



**Vale of York**  
Clinical Commissioning Group

# Partners in Care

Wednesday 12th September 2018

13.30-16.30

York Sports Club, York



# Agenda

|  |                          |
|--|--------------------------|
| Introductions  |                          |
| Dysphagia Diet standardisation initiative  | L Brown                  |
| End Of Life Care strategy, Staff Engagement  | <u>C Sheridan-Hunter</u> |
| Capacity Tracker Update  | S Fiori                  |
| Discharge Hub Update   | G Younger                |
| CHC Team Update  | R Atkinson<br>S McLaren  |
| Summary Care Record  | <u>S Kocinski</u>        |
| Identification of Deteriorating Residents Progress                                 | S Fiori                  |
| React to Red Progress  | <u>H Degnan</u>          |
| Safety Huddles Progress  | S Fiori                  |
| Skills for Care  | A Thompson               |
| Mental Health Team Update  | C MacDiarmid             |
| Flu  | W Watson                 |
| Partners in Care Lessons Learned   | S Fiori                  |
| Opportunity for discussion; issues to be raised, Good practice/ learning to share. | Group                    |
| Thank you and close. Next meeting: 22.11.18, venue <u>tbc</u>                      |                          |

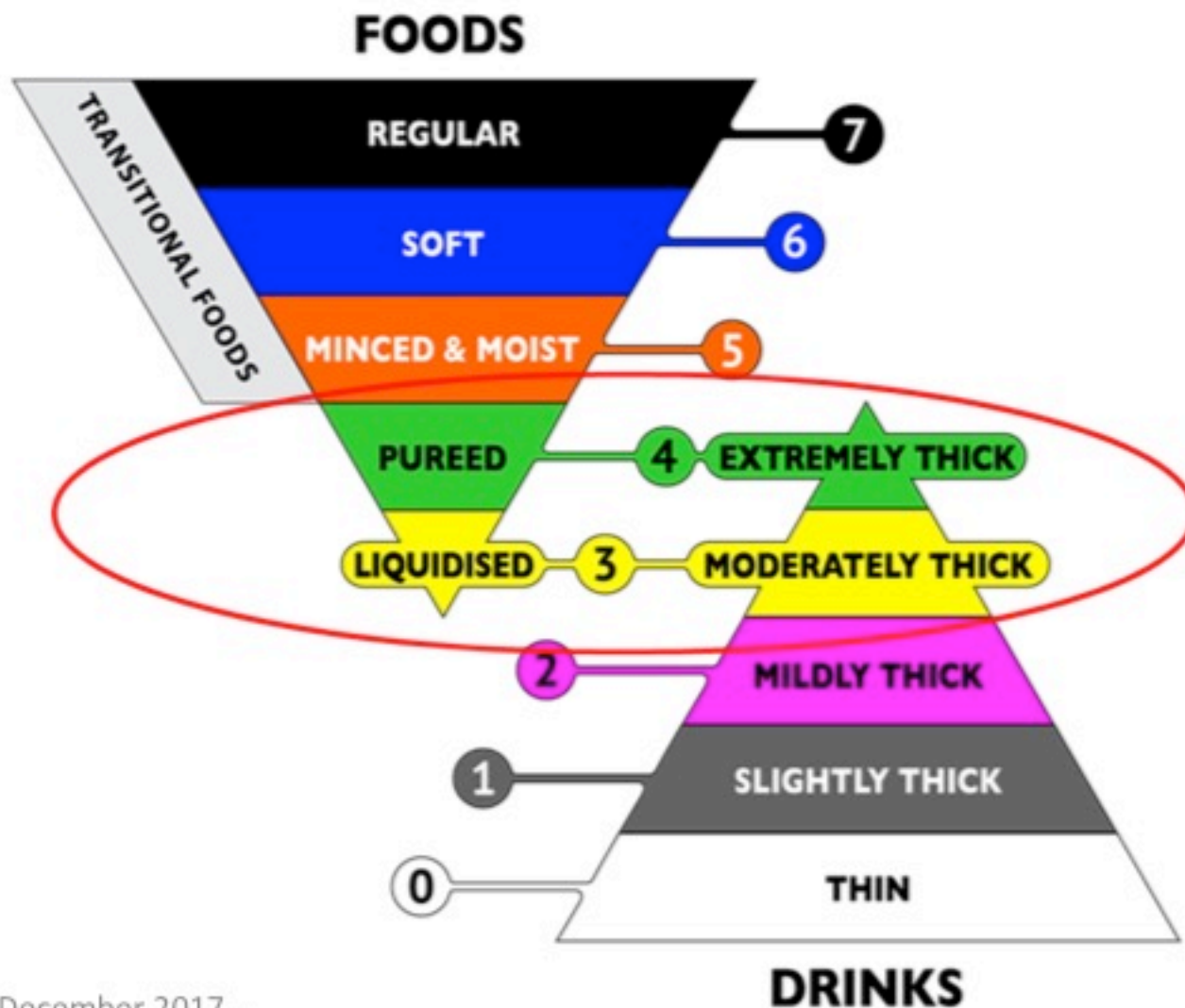




# Dysphagia Diet Standardisation Initiative

**Louise Brown**

# IDDSI Framework



International Dysphagia Diet  
Standardisation Initiative  
**Implementation Resources and Tools**



[www.IDDSI.org](http://www.IDDSI.org)



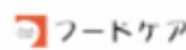
## PLATINUM SPONSORS



## GOLD SPONSORS



## SILVER SPONSORS

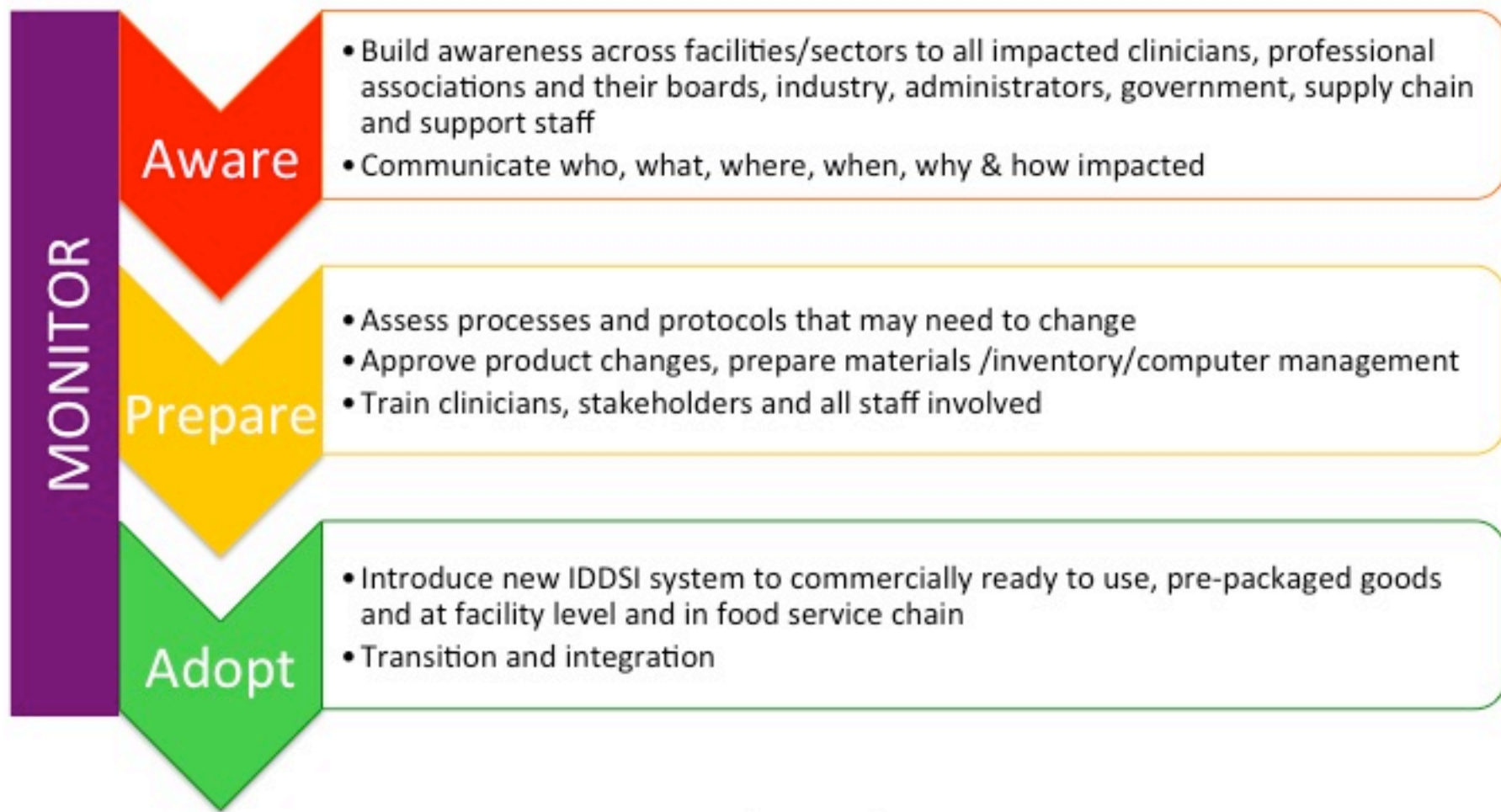


## BRONZE SPONSORS

Leahy IFP . Shalit Foods . Basic American Foods . Bevolution Group . Dr Oetker Professional Flavour Creations .  
Gordon Food Services . Lyons Magnus . Precise Thick-N

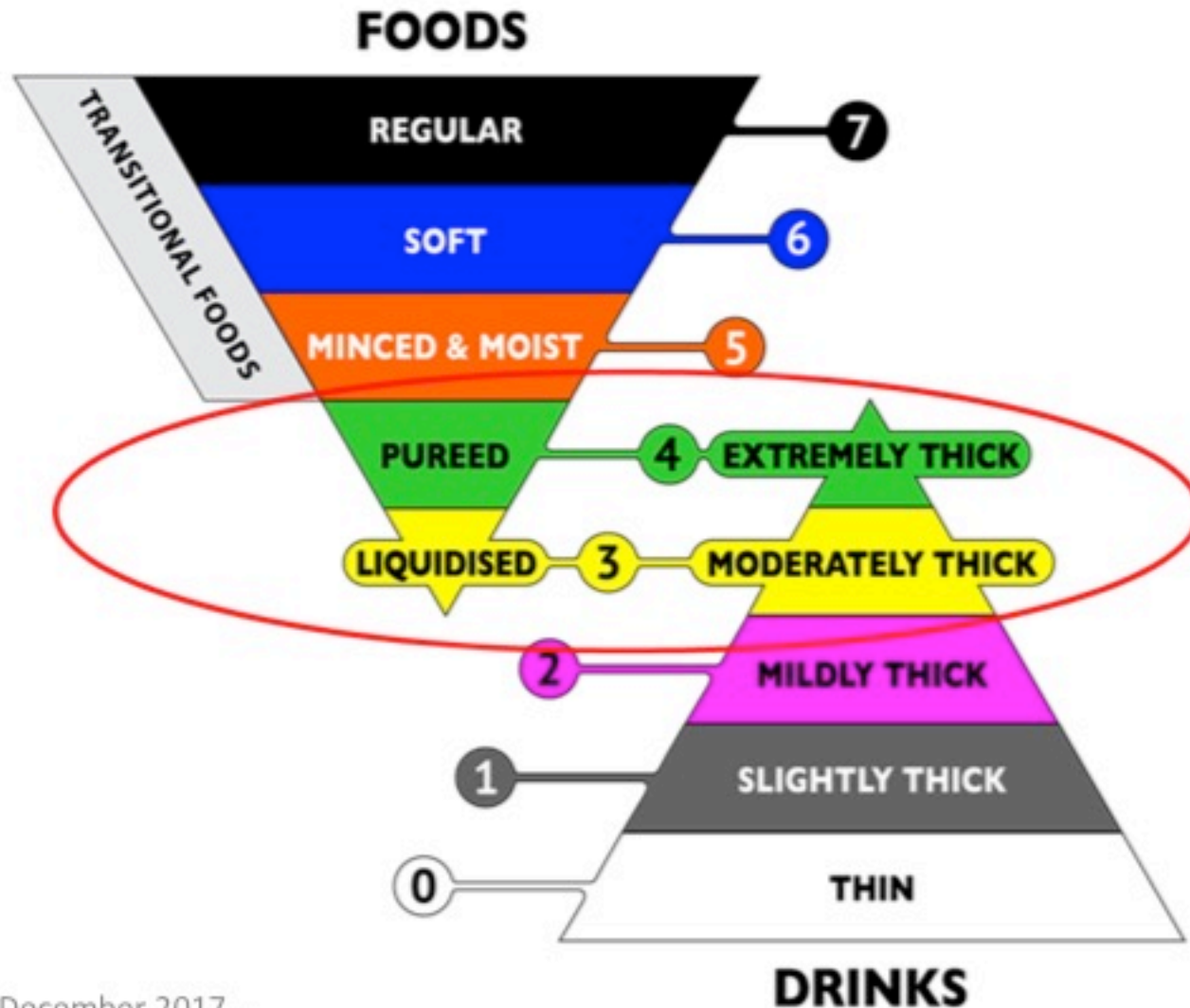
The International Dysphagia Diet Standardisation Initiative is supported by funding from a variety of industry sources.

# Monitor-Aware-Prepare-Adopt





# IDDSI Framework





# Detailed Descriptors & Testing Methods (Drinks)



Detailed Descriptors,  
Testing Methods and Evidence

Drinks: Levels 0-4

3

## MODERATELY THICK LIQUIDISED



Description/  
Characteristics

- Will not hold shape (its shape on a spoon)
- Sippable, moves slowly off a spoon
- Difficult to drink
- Can be
- Can be

Physiological rationale for this  
level of thickness

- If long (level)
- Flows
- Allows
- Needs

Testing method  
IDDSI Flow Test\*

Work Test

4

## EXTREMELY THICK PUREED



Description/  
Characteristics

- Will hold shape on a spoon
- Flows very slowly under gravity
- Does not require chewing
- Could be spoon fed, but not sippable
- Needs

2

## MILDLY THICK



Description/  
Characteristics

- Flows off a spoon
- Sippable, moves quickly from a spoon, but slower than thin drinks
- Effort is required to drink this thickness through standard bore straw (standard bore straw = 0.209 inch or 5.3 mm diameter)

Physiological rationale for this  
level of thickness

- If thin drinks flow too fast to be controlled safely, these Mildly Thick liquids will flow at a slightly slower rate
- May be suitable if tongue control is slightly reduced

Testing method  
IDDSI Flow Test\*

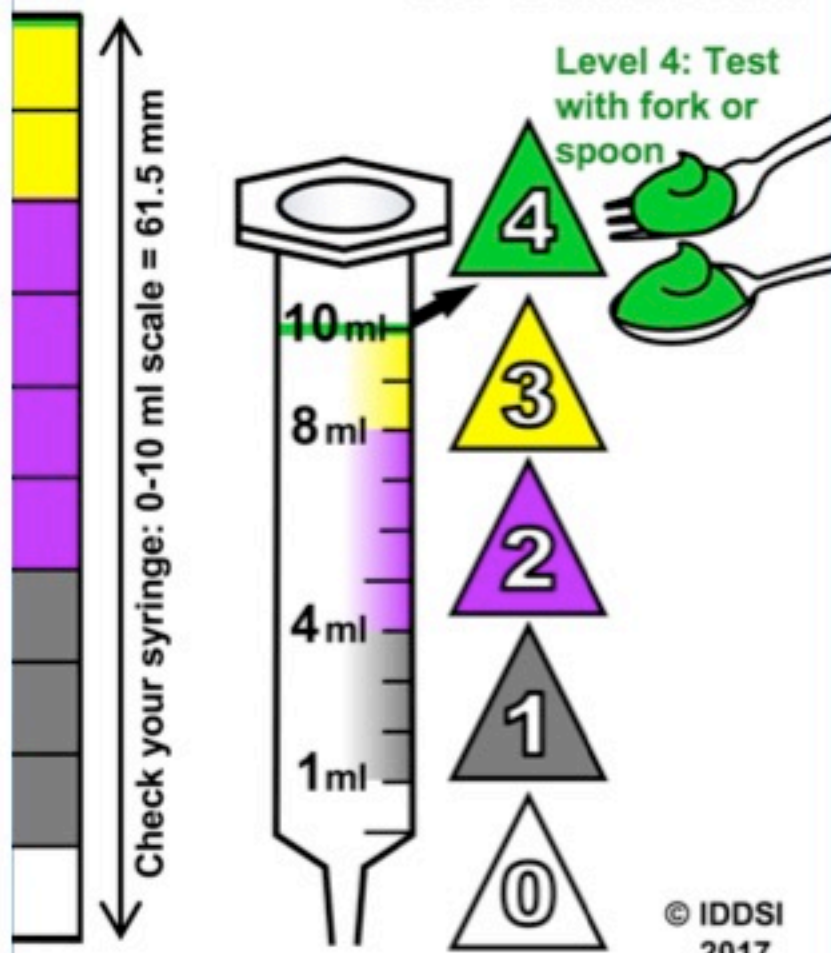
- Test liquid flows through a 10 mL clip tip syringe leaving 4 to 8 mL in the syringe after 10 seconds (see IDDSI Flow Test instructions\*)



www.iddsi.org

## Flow Test

IDDSI level depends  
on liquid remaining  
after 10 seconds flow.



© IDDSI  
2017

# IDDSI Testing Methods

Example videos of the IDDSI Flow Test can be found on YouTube and accessed through the resources page on the IDDSI website:

[www.iddsi.org](http://www.iddsi.org)

## IDDSI Flow test – Comparison of Levels 1-4

Download and insert the video from

<http://iddsi.org/framework/drink-testing-methods/>

## IDDSI tests – Level 5 Minced & Moist demonstration video

Download and insert the video from

<http://iddsi.org/framework/food-testing-methods/>

# IDDSI Print & Post Posters



## What is IDDSI?

**International Dysphagia Diet Standardisation Initiative**  
The International Dysphagia Diet Standardisation Initiative (IDDSI) is a global standard with terminology and definitions to describe texture modified foods and thickened liquids used for individuals with dysphagia of all ages, in all care settings, and for all cultures.

The IDDSI framework consists of a continuum of 8 levels (0-7). Levels are identified by text labels, numbers, and colour codes to improve safety and identification. The standardised descriptions and testing methods will allow for consistent production and easy testing of thickened liquids and texture modified foods.



How thick is thick?  
How fine is minced?

IDDSI Testing methods will help to ensure correct textures and thicknesses.

DISCOVER MORE ABOUT IDDSI

Visit [iddsi.org](http://iddsi.org)  
Follow on Twitter: @IDDSI.org  
Download the IDDSI App



IDDSI Detailed Descriptors & Testing Methods  
<http://iddsi.org/framework>

SIGN UP TODAY TO STAY INFORMED OF IDDSI UPDATES

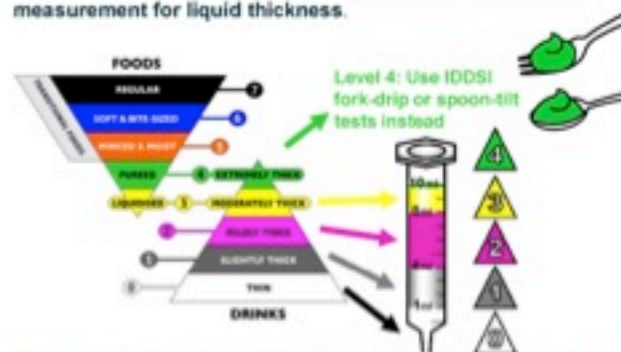
<http://iddsi.org/contact-us>

## IDDSI flow test



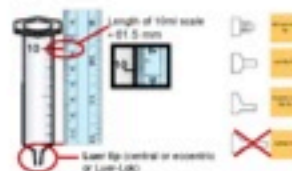
Update April 2017

The International Dysphagia Diet Standardisation Initiative (IDDSI) framework of terminology and definitions includes an objective measurement for liquid thickness.



The IDDSI flow test classifies IDDSI Levels 0-3 based on their rate of flow.

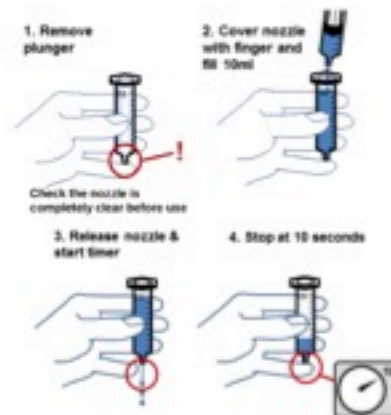
Use a syringe (following syringe dimensions as per image below) for correct results.



## IDDSI flow test - instructions



Videos of IDDSI flow test can be found here:  
<http://iddsi.org/framework/drink-testing-methods/> or in the IDDSI App





# Download the *free* IDDSI app for iOS and Android

## IDDSI

By App Data Room

This app is only available on the App Store for iOS devices.

[View More by This Developer](#)



This app is designed for both iPhone and iPad

Free

Category: Business

Updated: 08 October 2016

Version: 2.6.5

Size: 70.4 MB

Languages: English, French, German, Japanese, Portuguese, Russian, Simplified Chinese, Spanish

Seller: App Data Room LLC

© 2016 App Data Room, LLC

Rated 12+ for the following:

Infrequent/Mild Medical/Treatment Information

Compatibility: Requires iOS 8.0 or later. Compatible with iPhone, iPad and iPod touch.

### Customer Ratings

This application hasn't received enough ratings to display a summary.

### Description

Have the IDDSI framework at your fingertips - get access to the descriptors and look up the different IDDSI food texture and drink thickness tests easily either in the lab, office or at home.

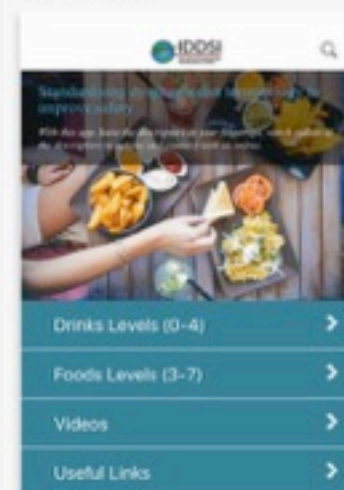
[IDDSI Support](#)

[More](#)

### What's New in Version 2.6.5

New self-registration has been added for new users to sign-up and sign-out

### Screenshots



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New Releases



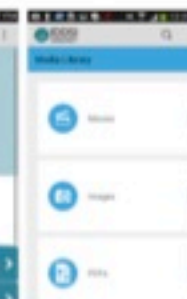
IDDSI

App Data Room Business

★★★★★

Add to Wishlist

Install



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# Mapping to IDDSI - Drinks

## Current NDD Liquids



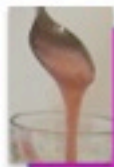
Thin



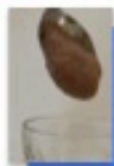
(Naturally thick liquids,  
e.g. infant formula,  
supplements)



Nectar-thick  
51-350 mPa.s @50/s ✓



Honey-thick  
351-1750 mPa.s @50/s ✓



Spoon-thick  
>1750 mPa.s @50/s ✓



0 Thin



1 Slightly Thick



2 Mildly Thick



3 Moderately Thick



4 Extremely Thick



# Risk management during transition to IDDSI

## Time frame to change labels

- Industry change to IDDSI labels is voluntary
- For other label change initiatives, including those legislated, a two year time frame is most common
- A change over period is to be expected



**SOFT & BITE-SIZED**



**MINCED & MOIST**



**PUREED**



**LIQUIDISED**

This will soon be called...



**MODERATELY THICK**

Sticker jpegs available from  
[www.iddsi.org](http://www.iddsi.org)

## Labels & Triangles for download



**EXTREMELY THICK**



**MODERATELY THICK**



**MILDLY THICK**



**SLIGHTLY THICK**

# Sample Meal Tray Card



Minced and Moist

Mildly Thick  
(Nectar)

Dual Labelling during  
transition period?



## FAQ Category: Drinks

**Q:** My facility has used the terms 'nectar' and 'honey' for decades; why weren't these terms used in the IDDSI framework?

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**A:**

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**Q:** My facility serves sandwiches with moist, minced fillings. Can this be included in the Level 5 - Minced & moist diet?

**A:** As a general rule, bread products are considered a regular food texture (Level 7) and are not permitted at levels 6 (Soft & Bite-Sized) or 5 (Minced & Moist). This decision is based on a review of the choking literature, in which bread is frequently identified as a cause of choking (Irwin et al., 1977; Ekberg & Feinberg, 1992; South Australia Coronial Inquest, 1997; Wick et al., 2006; Berzlanovich et al., 1999, 2005; Food Safety Commission of Japan, 2010; Licea, 2016). If a piece of bread or sandwich is pre-cut to fall below the maximum size guideline of Level 6 (1.5 cm *for adults*), then a clinician might decide to allow it for some patients on a case-by-case basis. Bread cannot, however, be easily mashed or broken down into particles of 4mm or smaller, due to its fibrous nature and it is therefore not suitable for inclusion at Level 5 (Minced & Moist). In some countries, modified bread products may be available under the names "pre-gelled" or "soaked" bread. The IDDSI food texture testing guidelines should be used to confirm whether or not these products fall within levels 5 or 6 on the IDDSI framework.

### References:

Berzlanovich AM, Muhm M, Sim E. and Bauer G. 'Foreign body asphyxiation – an autopsy study'. American Journal of Medicine. 1999; 107, 351-355.

Berzlanovich AM, Fazeny-Dorner B, Waldhoer T, and Fasching P. 'Foreign body asphyxia: A preventable cause of death in the elderly', American Journal of Preventive Medicine. 2005; 28, 65-69.



# Publications: Milestones recorded in Open Access journal publications



Curr Phys Med Rehabil Supp  
DOI 10.1007/s00435-014-0024-z

SWALLOWING DISORDERS (RE MARTIN, SECTION EDITOR)

## The Need for International Terminology and Definitions for Texture-Modified Foods and Thickened Liquids Used in Dysphagia Management: Foundations of a Global Initiative

Julie A. Y. Cikhera · Catriona Steele · Janice Duivestijn · Pere Clavé ·  
Jianshe Chen · Jun Kayashita · Roberto Dantas · Caroline Leckie ·  
Renee Speyer · Peter Lam · Joseph Murray



<http://ti>



Dysphagia  
DOI 10.1007/s00435-014-0758-y

ORIGINAL ARTICLE

## Development of International Terminology and Definitions for Texture-Modified Foods and Thickened Fluids Used in Dysphagia Management: The IDDSI Framework

Julie A. Y. Cikhera<sup>1,2</sup> · Peter Lam<sup>1,2,4</sup> · Catriona M. Steele<sup>1,2,5</sup> · Ben Hanson<sup>1,7</sup> ·  
Jianshe Chen<sup>1,8</sup> · Roberto G. Dantas<sup>1,9</sup> · Janice Duivestijn<sup>1,10,11</sup> · Jun Kayashita<sup>1,12</sup> ·  
Caroline Leckie<sup>1,13</sup> · Joseph Murray<sup>1,14</sup> · Mershen Pillay<sup>1,15,16</sup> · Luis Riquelme<sup>1,17,18</sup> ·  
Svenja Stanchus<sup>1,19</sup>

Received: 2 August 2016 / Accepted: 8 November 2016  
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<http://bit.ly/2isDpcl>

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Dysphagia  
DOI 10.1007/s00435-014-0758-y

ORIGINAL ARTICLE

## Systematic Review

## The Influence of Food Texture and Liquid Consistency Modification on Swallowing Physiology and Function: A Systematic Review

Catriona M. Steele · Woroud Abdulrahman Alsanei · Sona Ayanikakath ·  
Jun · Jianshe Chen · Julie A. Y. Cikhera · Kim Coutts ·  
Janice Duivestijn · Lidia Giosa · Ben Hanson ·  
Caroline Leckie · Chelton Leigh · Ahmed Nagy · Ashwini M. Namasivayam  
Invento · Inge Odendaal · Christina H. Smith · Helen Wang

4 / Accepted: 10 September 2014  
1. This article is published with open access at Springerlink.com



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Allows  
translation...

Allows cultural  
fine tuning...

Porridge... vs  
Oatmeal..

"Recommended  
foods and those to  
avoid (examples)"  
can be generated

## Translations Underway

Belgium... Brazil.. French  
Canada... China... France...  
Germany... India... Israel...  
Japan... Korea...The  
Netherlands... Norway...  
Poland...Slovenia...  
Sweden... South Africa...  
Thailand... Turkey...



# e-bite

July 2017

## IN THIS BITE:

- Implementing IDDSI: Updates
- IDDSI Translations
- Implementation Ideas
- New Supporter
- IDDSI on the Move

## Implementing IDDSI: Updates

In our last e-bite on June 17, we showcased the Kempen Pilot Project as one of the first IDDSI implementation initiatives. We are pleased to announce that the full review article of this project can now be accessed through our website. [Click here to access the article.](#)

### Mapping Varibar to the IDDSI framework

Check out our new resource mapping Varibar products, used for modified barium swallow studies, to the IDDSI framework [by clicking here](#). If you use these products, consider how you might integrate this in your clinical practice.

## Translation of IDDSI Framework: Update

**Need a translation to help your implementation?** In order to implement the IDDSI framework, we need to ensure people can read and understand it. In your setting, you may be working with colleagues whose first language is not the same as yours. Using a translated version of the IDDSI documents can help your implementation process.



Sign up to  
receive  
updates via  
IDDSI e-bites

Share your stories!

Write to us at email:  
[communications@iddsi.org](mailto:communications@iddsi.org)



# Visit the website



International Dysphagia Diet Standardisation Initiative

Standardising dysphagia diet terminology to improve safety

[Home](#) [About IDDSI](#) [IDDSI Framework](#) [Translations](#) [IDDSI Community](#) [Resources](#) [Sign Up for News](#)



Learn more about the IDDSI Framework and how you can help persons with dysphagia in your practice or home.

[Click here to read more](#)



#### IDDSI Community

IDDSI is looking for community and regional members to join our global network.



#### Sponsors

Discover the sponsors helping the IDDSI movement. Learn how you can be a sponsor of IDDSI.



#### Resources

Find resources developed by IDDSI related to dysphagia.

# www.IDDSI.org

#### Helping People with Dysphagia Around the World

Click below to see news about IDDSI, important updates you may need to know about the IDDSI Framework, and recent and upcoming presentations around the world.

[What's New?](#) [Important Updates](#) [Upcoming Presentations](#)

- Speech Language & Audiology Canada's Board of Directors has voted to support the Framework, implementation and rollout in Canada.
- Download IDDSI labels [here](#).
- Translations for French and French (Canada) has been released and is ready for review [here](#).
- Our research paper on the IDDSI Framework has been published. [Read here](#).
- The IDDSI Framework has been updated.
- We are thrilled to be recognized by ASHA, the American Speech and Hearing Association, for Outstanding Contributions in International Achievement. Thank you!
- New Zealand Speech-language Therapists' Association formally endorses IDDSI standards and implementation processes are underway.
- Thank you to the Canadian Dysphagia Industry Group, who has agreed to fully transition to the IDDSI framework and descriptors by January 1, 2019.
- Interprofessional collaboration task forces have been established in the UK and between

Search ...

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## An illustration featuring a variety of hands in different colors (black, white, brown, green, orange, blue) reaching upwards. Above the hands are numerous question marks enclosed in circles of various colors (blue, green, orange, black), all interconnected by a network of thin blue lines, suggesting a global or interconnected theme of inquiry.



Shalt Foods • Basic American Foods • Revolution Group • Dr. Ozker Professional •  
Flavour Creations • Corbin Food Services • Lovers Macaron • Pevine Thick-N



# End of Life Care Strategy Staff Engagement

Charlotte Sheridan-Hunter



Vale of York  
Clinical Commissioning Group

# Care Home Bed State Tool Now Called **The Capacity Tracker !!**

Link to the You Tube video for information;

[Capacity Tracker](#)



"HELP!! I'm in a hospital!"

- ❖ Ability to update your bed availability real time
- ❖ Share information regarding your home with colleagues and potential residents/ significant others at the touch of a button
- ❖ Support a more streamlined admission process
- ❖ Free!
  
- ❖ Have you submitted approver emails for log ins?
- ❖ Do you want support?
- ❖ Are you updating weekly?
- ❖ **80%** now registered and updating **THANK YOU !**

<https://carehomes-demo.necu.nhs.uk>



**Vale of York**  
Clinical Commissioning Group

# Discharge Hub Update



**Vale of York**  
Clinical Commissioning Group



# Continuing Health Care Update



# Summary Care Record

**Sarah Kocinski**



**Vale of York**  
Clinical Commissioning Group



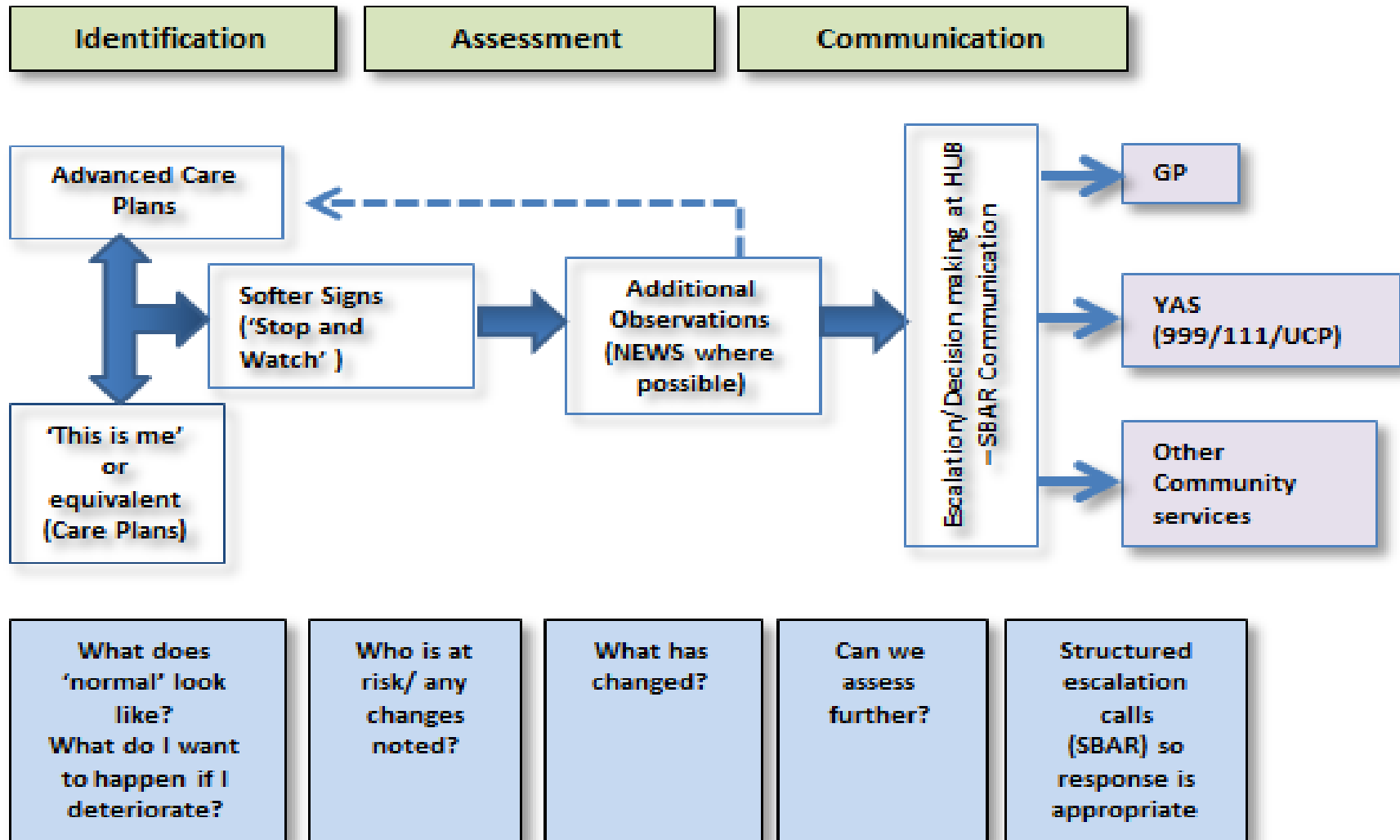
# Coffee Time!



# Recognising and Responding to Deterioration in Care Home Residents & Individuals Receiving Domiciliary Care

- ❖ Pilot to support care home and domiciliary staff in early recognition of the deteriorating resident
- ❖ Working across the pathway of care this has potential to improve quality, resident and staff experience, reduce harm and avoidable hospital admissions
- ❖ Supporting care staff, carers and residents/ individuals to look out for signs of deterioration (softer signs, NEWS where possible) for early action
- ❖ To support appropriate response and clear communication through tools such as safety huddles, focusing on the needs of residents and the staff caring for them.
- ❖ To support the use of a communication tool (e.g. SBAR) helping responders assess the situation and take appropriate timely action

# Recognising and Responding to Deterioration Using 'Softer Signs' Tool



## Stop and Watch - Early Warning Tool



If you have identified a change while caring for or observing a resident, please circle the change and notify the person in charge with a copy of this tool.

Name of resident: ..... Date of Birth: ...../...../..... Room Number: .....

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- Seems different to usual
- Talks or communicates less
- Overall needs more help
- Pain – new or worsening; Participating less in activities
- Ate less
- No bowel movement in 3 days; or diarrhoea
- Drank less
- Weight change
- Agitated or more nervous than usual
- Tired, weak, confused, drowsy
- Change in skin colour or condition
- Help with walking, transferring or toileting more than usual

Describe the change you noticed: .....

|  |                                      |       |                            |
|--|--------------------------------------|-------|----------------------------|
| Carer Name: .....  |                                      |       |                            |
| Team Leader reported to: .....                                   |                                      |       |                            |
| Team leader Actions  |                                      |       |                            |
| Reported to (circle)   | GP                                   | 111   | 999 UCP Not reported (Why) |
| .....  |                                      |       |                            |
| Used SBAR format (Circle)  | Y                                    | N     |                            |
| Date.....  | Time.....                            | AM/PM |                            |
| Outcome (circle)   | Phone advice                         |       |                            |
|  | Treatment given in the home (Circle) | GP    | Ambulance UCP              |
|  | Transfer to hospital                 |       |                            |
|  | Other .....                          |       |                            |
| In line with their preferred place of treatment/ death? (circle) |                                      |       |                            |
|  | Y                                    | N     |                            |

If No reason:

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## Using the Stop & Watch Tool (Carers)

If you think a resident may have deteriorated, grab a tool from the team leaders office and complete the Stop & Watch Assessment – even if its just a gut feeling!  
Spotting signs of deterioration and taking action early really does make a difference.



If you can please describe why you are worried

Complete your name and the team leaders – the team leader will then take action.

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Live happily with us

**NHS**  
Vale of York  
Clinical Commissioning Group

**Improvement Academy**  
Part of the Yorkshire & Humber AHSN

**INTERACT**

### Stop and Watch - Early Warning Tool

If you have identified a change while caring for or observing a resident, please circle the change and notify the person in charge with a copy of this tool.

Name of resident: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Room Number: \_\_\_\_\_

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H**

- Seems different to usual
- Talks or communicates less
- Overall needs more help
- Pain – new or worsening; Participating less in activities
- Ate less
- No bowel movement in 3 days; or diarrhoea
- Drank less
- Weight change
- Agitated or more nervous than usual
- Tired, weak, confused, drowsy
- Change in skin colour or condition
- Help with walking, transferring or toileting more than usual

Describe the change you noticed: \_\_\_\_\_

Carer Name: \_\_\_\_\_

Team Leader reported to: \_\_\_\_\_

Team leader Actions

Reported to (circle) GP 111 999 Not reported (Why) \_\_\_\_\_

Used SBAR format (Circle) Y N Time \_\_\_\_\_ AM/PM

Date: \_\_\_\_\_

Outcome (circle) Phone advice Treatment given in the home (Circle) GP Ambulance UCP

Transfer to hospital

Other \_\_\_\_\_

In line with their preferred place of treatment/ death? (circle) Y N

If No reason: \_\_\_\_\_

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Let your team leader know, face to face

Your team leader can then take the best action

Please pass this information on to the rest of the team as soon as possible so everyone can ensure correct care is given.

## Using the Stop & Watch Tool (Team Leaders)

If a carer tells you they are concerned about a resident, ask them to complete a Stop & Watch Tool

Spotting signs of deterioration and taking action early really does make a difference.



Make sure you have a description re why you are worried

Make sure you keep the carer and team informed of what happens

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Clinical Commissioning Group

**Improvement Academy**  
Part of the Yorkshire & Humber AHSN

**Stop and Watch - Early Warning Tool**

if you have identified a change while caring for or observing a resident, please circle the change and notify the person in charge with a copy of this tool.

Name of resident: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Room Number: \_\_\_\_\_

**STOP and WATCH**

Seems different to usual  
Talks or communicates less  
Overall needs more help  
Pain — new or worsening; Participating less in activities  
Ate less  
No bowel movement in 3 days; or diarrhoea  
Drank less  
Weight change  
Agitated or more nervous than usual  
Tired, weak, confused, drowsy  
Change in skin colour or condition  
Help with walking, transferring or toileting more than usual

Describe the change you noticed: \_\_\_\_\_

Carer Name: \_\_\_\_\_

Team Leader reported to: \_\_\_\_\_

Team leader Actions Reported to (circle) GP 111 999 Not reported (Why) \_\_\_\_\_

Used SBAR format (Circle) Y N

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Outcome (circle) Phone advice Treatment given in the home (Circle) GP Ambulance UCP  
Transfer to hospital  
Other \_\_\_\_\_

In line with their preferred place of treatment/ death? (circle) Y N

If No reason: \_\_\_\_\_

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Assess the resident yourself, check this tool is completed as fully as possible

Follow all relevant steps for treatment of deterioration

If calling for help use the SBAR communication tool

Please pass this information on to the rest of the team as soon as possible so everyone can ensure correct care is given. Update the team about what happened at the next handover



# SBAR Communication

## Before calling for help

**Evaluate the resident using the Stop & Watch Tool:**

**Review Record:** care plans, medications

**Have Relevant information available when reporting**

(i.e. notes, charts, DNACPR, allergies, medication list, advanced care plans)

### SITUATION

Who are you calling about and how long have you been concerned about the resident?

Are they getting better, worse or are they stable?

### BACKGROUND

Important medical history? (e.g. Heart Failure, Diabetes, COPD, Kidney disease, Stroke)

Do they have a DNACPR or Advanced Care Plan?

### ASSESSMENT

Identify the change/s from the stop and watch tool

If available: consciousness level, breathing pattern

### RECOMMENDATION

Ask if there are any actions you should take, if visit has been agreed check when expected



# Recognising and Responding to Deterioration in Care Home Residents

## Before calling for help

Evaluate the resident: Complete relevant aspects of the SBAR form below

Check Vital Signs (where possible) :

Review Record: Recent progress notes, medications, other orders

Have Relevant Information Available when Reporting

(i.e. medical record, vital signs, advance directives such as DNACPR and other care limiting orders, allergies, medication list)

### SITUATION

I am calling because I am worried about:.....Date of Birth: ...../...../.....

This started on ...../...../.....

Since this started it has got Worse.....Better.....Stayed the same.....

### BACKGROUND

Medical Condition.....

Other medical history (e.g. Medical diagnosis of CHF,DM,COPD)

DNACPR Y/N Advanced care plan Y/N

### ASSESSMENT

Identify the change/s from the stop and watch tool)

If available: Vital signs: BP ...../..... Pulse.....Resps..... Temp.....NEWS.....

Blood Sugar (Diabetics) .....

### RECOMMENDATION

Responding Service Notified: .....Date...../...../..... Time(am/pm).....

Actions you were advised to take :



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**WORLD  
SEPSIS  
DAY**

**September 13**



- [Education Resources - Sepsis Trust](#)
- [Sepsis video](#)



**NHS**

Vale of York  
Clinical Commissioning Group

# SEPSIS IN ADULTS IS A SERIOUS CONDITION

that can initially look like flu, gastroenteritis or a chest infection. Sepsis affects more than 250,000 people every year in the UK.

The UK Sepsis Trust registered charity number (England & Wales) 1158843

Seek medical help urgently if you develop any or one of the following:

**S**lurred speech or confusion  
**E**xtrême shivering or muscle pain  
**P**assing no urine (in a day)  
**S**evere breathlessness  
**I**t feels like you're going to die  
**S**kin mottled or discoloured

## JUST ASK "COULD IT BE SEPSIS?"

IT'S A SIMPLE QUESTION, BUT IT COULD SAVE A LIFE.



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# React To Red Coming Your Way!



Pressure ulcer prevention campaign supported by NHS England  
**SSKIN** is a simple yet effective framework which prompts carers to consider key areas important in maintaining skin integrity

- ❖ **Surface**- what mattress/ cushion does the individual need
- ❖ **Skin Inspection**- regular skin inspection and empower individuals to check and report if possible
- ❖ **Incontinence**/ moisture- prevention of moisture damaging the skin
- ❖ **Keep Moving**- repositioning and regular movement
- ❖ **Nutrition**- optimum nutrition and hydration

***If you see red skin or think someone is at risk report it....  
'React to Red'***



# React To Red Progress



- ❖ 20 homes have achieved full sign off (all 567 staff trained and competent)
- ❖ 37 care homes are currently undergoing training for React to Red.
- ❖ Amounting to approximately 1,018 eligible staff, of which 520 (51%) have completed training
- ❖ 3 further homes engaged with training dates arranged for this month
- ❖ 2 homes recruited for the next cohort, with training commencing in October
- ❖ Pressure ulcer awareness sessions completed for tenants, relatives, carers and staff at 5 independent living communities in June, July & August
- ❖ Training evaluation and feedback from the programme remains positive. Care staff report the training is easy to understand and improves their baseline knowledge of pressure ulcer prevention, recognition and actions to take.
- ❖ Many homes involved have made pressure ulcer prevention training mandatory for all new recruits and as an annual refresher
- ❖ An abstract was submitted for a poster presentation at the Tissue Viability Society Conference in April 2018 which describes the experience of implementing React to Red with Safety Huddles in the pilot homes across the VOY CCG.
- ❖ Monthly React to Red Newsletter









# William Wilberforce



Amarna House



5 Whitby  
Road



# Fulford Nursing Home





Arden House





Minster Grange

# Highfields





The Hall





Lake & Orchard



The Grange





Birchlands

# Firth House





Westwood  
care Home





Wishing Well

# Ebor Court







Lime Tree  
House



Oak Trees





# Safety Huddles

<http://www.improvementacademy.org/>

[safety huddles](#)

For more information please contact  
[sarah.fiori@nhs.net](mailto:sarah.fiori@nhs.net)



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Clinical Commissioning Group

Update - September 2018

Angela Thompson - Locality  
Manager





# Our support at a glance

## Skills for Care:

- Membership – Skills for Care is the membership organisation for registered managers
  - Networks – Skills for Care supports over 150 networks for registered managers, covering every local authority area in England
  - We publish practical resources on key priorities including CQC inspection, recruitment and retention
  - deliver respected leadership programmes including our Well-led programme written with, and for, registered managers.
-



# Well-led programme

Developing registered managers in  
social care





## What is Well-led?

- Skills for Care's Well-led leadership development programme is a national development programme, supporting managers from the public, private or third sectors. It enables them to deliver care in line with the expectations of a 'well-led' service.
  - This programme is informed by the Care Quality Commission's key line of enquiry on the effectiveness of leadership when inspecting the quality of care in a regulated setting. It is grounded in the reality of social care delivery and has been developed in partnership with managers familiar with the challenges of leading a care team.
-



# What does the programme offer?

- The Well-led programme includes a series of four interactive workshops over a three-month period.
- Drawing on expertise in leadership development in a social care setting, it actively utilises key materials, resources and practical tasks to apply directly in embedding leadership learning in the workplace.
- The interactive workshops provide examples of practice from care organisations rated 'good' and 'outstanding' and enable managers to learn from others through collaborative activities and networking opportunities.
- Peer support and networking opportunities, to learn from peers in a social care setting.
- Access to resources and tools for the learner to use within their workplace.
- Membership to the Skills for Care alumni and a certificate of completion of the programme.



# Benefits to organisations

- a clear understanding of what well-led looks like in a care setting
  - stronger leadership, with managers who promote an open and fair culture
  - motivational leaders who can confidently lead teams through change
  - skilled and capable managers with powerful strategies to deliver well-led services.
-



# Benefits to an individual

There are a number of benefits to an individual:

- development of your leadership skills as a care professional
  - increased awareness of the impact of your leadership style and behaviours
  - enhanced emotional intelligence, improving the way you work with others
  - support to find solutions to improve the quality of care.
-



# Well Led Leadership Programmes Coming up

**Leeds** – Commences 16 January 2019

Day 1 – 16 January 2019

Day 2 – 7 February 2019

Day 3 – 26 February 2019

Day 4 – 19 March 2019

<https://www.skillsforcare.org.uk/Getting-involved/Events/Events.aspx?eventkeywords=well+led>



## Resources





## Upcoming events near you

**Roadshows** – Range of dates and locations available

**Getting Started with Values Based Recruitment**

**Workshops** – Range of dates and locations available

**Resilience Workshop** – York 18 September 2018 – fully booked

**Care Certificate Workshop** – York 9 October 2018

**Confident with Difference** - Bradford 20 September 2018

**Well Led Programme** – Leeds 16 January 2019

<https://www.skillsforcare.org.uk/Gettinginvolved/Events/Events.aspx>

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# Care Home and Dementia Team Update

Claire MacDiarmid



# Flu

## Wendy Watson



# VOY CCG & Care Homes



Coming soon.....

- ❖ RAPID with domiciliary carers
- ❖ Falls prevention work
- ❖ Sepsis awareness
- ❖ Red bag initiative
- ❖ Humber Coast & Vale Excellence Centre



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# Partners In Care Lessons Learned

## “PICLL” September 2018

[Partners in Care Lessons sept 18 \(with added alerts\).docx](#)



# Partners in Care... next time!



- ❖ **Sharing of information and discussion**
- ❖ **Please cascade information to colleagues who you think should be included**
- ❖ **What agenda items would you like including?**

Feedback to [sarah.fiori@nhs.net](mailto:sarah.fiori@nhs.net)

# Anything to talk about?



# Good Practice and Sharing of Learning

*Share your news and let's celebrate!!*





# Good Practice and Sharing of Learning

Minster Grange



“A young man with a degenerative disease had a review and we were told his smile was likely to be a random response. He’s not been with us long and there is no doubt he smiles when he is happy. I know this happens in lots of homes but I just wanted to celebrate how great carers can be”



# Good Practice and Sharing of Learning



Birchlands staff took part in a sponsored walk from Haxby to Clifton Moor with some of the residents & raised £800 for the resident fund...

Special thanks to Margaret Hunt who raised £400 by herself. Jackie the Home Manager is very proud of them!



# Good Practice and Sharing of Learning



“We had a resident with a history of falls who unfortunately fell twice in the home. Our usual practice is sensor mats, call bells close to hand and crash mats.

Whilst the lady was in hospital staff on the ward used a device which attaches to the chair and person to alert staff if they move. It also has a voice recoding that family can use.

For this lady her daughter recorded “mum stay in the chair a nurse will come and help you”

We have bought one for the home and are looking into if we can have this for more of our service users”

“In response to enabling increasing choice over meal choices we have started using a tablet to take photos of food so people living with dementia can see a photo of each dish at the time it is served to choose from.

We also use the tablet for Skype calls to families and in the dementia unit are able to use dementia friendly apps that have games on them”



# See you next time!



*Next meeting:  
22<sup>nd</sup> November*

*Venue to be  
confirmed*



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