
3. Have a short-term need or change to their health that means bowel movements should be monitored.

Staff must document with daily diary entries where there are movements of concern and follow the guidance in the sections above for seeking advice and how to escalate.

The next section on Nutrition Monitoring may also offer helpful dietary advice that can help reduce risk of constipation and ensure health bowel movements and functions.

1. **Nutrition Monitoring**

*People with a learning disability are more likely to have problems with their weight.*

*Some people may* *be underweight because their disability means they have difficulties with eating or swallowing, for example. Others may be overweight because they have a condition that increases their risk of obesity, such as Down's syndrome and Prader-Willi syndrome. (NHS, 2023).*

It is important that we encourage a healthy, varied diet for the people we support. We can already achieve this with the weekly meal planners, keeping the person we support’s preferences and choices at the forefront. There may be some occasions where it is essential that we keep specific logs as a way of supporting to maintain physical well-being and overall health.

The appendices listed below direct staff to charts that should be initiated in the following types of circumstances:

1. Where changes to diet (poor intake or binging) are unusual/out of character, and appear to last longer than 48 hours within no sign of improvement
2. Upon the advice of a health care professional e.g. GP, District Nurse, Dietician
3. Where weight monitoring is required as part of a planned weight loss/gain regimen, or where there are active concerns of self-neglect or other forms of neglect
4. As part of a blood glucose, Diabetic or other health requirement that requires us to take readings
5. As part of your own duty of care and judgement where monitoring any of these elements will ultimately prevent health or well-being decline (reasons must be documented in care plans).

T953 Food and Fluid Balance Chart

T779 Blood Glucose Monitoring Form

T37 Weight Monitoring Log

Where repeated rapid weight loss is identified, medical advice must be sought. This can be achieved through contacting the GP, allocated Nurse or other relevant Professional involved in their care. This would be the same for a person who has nutritional difficulties arising from one of their needs or diagnoses, and for unexpected/ongoing weight gain.

Staff must consider whether nutritional needs also demonstrate a choke risk. Staff can use the nutrition monitoring charts to review a person we support’s diet and intake, and consider where positive changes could be made, for example increasing calorie content, promoting healthier options and exercise. For monitoring charts relating to thickening agents, or other nutritional monitoring that relates to choke risk, please refer to and use the documents within G030 Choking Policy.

1. **Pressure Care**

Pressure ulcers are caused by something putting pressure on or rubbing your skin.

It can happen to anyone, but it's usually if you have problems moving, as this can mean the weight of your body is always putting pressure on the same areas of skin, which can damage it.

You have a higher chance of getting a pressure ulcer if you:

* have problems moving
* have had a pressure ulcer before
* have been seriously ill in intensive care or have recently had surgery
* are underweight
* have swollen, sweaty or broken skin
* have poor circulation or fragile skin
* have problems feeling sensation or pain

[Pressure ulcers (pressure sores) - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/pressure-sores/)

Pressure care is not delivered or managed in isolation. The GP, District Nurse, Tissue Viability, or local ICB may need to assess pressure sore risks and determine any course of treatment or equipment to prevent or manage existing pressure areas. If a person we support is at risk of developing pressure sores/ulcers, or we notice signs of these areas breaking down, we must seek support from the relevant health professionals to address this.

**All pressure care concerns must be treated as a significant event.** This means that upon discovering pressure sores, a significant event must be logged that will then contain trackable updates as to what support has been provided and who we have consulted or involved in the person we support’s care.

Upon discovering skin changes or potential pressure areas, staff must:

* Ensure the appropriate care plan and risk assessments are completed
* Body map and photograph the area at the point of discovery
* Refer to ICB, District/Community Health/Nursing Team for input
* Assess possible cause (equipment, bed, lying or sitting in the same position, health changes) and consider what immediate changes we can make to relieve the area
* Implement and guidance, treatment or managements plans provided by a Health Professional. This may also include implementing the T964 Repositioning Chart.

Once a Nurse has assessed the grading of the pressure area, this must also be documented.

The significant event is an important piece of evidence, alongside the proper care planning and risk assessments, for us to be able to evidence that we have responded appropriately to pressure care concerns.

Where there are concerns of a Grade 3 Pressure Sore, the Nurse or health professional involved may consider raising a safeguarding concern in line with the National Guidance and Safeguarding Adults threshold (this can also be found in G005 Safeguarding Policy). Our evidence may be able to demonstrate that the area deteriorated despite the proper care and attention being provided, but it is rare that skin deteriorates from typical healthy skin to the extent of a Grade 3 or 4 pressure sore developing. We can also raise a safeguarding concern if there is cause to believe that damage is significant or could have been avoided.

More information about signs of pressures and tips for managing can be found here:   
[Pressure ulcers - leaflet for front line care workers (skillsforcare.org.uk)](https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-topics/Pressure-ulcers/Pressure-ulcers-leaflet-for-front-line-care-workers.pdf)

1. **Sepsis and Infection**

*Sepsis is a life-threatening reaction to an infection. It happens when your immune system overreacts to an infection and starts to damage your body's own tissues and organs. You cannot catch sepsis from another person. Sepsis is sometimes called septicaemia or blood poisoning.*

[Symptoms of sepsis - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/sepsis/)

Staff must not delay in seeking medical advice where there are signs and symptoms of Sepsis or other types of infection.

**Call 999 or attend A&E immediately if any of these symptoms are observed**:

* Acting confused, slurred speech or not making sense
* Blue, grey, pale or blotchy skin, lips or tongue – on brown or black skin, this may be easier to see on the palms of the hands or soles of the feet
* A rash that does not fade when you roll a glass over it, the same as meningitis
* Difficulty breathing, breathlessness or breathing very fast

Call NHS 111 or seek medical advice from a GP for these symptoms. They may direct you to a hospital, call an ambulance for you, or provide other advice and treatment. If symptoms worsen, you must call for an ambulance:

* Feels very unwell or like there's something seriously wrong
* Has not urinated during the day
* Vomiting and unable to keep down food or fluids
* Swelling or pain around cuts or wounds
* Very high or low temperature, feels hot or cold to the touch, or is shivering

[NHS England: Signs of Sepsis and what to do (easy-read)](https://www.england.nhs.uk/wp-content/uploads/2020/02/easy-read-signs-of-sepsis-and-what-to-do.pdf)

1. **Epilepsy and Seizures**

SL/ACH001 has a readily available Personalised Plan for Epilepsy, as well as a seizure monitoring chart.

Having a robust plan, and well-maintained accurate logs of each episode are crucial in being able to safely support someone in the event of a seizure or epileptic episode. Logging and reviewing the seizure activity is also a key piece of evidence when we need to assist a person we support through medication reviews or other treatment plans. Durations, frequency, intensity, and other key information about a person we support’s epileptic event may be crucial to their treatment and well-being plans or indicate a change in need that requires urgent attention.

The personalised plans must be reviewed regularly in line with the SL/ACH001 policy, and be of a sufficient quality that staff can identify:

* The needs of the person we support: what to expect, triggers, typical length of episodes
* How to support the person correctly and safely at the time of an episode
* How best to support someone in the recovery stages
* Who else is involved in their Epilepsy care
* What training is required to deliver care or medication associated with Epilepsy
* What to do in the event of medical emergency or where escalation is required.

A health professional, such as a GP, Neurological Consultant or Epilepsy Nurse may be involved with overseeing the person we support. Their contact details should be maintained if advice is needed in relation to change in needs, medication, re-assessment, or other reason for review.

Buccal Midazolam is one type of emergency medicine used to stop prolonged seizures, which works by reducing electrical activity in the brain which can stop seizures

*Buccal* – means the space between the gum and cheek where the medicine is administered.

*Midazolam* – is the name of the medicine.

*(Source:* [*Buccal midazolam - Epilepsy Action)*](https://www.epilepsy.org.uk/professional/buccal-midazolam)

Buccal Midazolam should only be administered according to the prescription and Epilepsy Plan.

Only trained members of staff can deliver this medication. If a member of staff is not trained, they must contact 999. They must not administer the medication.

Buccal training should be requested by the Team Leader for all support staff where a person we support requires this medication. In the case of new starters, casual and agency staff, Team Leaders should ensure that:

1. Staff have received this training prior to commencing the shift, especially if they frequently cover shifts in the service.
2. If not, Team Leaders must arrange and ensure that they receive full handover as to the pathway of escalation and support, and the requirement to call 999
3. As far as is reasonably possible, where more than 1 member of staff is on shift, 1 of them must be trained in Buccal delivery.

Any seizure or epileptic episode should be recorded in the daily notes on Carista. This should be recorded as a physical health entry. Updates may also be required to:

* Health Action Plan,
* Monitoring charts,
* Risk assessments/care plans

Where a person we support requires their emergency medication, a hospital admission, or other cases that amount to a significant event, this should be recorded as such and logged under the appropriate category such as ‘Ill Health’.

If a person we support has a seizure and they were not supported according to their care plan, the response to the seizure has been delayed or inappropriate, or the person has come to avoidable harm, the Team Leader must consult G005 Safeguarding Policy and consult the reporting threshold. These events must be recorded as a significant event under the ‘Abuse - Preventative Safeguarding’ heading.

1. **Record Keeping and Significant Events**

HS005 Reporting Management and Review of Significant Events Policy has clear guidance as to what is expected for the logging of a significant event, which includes matters of physical health, injury, and other emergency situations. This includes the RAG rating for incidents and reporting requirements.

Remember: *If it isn’t written down, it didn’t happen”*

Record keeping is vitally important for several reasons, but we must be able to track, review and evidence that we are seeking timely advice and treatment for the people we support. Most emergency or unexpected health events will require a significant event, with updates and outcomes added to the chronology.

If a health deterioration was avoidable, there’s a failure to seek timely advice, or a person we support becomes ill because of failures in care/services, staff must consult the G005 Safeguarding Policy / Neglect and Acts of Omission category. The significant event must also reflect a potential safeguarding concern. The policy must be followed for raising an alert with the Local Authority if there are safeguarding concerns.

There is a requirement to notify CQC of certain events that relate to physical health, accidents or injuries.

**Serious Injury to a Person Using the Service:**

* the person was seriously injured while a regulated activity was being provided
* their injury may have been a result of the regulated activity or how it was provided
* If the serious injury is the result of an assault, you should use: allegation of abuse notification form instead.

[Serious injury to a person using the service – notification form - Care Quality Commission (cqc.org.uk)](https://www.cqc.org.uk/guidance-providers/notifications/serious-injury-person-using-service-notification-form)

This form can be used to report:

1. Pressure Sores Grade 3+
2. Pain lasting, or likely to last, 28 days or more
3. Injuries requiring treatment to prevent death
4. Sensory injury (affecting sight, taste, hearing, touch, smell)
5. Neurological or intellectual damage
6. Organ damage
7. Breaks and fractures
8. Damage to tendons, muscles, joints, blood vessels

Death of a Person Using the Service, and Allegations of Abuse (Safeguarding) Notifications may also be appropriate to consider depending on the event and the outcome.

Daily Diary:

There are several types of entries that can be added to the Daily Diary. See below a full list of entry types that can be used for recording physical health:

|  |  |
| --- | --- |
| Physical Health | Admission to Hospital |
| Physical Health | Annual Health Check |
| Physical Health | Chiropodist |
| Physical Health | Consultant |
| Physical Health | Conversation |
| Physical Health | Correspondence |
| Physical Health | COVID-19 Vaccination Discussion |
| Physical Health | Decision Making Support |
| Physical Health | Dentist |
| Physical Health | Dietitian |
| Physical Health | End of Life Pathway commenced |
| Physical Health | Escalating Health Concerns |
| Physical Health | Exercise |
| Physical Health | Flu Vaccination |
| Physical Health | Food Intolerance |
| Physical Health | GP / Doctor |
| Physical Health | Invasive Technique |
| Physical Health | Known Allergies |
| Physical Health | Long Term Condition |
| Physical Health | Medication incl. PRN |
| Physical Health | Mobility |
| Physical Health | Optician |
| Physical Health | Outpatient |
| Physical Health | Practice / Specialist Nurse |
| Physical Health | Required Observations |
| Physical Health | SALT |
| Physical Health | Seizures |
| Physical Health | Short Term Condition |
| Physical Health | Sleep |
| Physical Health | Temperature Check |
| Physical Health | Weight Management |

Other relevant entry types may include:

|  |  |
| --- | --- |
| Meals / Nutrition | Meals / Nutrition |
| Meeting | Best Interest Meeting |
| Meeting | MDT/Clinical Review |
| Meeting | Professionals Meeting |
| Meeting | Progress Meeting Record |
| Service User Welfare Check | Service User Welfare Check |

1. **Mental Capacity Act and Best Interests**

The principles of the Mental Capacity Act still apply to someone’s choices regarding their physical health.

1. A person must be assumed to have capacity to make decisions
2. All practicable steps must be taken to ensure a person we support understands the risks and benefits of accessing medical advice, potential treatment, or input from a health professional.
3. A person we support can make unwise decisions, which may include refusal to seek medical attention.
4. Where there is doubt that the person can understand, weigh, retain and communicate a decision, a mental capacity assessment should be completed.
5. It may be necessary to make a decision in the person’s best interests if they lack capacity to make certain decisions.

There are some exceptions which staff must observe:

* In cases of medical emergency and life-threatening situations, staff must contact 999.
* A mental capacity assessment can be proportionate and can be documented once the immediate support has been provided so long as the assessor is able to verbally communicate their rationale for the outcome. Medical advice and attention should not be delayed if it is not safe to do so.
* Where a person refuses medical advice or to see a GP, staff are still able to seek advice as to how to support them and maintain their own duty of care, and contact 111 or GP to do so, explaining that the person has refused attention. It must be explained to the person we support that we are doing so, and any of their views and outcomes documented.

1. **DNAR / Advanced Directives**

A person we support has the right to sign a DNAR whilst they have capacity to do so, or a GP or Health Professional may decide it is in a person’s best interests to have this in place.

A DNAR must be provided by a relevant health professional and a copy must be kept with the person we support’s Health Passport and other medical documentation. It is only valid if it is signed and dated.

A person we support may have a formal Advanced Decision/Directive completed with a Solicitor. Where possible, we should gain a copy of this and keep it with DNAR or other medical documentation within their file in service.

Any Advanced Decisions/Directives in relation to care and support, end of life, preferred place of death or other decisions towards a person’s end of life preferences, including a DNAR, should be recorded on Carista: Essential Support>Rights and Responsibilities>Advanced Decisions.

[Universal principles for advance care planning ACP Easy Read (skillsforcare.org.uk)](https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-topics/End-of-life-care/Universal-principles-for-advance-care-planning-ACP-Easy-Read.pdf)

1. **Additional Resources and Links**

[SCIE: Prevention In Social Care](https://www.scie.org.uk/prevention/social-care)

[Learning Disability - Health Inequalities Research | Mencap](https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/health/health-inequalities)

[NHS England: Campaign to help spot early signs of life-threatening constipation in people with a learning disability](https://www.england.nhs.uk/2023/07/new-nhs-campaign-to-help-spot-early-signs-of-life-threatening-constipation-in-people-with-a-learning-disability/)

(Appendix 2 is based on Skills for Care’s RESTORE2 Mini Tool: [Spotting the signs when a person becomes unwell (skillsforcare.org.uk)](https://www.skillsforcare.org.uk/Developing-your-workforce/Care-topics/Spotting-the-signs-when-a-person-becomes-unwell/Spotting-the-signs-when-a-person-becomes-unwell.aspx))