

Working Together:

Easy steps to improving how people with a learning disability are supported when in hospital

- Guidance for Hospitals, Families and Paid Support Staff



Valuing People
Support Team

Gloucestershire **NHS**
Primary Care Trust

hft
Supporting People
with Learning Disabilities

 worcestershire
county council

Worcestershire **NHS**
Mental Health Partnership NHS Trust

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This guide can be downloaded from:

http://www.hft.org.uk/p/4/121/Working_Together.html

or <http://valuingpeople.gov.uk/dynamic/valuingpeople118.jsp>

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Introduction

Going into hospital, for whatever reason, can be frightening, confusing and stressful; people are often unsure of what to expect or how they will cope, and the language used by doctors and nurses can be hard to understand. It is a time when everyone will feel vulnerable.

For people with a learning disability it is likely to be even more complicated for a wide range of reasons. They are likely to find it more difficult to communicate natural anxieties, or explain any pain or discomfort they may be in. They may have difficulty in adjusting to the hospital environment and routines. The hospital staff may not know or understand their cognitive, health and personal care needs. They may also have had poor experiences of healthcare in the past. Such vulnerability is likely to be further increased by other factors like epilepsy, mental illness, sensory impairment or increased likelihood of choking – all of which are more common amongst people with learning disabilities.

These problems have been known about for some time and have been highlighted in a number of reports such as *Treat Me Right* (Mencap 2004) and *Death by Indifference* (Mencap 2007). The Government has responded in a number of ways, through legislation such as the Disability Discrimination Act (2005), and an Independent Inquiry into access to healthcare for people with learning disabilities, led by Sir Jonathan Michael. The resulting report, *Healthcare for All* (2008), has 10 important recommendations which concern the ‘reasonable adjustments’ that are needed to make health care services as accessible to people with learning disabilities as they are to other people. The 10 year Carers’ Strategy *Carers at the Heart of 21st Century Families and Communities* (2008) expects carers to be partners in diagnosis, care and discharge planning alongside NHS and Social Service staff.

This guidance is based on three of the key points at the heart of the many recommendations that have emerged from recent documents about the potential health inequalities that people with learning disabilities face:

- **Like everyone else, people with learning disabilities should get the help they need from health services, though this may mean that reasonable adjustments need to be made.**
- **Health professionals should listen more to the families and support staff of people with learning disabilities because they usually know most about them and the support they need.**
- **Health staff should not rely on relatives or paid carers of people with learning disabilities to provide care whilst they are in hospital without considering their needs and supporting them appropriately.**

The best way to help anyone to manage the natural stresses of going into hospital is for them to have the support of people who know and care about them; we all need this. As many healthcare staff have very limited knowledge about learning disabilities, such

support becomes even more important for someone with a learning disability. Too often, where a person has additional support needs during their stay in hospital, it is either expected, or assumed, that family members will provide this or, if the person has some paid support, this will continue in hospital. Occasionally, additional nursing support is provided by the hospital to meet such needs, (sometimes called ‘specialing’) but this is usually provided by a bank or agency nurse who may not know the ward well, let alone the patient!

This guidance has been produced by a working group of family carers, hospital staff, learning disability nurses and paid support staff, facilitated by HFT. Its aim is to help ensure that people with learning disabilities get the right kind of support and effective treatment during their stay in hospital. Each person will have different needs and require different levels of support to help them cope and get the best out of their stay in hospital. It is crucial therefore to carefully assess each person’s need for additional support and who is best placed to provide it (most effectively).

Hospitals have a clear ‘duty of equality’. This does not mean treating everybody the same but rather that hospitals must make ‘reasonable adjustments’ to meet the needs of disabled people, because they are entitled to expect equality in the outcome of their hospital stay. Hospitals are also required to maintain the dignity of all disabled patients. For some people additional support may be required to achieve these things as well as to maintain safety whilst they are in hospital.

Family members and/or paid care staff can make a major contribution to the effectiveness of treatment and support by providing medical histories and other important information. They can also help identify areas of risk and so reduce it. Sometimes they can also contribute to maintaining a patient’s safety and dignity whilst in hospital by providing additional support. For example a family member or paid support worker is probably best placed to provide expert advice regarding a learning disabled patient’s communication needs during their stay. They may be able to reduce anxiety over a particular procedure, such as an injection, or simply come in and help with the person’s evening meal should they need it.

It is the hospital’s responsibility to fund any extra support over and above the individually funded support ordinarily available to the person when in their own home. So, if a person usually has 2 hours individual support funded each day to help them at home, then this can usually be transferred to the hospital. However, if the person only has shared support hours, where paid support is shared with other people, then this cannot be transferred and additional support will have to be funded by the hospital to meet any identified additional needs and promote an equal outcome.

Clear ways of recording key information about an individual with learning disability are important. One example of this is the Traffic Light Hospital Assessment developed by Gloucestershire Partnership NHS Trust as a tool for communicating what hospital staff will need to know about a patient with learning disabilities. You will find a copy of this on pages 23 to 26.

In addition you will find a **Risk, Dependency and Support Assessment** on pages 27 to 33.

The Risk, Dependency and Support Assessment was designed by the working group to follow on from a record like the Traffic Light Hospital Assessment. It identifies risks (both physical risks and risks to the effective outcome of the hospital stay) and what additional support may be required to address them. The Risk, Dependency and Support Assessment offers a framework to help in the negotiation for any additional support to reduce risk, by identifying who is best able to provide that support. This then gives the hospital a clear framework to evidence where further funding is required. It is recommended that the Risk, Dependency and Support Assessment is used by the nurse in charge of the ward alongside the patient and those who know the patient best (e.g. paid support staff/family members/advocates).

Family carers, paid support staff and hospital staff should be working together to achieve the best outcomes for people with learning disability. In the next part of the guide four sections explain what people from each group should be doing **1)** before admission, **2)** at or around admission time, **3)** during and **4)** at the end of a hospital stay. At the back of the booklet you will find a **Checklist for admission meeting**, plus links to other sources of useful information, as well as the **Traffic Light Hospital Assessment** and the **Risk, Dependency and Support Assessment** forms.

1 What you can be doing now

Steps for **family carers** and/or **paid support staff** to prepare for hospital admissions

It is important to recognise that many hospital admissions are not planned; such unplanned or emergency admissions particularly benefit from attention to all of the recommendations made below. These suggestions need to be considered for both planned and unplanned hospital admissions. You are unlikely to have time to think about and act on these suggestions when you are faced with an emergency – the better prepared you are in advance, the easier it will be.

Information about the individual

- Collecting together information about the needs of your family member or the person you are supporting is the best starting point. A lot of this may already be written down in an assessment or a care or support plan, a Health Action Plan, Health Passport or a Person Centred Plan.
- Using the records, plus any other knowledge you have about the person's previous experiences of ill health, reactions to medication or pain etc you could complete the **Traffic Light Hospital Assessment**, developed by Gloucestershire NHS Trust, which is given at the end of this booklet. (The Traffic Light Assessment helps everyone understand what it is essential to know, what is important to know about the person, their likes and dislikes and anything else important for their stay in hospital.)
- A Health Action Plan is a further way of making sure that the person's health needs are known about and taken care of. You can get help to make a Health Action Plan from your local Community Learning Disability Team, who may also be able to help get an annual health check organised.
- It is helpful to consider what you feel should happen if a cardiac arrest happened during treatment. Doctors may well ask you early into the admission whether or not the patient is to be resuscitated. This is a very emotional and difficult question so it will help everyone if it can be thought about before any admission or medical emergency happens.

Information about others

- It is useful to know who is there at your local hospital to help when someone with a learning disability needs to be admitted – this would include the Patient Advice and Liaison Service at every hospital and a Learning Disability Liaison Nurse at many.
- Find out if they use the Traffic Light Hospital Assessment or a similar tool that they could send you.

- Paid support staff could identify one person from their team to take a lead on preparing for any hospital admission – ensuring assessments are done, contacting hospitals etc.
- Should you need it there is also the Independent Complaints Advocacy Service (ICAS), a statutory service commissioned by the Department of Health to support people through the NHS complaints procedure. ICAS is independent of any hospital and contracted out on a regional basis to good advocacy services.
- List the above contacts now and keep them with the other information you have gathered.

Might additional support be needed in hospital?

- The **Traffic Light Hospital Assessment** mentioned above provides information on a person's needs: the **Risk, Dependency and Support Assessment** (given on pages 27 to 33) maps out how those needs can be met whilst the person is in hospital. If you become familiar with this assessment now you will be able to use it with the hospital whenever an admission is needed.
- Consider how much time you could realistically spend supporting the person in hospital – are there other relatives, friends or staff who could be called upon?

Do you know about consent?

- You should be aware that under the Mental Capacity Act only the individual themselves (if they have capacity to) or the Decision Maker (if the person lacks capacity) can give consent to medical treatment. Relatives and paid staff have responsibilities, along with medical staff, to help someone understand about any Best Interests Decisions. Those close to an individual will have some relevant experience of how they are supported to make decisions and communicate their views in other aspects of their life. However, if it is decided that the person lacks capacity to make a particular decision about treatment, and there is time to, a Best Interests Meeting must be held. Family members and support staff should be invited to give their views, based on their knowledge of the person, but they do not have responsibility for medical decisions. These will be made by the person doing the procedure.
- Paid staff should be aware of their duties under the Mental Capacity Act by reading the MCA Code of Practice and/or *Making Decisions: a guide for people who work in health and social care*. They should also do what they can to provide family members with accurate, user friendly information too. They could do this by signposting relatives to, or – better still – having copies of *Making Decisions – a guide for family, friends and other unpaid carers* ready to give to relatives. You can download and/or order these and other helpful documents by visiting www.publicguardian.gov.uk. For more information about the Mental Capacity Act, Best Interests meetings and use of Independent Mental Capacity Advocates see the **Where to find further information** section.
- You can provide staff at the hospital with some of the useful information about people with learning disabilities listed at the back of this booklet or keep copies of booklets you think are especially relevant so you can lend them to hospital staff if an admission is necessary.

Steps for **hospitals** to prepare for the admission of patients with a learning disability

- Develop your own policies for when a person with a learning disability is admitted, ensuring these include accepting and supporting relatives and paid support staff to give the help they are offering the patient. Good examples of hospital policies are available from the A2A network listed in the **Where to find further information** section.
- Monitor how many patients with a learning disability are admitted and record how well the admission and the additional support went.
- Look at the information detailed in the **Where to find further information** section at the back of this booklet and make it available to all staff.
- Produce easy to understand information about the hospital and make it available to people coming to the hospital whether as an outpatient or inpatient. Local People First groups may be able to help with the drafting of this information.
- Have easy to understand information about different procedures (www.easyhealth.org.uk, a web site run by Generate, a charity working with people who have learning disabilities, using Department of Health funding, provides some useful information that could help with this).
- Gather resources that can help when a person with a learning disability is admitted and ensure that its existence is advertised. Where should this be lodged?
- Provide training to staff on learning disabilities; local family carers and people with learning disabilities may be able to help with this.
- Train staff on how to use any tool adopted by the hospital for assessing and alerting staff to the support needs of a patient with learning disabilities (eg the Gloucestershire Partnership NHS Traffic Light Hospital Assessment).
- Make available and provide training on the **Risk, Dependency and Support Assessment** and ensure that all nursing staff are familiar with it.
- Arrange the funding systems to pay for additional support from those who know individual patients who have a learning disability, rather than use agency nurses.
- Identify a member of staff on each ward or department to take a lead on support for people with learning disabilities in their area.
- Ensure staff are up to date with what the Mental Capacity Act says about informed decision making, consent, best interests meetings, etc. (See above **Do you know about consent?** under the steps for family carers and/or paid carers in this section for a brief introduction. (You will find more information about this in the **Where to find further information** section at the back of this booklet).

2 What you can do when a hospital admission is needed

Steps for **family carers** and/or **paid support staff** at or around admission time

- As soon as you know someone is going into hospital make sure that the member of staff at the hospital who takes a lead on learning disabilities is aware of the admission. This may be the Learning Disability Liaison Nurse or someone else. Hopefully they will be able to attend an admission meeting. The Patient Advice and Liaison Service should also be informed.
- The person will need to be supported to understand what to expect – what will happen to them, how they may feel, etc. A visit to the ward before the admission can be very helpful. You can introduce yourself and the person concerned to staff. You can also find out where bathrooms, communal areas, rest areas, car parking, telephones, gardens and other services are in the hospital.
- For unplanned admissions both of the above suggestions of good practice should happen at the earliest opportunity.


Giving and receiving information

- For planned admissions it is best to contact the Learning Disability Liaison Nurse (where available) or the learning disability lead nurse for the ward or department (where there is no Learning Disability Liaison Nurse) and ask for a pre-admission meeting.
- For unplanned admissions, arrange for a meeting to take place at the earliest opportunity after admission.
- Where possible the person with a learning disability should be part of this meeting.
- Provide the department at the hospital with the information that you have, summarised if possible in a way that will be useful to hospital staff, perhaps using a tool such as the Traffic Light Assessment.
- There is a check list of things that would need to be discussed at the meeting at the back of this booklet; it will include issues of consent and best interests, covered by the Mental Capacity Act. (You will find more information available about this in the earlier section for carers and in the **Where to find further information** section at the back of this booklet). Issues of confidentiality will also need to be discussed at the pre-admission meeting, as well as who should be informed of what.

- Think about what information YOU would like to get from this meeting. Does the hospital have the equipment and the space needed for hoists, wheelchairs, etc that the person needs? Do you need to be finding out about any equipment that might be needed on discharge, some of which may take a while to arrange – who will organise this and when? If there are unexpected difficulties with medication, appliances, etc once the person is back where they live, who should you, as their carers, contact for advice if the GP is unable to help? How will any nicotine addiction be managed – will patches be used? Make a list of your own questions, including your likely needs for accommodation, sustenance, toilets/showers etc (you could use space on the **Checklist for admission meeting** on pages 21 and 22, where you will also find some suggested questions compiled by families to help you).
- Work with the ward to complete the **Risk, Dependency and Support Assessment** in order to agree what additional support may be required and who is best to provide it.
- The decisions following completion of the **Risk, Dependency and Support Assessment** should be shared with anyone else involved with the individual (including their Local Authority through their care manager where appropriate).
- Help others to understand what is likely to happen or how you think the person might respond, especially if you have been with them when they have been in hospital before.
- Find out how the ward runs; when are ward rounds (when the individual is likely to need support with giving and receiving information, and you may have questions to ask), meal times, staff handover times and visiting hours?
- Find out about any special parking arrangements, refreshment facilities, etc. Some hospitals run schemes such as free parking for carers. The Patient Advice and Liaison Service can help you here.

Steps for **hospitals** when an admission for a patient with a learning disability is needed

- Host a pre-admission meeting for planned admissions with those who know the patient best, using the checklist at the back of this booklet. Unplanned admissions will require this admission meeting to take place at the earliest opportunity.
- Use any assessment information provided by carers to make nursing care as appropriate as possible.
- Ensure that the ward team are informed and as prepared as possible for the admission.
- The ward team should introduce themselves to the patient and their carers and fully explain what will happen.

- 
- Work with those who know the patient best to fill out the **Risk, Dependency and Support Assessment** so you can identify and agree what additional support may be required, and who is best to provide it.
 - Carry out further hospital risk assessments on any areas of likely risk identified in the **Risk, Dependency and Support Assessment**.
 - The senior member of hospital staff with responsibility for patients with a learning disability should be informed of the admission and the outcome of the **Risk, Dependency and Support Assessment** in order to authorise and secure appropriate funding.
 - Paid support staff, with the help of families, are usually the best people to provide any additional support required during a hospital stay. The individual is used to them and they are familiar with the support the individual needs. Ensure all staff concerned understand this and accept their presence.
 - Agree practical arrangements such as parking, breaks, refreshments, etc with anyone providing additional support.
 - Agree that someone who knows the individual and their communication well must be present when ward rounds happen.
 - Remind staff to prevent groups of students from being present during ward round discussions if this is likely to be unsatisfactory for the patient.


3 What you can do during the hospital stay

Steps for **family carers** and/or **paid support staff** during a hospital stay

- Provide any support that you have agreed as part of the **Risk, Dependency and Support Assessment**.
- Contribute to any re-assessment of needs as required, using the **Risk, Dependency and Support Assessment**, for example following surgery.
- Continue to help the person to understand procedures and progress etc.
- Provide information about how the person is responding to medication/treatment for the nurses' handover meetings when they pass on information to nurses coming on shift.
- Try to make a point of talking to the senior member of staff on duty.
- Involve the Patient Advice and Liaison Service in any disagreements or concerns that you may have regarding the hospital stay.
- Help to identify what additional needs the person may have after their hospital stay.
- Inform the person's Local Authority (where appropriate) of any needs that are likely to be higher after the hospital stay.

Steps for **hospitals** during a hospital stay for a patient with a learning disability

- Continually explain procedures, medication, changes in condition or treatment and check that both the patient and any carers understand the information and have the opportunity to ask questions.
- Include family carers and/or paid support staff in the nursing handover, or at least seek information from them to share at the nursing handover.
- Undertake a reassessment of Risk, Dependency and Support needs whenever it is indicated that the patient may require more or less additional support.

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- Raise any concerns around paid support staff who are providing additional support as indicated by the **Risk, Dependency and Support Assessment** directly with the paid supporter's employing organisation.
 - Help to identify any increased support needs the patient may have following their hospital stay.
 - Ensure any actions suggested by the pre-admission meeting are being undertaken, for example, has an Occupational Therapy assessment been booked so special equipment will be available on discharge?


4 What you can do when the hospital stay is ending

Steps for **family carers** and/or **paid support staff** when it's time for the person to leave hospital

- Ask for a discharge planning meeting with ward staff and the Local Authority Care Manager or Hospital Social Worker.
- Ask the person's Local Authority to carry out an assessment of changed needs if required, so that the allocation of any additional funding required upon discharge is available.
- Think about what will be needed at home, discuss this with the care manager or social worker and confirm who will be doing what and when including how paid staff or family carers are to be involved.
- Find out about hospital transport for the person to get home if needed.
- Inform anyone who needs to know (other paid support staff etc) of any changed needs and what support may be required.
- Make sure everyone who needs to know is aware of when the person will be leaving hospital and who to contact if there are any concerns after discharge.
- Tell the hospital how you think the stay went, what worked well and any improvements that could be made. If possible, this is best done in writing. If it has gone well, write a note of thanks.

Steps for **hospitals** when it's time for the patient with a learning disability to leave hospital

- Organise a formal discharge planning meeting wherever possible including family carers and paid support staff.
- Inform the patient, family carers and paid support staff of any requirements following the patients hospital stay, such as bed rest or no lifting. This should include any possible side effects of new medication and confirm what to do if any complications arise.

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- Remember to check arrangements have been booked for any outstanding specialist assessments that may still be needed, such as Occupational Therapy.
 - Inform the Community Learning Disability Team that the person will be leaving hospital.
 - Organise transport if needed.
 - Invite the patient, their family and paid support staff to give feedback on the hospital experience – what has gone well, what could be improved?

● Where to find further information

A2A, Access to Acute care: “A2A” – Access to Acute Care – Special Interest Group web site: <http://www.nnldn.org.uk/a2a/index.asp>

Department for Constitutional Affairs (2007) Mental Capacity Act 2005 Code of Practice can be downloaded from:

www.opsi.gov.uk/ACTS/acts2005/related/ukpgacop_20050009_en.pdf

Department of Health (2008) Good practice in learning disability nursing: Department of Health – Publications

www.library.nhs.uk/learningdisabilities/Page.aspx?pagename=HNAEU2008

The Disability Rights Commission investigation into health inequalities for people with mental health issues and learning disabilities. *Equal Treatment: Closing the Gap*. This report is downloadable from:

[http://www.equalityhumanrights.com/en/publicationsandresources/Pages/DRCHHealthFIClosingthegapmainreportpart2.aspx?k=closing the gap](http://www.equalityhumanrights.com/en/publicationsandresources/Pages/DRCHHealthFIClosingthegapmainreportpart2.aspx?k=closing%20the%20gap)

Easy Health produce accessible information to help someone prepare for health appointments and medical procedures. www.easyhealth.org.uk

Foundation for People with Learning Disabilities hosts the UK Health and Learning Disability Network online forum: www.learningdisabilities.org.uk/ldhn

Joyce, T (2007) *Best Interests Guidance on determining the best interests of adults who lack the capacity to make a decision (or decisions) for themselves [England and Wales]*. A report published by the Professional Practice Board of the British Psychological Society

NHS Learning Disabilities Specialist Library: NLH – Learning Disabilities – Health Needs Annual Evidence Update 2008

<http://www.library.nhs.uk/learningdisabilities/Page.aspx?pagename=HNAEU2008>

Office of the Public Guardian (2007–08) *The Mental Capacity Act 2005, the Code of Practice* and a series of related booklets. To download them go to: www.publicguardian.gov.uk.

The titles include:

Decisions: a guide for family, friends and other unpaid carers

Making Decisions: a guide for people who work in health and social care and other useful guidance.

The Royal College of Psychiatrists, *Books Beyond Words*. Picture books that have been developed to aid communication and discussion around topics such as health needs. For further information: www.rcpsych.ac.uk/publications/booksbeyondwords/aboutbbw.aspx

St Georges University website: Health Guidelines for Adults with an Intellectual Disability
www.intellectualdisability.info/mental_phys_health/health_guide_adlt.htm

Speak Up Self Advocacy organisation has produced a DVD about going into hospital.
It can be ordered using their catalogue online:

http://mail.speakup.org.uk/shared/Information%20About%20Speakup/DVD_CATALOGUE.pdf

Surrey Learning Disability Partnership Board *Hospital communication book* downloadable from: www.valuingpeople.gov.uk Hospital communication book

Williamson, A. et al *Essence of Care Benchmarking: People with Learning Disabilities Using Acute Hospital Services – Report on Pilot*. University of Teesside Essence of care Benchmarking PDF file available from: <http://www.nnldn.org.uk/>

● Points on consent to consider before any admission meeting

Prior to an initial admission meeting, it is helpful if the decision on whether the individual has the capacity to consent to this treatment has been made and recorded according to the Mental Capacity Act (MCA).

If not, then there will need to be clear evidence recorded as to what has been done by the hospital and family carers and paid support staff to help the individual understand what is required and to enable them to give consent.

If it is felt that the person is unable to give their consent, then a best interests decision would be needed in accordance with the MCA. Best interests decisions need to be formally recorded in a meeting with all involved, (see British Psychological Society guidance in **Where to find further information** above). If there is no family member then an Independent Mental Capacity Advocate (IMCA) would be required and a referral to them would be made by the Decision Maker. The Decision Maker is the person who will be carrying out the procedure. If there is any disagreement, again an IMCA would be required.

Once the best interests decision has been made and recorded, everyone needs to agree the other arrangements for the admission using the following checklist.

● Checklist for admission meeting

The purpose of an admission or pre-admission meeting is to agree all of the arrangements for admission. To achieve this the agenda for the meeting will probably need to include:

- **Introductions and clarifying of roles.**
- **Consent:** before this meeting it is helpful if the decision on whether the individual has the capacity to consent to this treatment has been made and recorded according to the Mental Capacity Act. If not, see the **Where to find further information** section and **Do you know about consent?** for carers, in **Section 1: What you can be doing now**, as well as **Points on consent to consider before any admission meeting** on page 19, and establish who will undertake the necessary work.
- **Confidentiality:** record how information will be shared and with whom. Record key people who will need to be consulted throughout the process along with their contact details.
- **Key contacts within the hospital:** identify and record.
- **Recorded information** provided by the person themselves, their family and /or paid support staff – including any assessments, care plans and traffic light assessment: should be shared.
- **The current medical need:** share and discuss:
 - The presenting medical need, including treatment required and how will this be carried out.
 - Expected outcome and possible areas of risk.
 - Communication aids or communication patterns should be explained to hospital staff so they become aware of the ways the patient expresses themselves.
 - The person's likely reactions to the hospital environment and procedures – may restraint be necessary, if so how is this best delivered?
 - Whether or not the patient should be resuscitated if a cardiac arrest occurs.
- **Information and support needs of relatives and paid support staff** involved with the individual's hospital stay (*see list of possible questions below*).
- **What additional support may be required** to ensure the best outcome is reached. The **Risk, Dependency and Support Assessment** should be completed and signed with all present.
- **Further tasks**, such as ward based and risk assessments, along with practical arrangements of who will take what actions: to be listed.
- **Likely timing of other multi-agency meetings**, such as discharge meeting.

Note for family and/or paid carers

Below we give a list of possible questions suggested by family members. Mark those you would like to ask and add to the list if you are intending to take this sheet to the hospital meeting.

- Are drinks offered to relatives/non hospital staff when they are beside patients or should they take their own refreshments?

- Should you take special cups, spoons etc with you or does the ward always have them?

- Will relatives and members of support staff need to be provided with passes to leave and enter the ward during the night?

- If the person needs incontinence pads (perhaps temporarily because of the treatment) will the correct type be available?

- Does the hospital provide accommodation for carers providing additional support? If not, will a mattress be available or a comfortable chair for night support?

- What and where are bathroom facilities for carers?

- Specialist equipment needs, eg hoists, accessible baths etc – does hospital have them and where?

- Will drinks be provided during the night?

- How will I as family carer or paid support staff get necessary breaks in MY support role?

- Travel practicalities – bus, car, taxi, parking, costs etc

(continued)

Additional questions:

- _____

- _____

- _____

- _____

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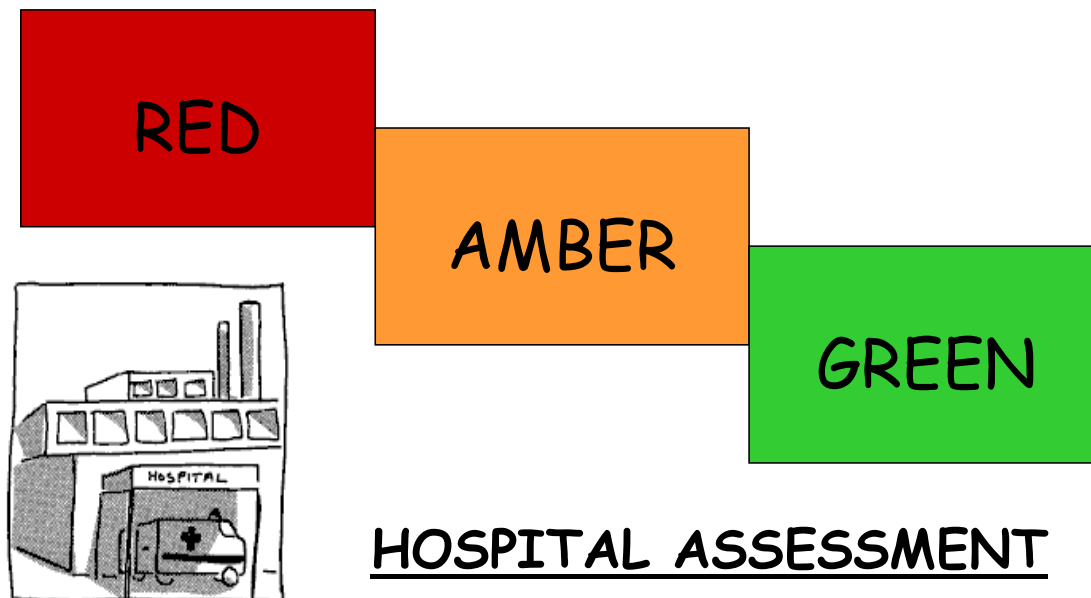
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The Traffic Light Hospital Assessment

In partnership with the 2gether Foundation NHS Trust & the Gloucestershire Hospitals NHS Foundation Trust



This assessment gives hospital staff important information about you.

Please take it with you if you have to go into hospital. Ask the hospital staff to hang it on the end of your bed.

Please note: **Value judgements** about quality of life including decisions on resuscitation must be made in consultation with you, your family, carers and other professionals. This is necessary to comply with the Mental Capacity Act 2005.

Make sure that all the staff who look after you read this assessment.

RED-ALERT

Things you must know about me

Name -	NHS number -	
Likes to be known as -		
Address -	Tel no-	
Date of Birth -		
GP -	Address:	
Next of Kin -	relationship -	Tel no -
Key worker/main carer -	relationship -	Tel no -
Professionals involved -		Tel no -
Religion -	Religious requests -	

Current medication -

Current medical conditions - e.g. epilepsy, allergies, heart problems, breathing problems, eating & drinking issues.

Brief medical history -

Medical Interventions - how to take my blood, give injections, take temperature, medication, BP etc.

Behaviours that may be challenging or cause risk -

Level of comprehension/ capacity to consent -

Completed by: Date:.....

AMBER**Things that are really important to me****Communication** -

How to communicate with me.

Information sharing -

How to help me understand things.

Seeing/hearing -

Problems with sight or hearing

Eating (swallowing) -

Food cut up, choking, help with feeding.

Drinking (swallowing) -

Small amounts, choking

Going to toilet -

Continence aids, help to get to toilet.

Moving around -

Posture in bed, walking aids.

Taking medication -

Crushed tablets, injections, syrup

Pain -

How you know I am in pain

Sleeping -

Sleep pattern, sleep routine

Keeping safe -

Bed rails, controlling behaviour, absconding

Personal care -

Dressing, washing etc.

Level of support -

Who needs to stay and how often.

Completed by: Date:.....

GREEN

Things I would like to happen

Likes/dislikes

THINGS I LIKE Please do this:		THINGS I DON'T LIKE Don't do this:	
Think about - what upsets you, what makes you happy, things you like to do i.e. watching TV, reading, music. How you want people to talk to you (don't shout). Food likes, dislikes, physical touch/restraint, special needs, routines, things that keep you safe.			

Completed by: Date:.....

Review of Traffic Light Hospital Assessment form : March 2010
Produced by the Learning Disability Health Facilitation Team

Risk, Dependency and Support Assessment for Patients with a Learning Disability

Patient name _____

Date of birth _____ Hospital number _____

Assessment completed by: Ward staff _____
(print names)

Family member(s) _____

Paid support staff _____

Date _____

This assessment is designed to be completed at the earliest opportunity for any patient with a learning disability being admitted to hospital. It is essential that the assessment is completed by hospital staff **and** those who know the patient well; this may be family members, paid support staff or both. It is only in this way that likely areas of vulnerability and risk can be effectively identified and appropriately responded to.

The purpose of the assessment is:

- To identify any areas where the patient may be at risk
- To identify how much additional support may be required to reduce that risk
- To identify who can most effectively provide such support

Key

Risk levels

- Low** Unlikely to impact on equality of outcome – Additional support not indicated.
- Medium** Likely to impact on equality of outcome – Additional support should be considered.
- High** High likelihood of impact on equality of outcome – Additional support essential.

Required level of additional support and best person to provide it

When additional support needs are identified the assessment uses a number system to identify who can most effectively provide any required additional support as follows:

- Level 1** Appropriate additional support can be provided from existing ward.
- Level 2** Appropriate additional support can be provided with family or existing paid support staff input.
- Level 3** Additional ward support required.
- Level 4** Additional support from paid support staff is required.

Example below: 6 hours of additional support from paid support staff (i.e. this will be required to be funded by the hospital)

Mental Health Needs		Level of risk	Required support level	Required number of additional hours
Is the patient likely to self harm?	Yes	Low	1	—
	Unknown	Medium	2	—
	No	High	3	—
			4	6

Please complete all the boxes in the assessment form working from left to right.

Communication and Comprehension Needs		Level of risk	Required support level	Required number of additional hours
Risk, Dependency and Support Assessment Scale	<i>Circle as appropriate</i>	<i>See key on p.28</i> <i>Circle as appropriate</i>	<i>See key on p.28</i> <i>Circle as appropriate</i>	<i>Insert number of hours alongside selected support level</i>
Can the patient orientate themselves?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Can the patient communicate needs, including pain?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Can the patient maintain their personal dignity?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Can the patient understand simple explanation of procedures?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Can the patient maintain their safety within the ward environment?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Can the patient maintain their safety away from the ward environment?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Summary of additional support needs to be met with identified hours and notes:				

Please complete all the boxes in the assessment form working from left to right.

Mental Health Needs		Level of risk	Required support level	Required number of additional hours
Risk, Dependency and Support Assessment Scale	<i>Circle as appropriate</i>	<i>See key on p.28</i> <i>Circle as appropriate</i>	<i>See key on p.28</i> <i>Circle as appropriate</i>	<i>Insert number of hours alongside selected support level</i>
Is the patient likely to self harm?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Is there a risk of suicide?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Is the patient likely to present destructive behaviours?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Does the patient have epilepsy?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Is the patient likely to present violent behaviours?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Is the patient likely to present hyperactive behaviours?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Is the patient likely to present inappropriate behaviours?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	

(continued)

Mental Health Needs <i>(continued)</i>		Level of risk	Required support level	Required number of additional hours
Risk, Dependency and Support Assessment Scale	<i>Circle as appropriate</i>	<i>See key on p.28</i> <i>Circle as appropriate</i>	<i>See key on p.28</i> <i>Circle as appropriate</i>	<i>Insert number of hours alongside selected support level</i>
Is the patient likely to experience anxiety?	Yes Unknown No	Low Medium High	1 2 3 4	
Summary of additional support needs to be met with identified hours and notes: 				

Please complete all the boxes in the assessment form working from left to right.

Physical Health Needs		Level of risk	Required support level	Required number of additional hours
Risk, Dependency and Support Assessment Scale	<i>Circle as appropriate</i>	<i>See key on p.28</i> <i>Circle as appropriate</i>	<i>See key on p.28</i> <i>Circle as appropriate</i>	<i>Insert number of hours alongside selected support level</i>
Can the patient maintain their own personal hygiene, including safe hand washing after toilet?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Can the patient maintain their own fluid intake?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Can the patient maintain their own nutrition?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Is the patient at risk of choking or dysphagia?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Can the patient manage their own toileting needs?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Can the patient maintain their own mobility?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	
Does the patient have a regular sleep pattern?	Yes	Low	1	
	Unknown	Medium	2	
	No	High	3	
			4	

(continued)

Physical Health Needs <i>(continued)</i>		Level of risk	Required support level	Required number of additional hours
Risk, Dependency and Support Assessment Scale	<i>Circle as appropriate</i>	<i>See key on p.28</i> <i>Circle as appropriate</i>	<i>See key on p.28</i> <i>Circle as appropriate</i>	<i>Insert number of hours alongside selected support level</i>
Is the patient at risk from pressure areas?	Yes Unknown No	Low Medium High	1 2 3 4	
Does the patient require any special equipment?	Yes Unknown No	Low Medium High	1 2 3 4	
Summary of additional support needs to be met with identified hours and notes:				