

Evolve Care Group

Enhanced Recording

This policy and process is to be followed when it is identified that a family member living in the home requires a review of the level of care they are funded for. This review can arise from a number of sources.

Potential Sources that will lead to a period of Enhanced Recording

Potential Sources	Trigger for Review of Care Needs	Actions – Home Level/Quality Assurance review	Actions – Operational Support
Additional Physical Care needs – High Nursing needs	Serious Skin Integrity Concerns, Grade 3 or 4 PU that require timely management and intervention Severe moisture lesions Moving and handling complexities owing to spinal damage/fractured limbs Complex diabetes where constant oversight and monitoring is required to maintain safety Increasing infection markers End of Life Care	Review pain management Review equipment needs Review MAR charts Consider Enhanced recording and oversight to collate further evidence Refer to GP Refer to specialist services; Community Mental Health team, Diabetes Specialists, tissue Viability team, Speech and Language team Consider OT referral for specialist input Review specific care plans relating to need Full care plan review	Review funding stream Consider review and referral for FNC, CHC, Fast Track, enhanced direct support
Additional level of direct care support	High number of falls Increased number of incidents involving staff Increased number of incidents involving other people living in the home Safe guarding alerts Near miss reports identified in care notes through page of the day; triggers become more apparent and timely to deescalate safely Medication non compliance	Safeguarding referrals Notifications to CQC Referral to GP, falls team [consider all specialist services directed on concerns] Review of MAR charts Review specific care plans relating to need Full care plan review; the Complex Care Review to be completed Consider enhanced recording Completion of Escalation Form to be shared with Arranging Support Information shared with DOLS	Review funding stream Consider review and referral for FNC, CHC, Fast Track, enhanced direct support
Identification from the Weekly Report	Identified in the home as one of the most complex people	This will trigger a Complex Care Review which will be sent to the home for urgent action. This will then be considered balancing the risks, interventions to manage risks and the current funding stream	Review funding stream Consider review and referral for FNC, CHC, Fast Track, One to One Intervention

What Does Enhanced Recording Look Like?

The person will be a focus through Page of the Day; named on the Page of the Day for the period agreed for Enhanced Recording. Specific staff will need to be allocated to the person for each shift [this is likely to be required to be between 2 or 3 staff]. The staff supporting the Enhanced Recording will need to be named.

Depending on the type of escalation will determine whether the care notes documented will be time focused. For example where there is an escalation of need based on severity of wound management this will require a timed entry being documented within the person's care notes by the Clinical Practitioner reviewing and assessing the wounds. Any escalation owing to Nursing needs will require times entries

Enhanced care notes will cover the following 2 areas

1. Direct nursing Oversight
2. Enhanced Care and Support Needs and Observations

This will focus on the person looking at the following areas. The checklist below is for areas that needs to be considered in each entry by 2 grades of staff. **There needs to be 1 Clinical Entry each day; there will be a high number of care entries, approx. 1 every 4 hours**

[1] Clinical Practitioners and [2] Care Support staff

[1] Clinical Practitioners	[2] Care and Support staff
1. Medication compliance 2. PRN use – emotional and or physical support [PAIN]. PAINAD tool to be used each time there are concerns re pain management 3. Bowel Management 4. Skin Integrity Management; inc daily foot checks 5. Wound Management 6. Clinical Data; News2, GCS, any other clinical observations/collections specimens 7. Swallow concerns 8. Risks observed 9. JIC/EOL care clinical level	1. Mobility; safety when mobilising 2. The risks that are seen when mobilising or trying to mobilise and the support in place to reduce harm occurring 3. Repositioning needs; how they cope with this 4. Support required for eating and drinking; think physical assistance and promoting 5. Support with personal care, including elimination 6. How they cope with personal care; specific details if they find personal care difficult and how they are supported to over come this 7. How they interact in their environment; with themselves, others [staff and family members] 8. The triggers and risks that are observed and how intervention occurs to reduce harm occurring 9. Occupation and they level of engagement; the support they need to engage 10. Their emotional presentation; consider how they react physically, verbally and non-verbally 11. The support they require to be settled and calm; think touch, close contact 12. Detail what does work as well as different strategies used in the day/time period that haven't worked; if something doesn't work detail why 13. The amount of enhanced support required during the shift 14. The level of line of sight that is required to maintain safety

Documents Used to Support the Enhanced Recoding

ECG_Escalation Form – this is completed at home level and then reviewed by the Quality Assurance Team

ECG_C12_Complex Care Full Care Plan Review – this is completed by the Quality Assurance Team as escalated by the home or identified through Page of the Day

ECG_Management of Expressed Emotions_One to One Guide for Writing Care Notes – used as a supportive teaching tool on how ‘to write differently’

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