



COMPLEX CARE PREMIUM

Premium Characteristics

Final
8th January 2015

NB: Applies only to those residents not eligible for CHC funding

NHS
*East and North Hertfordshire
Clinical Commissioning Group*

NHS
*Herts Valleys
Clinical Commissioning Group*

	TOPIC	INFRASTRUCTURE	COMPETENCIES	TRAINING & SUPPORT	TYPE OF RESIDENT	OUTCOME MEASURES
CHARACTERISTIC	Nutrition (Residential)	FUNDAMENTAL REQUIREMENTS <ul style="list-style-type: none"> The home has a Policy/Procedure regarding Nutritional care that is up to date, evidence based and takes account of good practice. In addition to evidence that all staff are aware of their responsibilities in relation to the policy The home has catering arrangements in place which promote choice, healthy eating and special diets The home has identified the equipment it needs to support patients nutrition and has access to this equipment or has arrangements in place to hire it where necessary The home has evidence that it undertakes regular audits in relation to nutrition, learning from findings and taking actions where appropriate to bring about sustainable improvements 	RESIDENTIAL <ul style="list-style-type: none"> Staff have knowledge of healthy eating in old age Staff have knowledge of nutritional problems in older people and different strategies to address these Staff have knowledge of the provision of special diets Staff have competence in undertaking nutritional risk assessment (MUST) Staff have knowledge and competence in assisting residents with feeding including understanding of the use of modified foods and fluids Staff are competent in recognising potential swallowing difficulties Staff have knowledge of when to escalate issues and involve other specialists/professionals in the provision of dietary support 	TRAINING <i>Advanced Nutrition Champion Pathway - Training</i> SUPPORT <ul style="list-style-type: none"> Dietician District Nurse Support SALT GP Pharmacist 	Difficulty with swallowing requiring 1 to 1 support for all meals and drinks Or Requires prescribed supplements to dietary intake	Increased referrals for SALT Reduction in the number of patients losing weight Compliance with weekly weight monitoring

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CHARACTERISTIC	Nutrition (Nursing)	FUNDAMENTAL REQUIREMENTS <ul style="list-style-type: none"> The home has a Policy/Procedure regarding Nutritional care that is up to date, evidence based and takes account of good practice. In addition to evidence that all staff are aware of their responsibilities in relation to the policy The home has catering arrangements in place which promote choice, healthy eating and special diets The home has identified the equipment it needs to support patients nutrition and has access to this equipment or has arrangements in place to hire it where necessary The home has evidence that it undertakes regular audits in relation to nutrition, learning from findings and taking actions where appropriate to bring about sustainable improvements 	NURSING <ul style="list-style-type: none"> Staff have knowledge of healthy eating in old age Staff have knowledge of nutritional problems in older people and different strategies to address these Staff have knowledge of the provision of special diets Staff have competence in undertaking nutritional risk assessment (MUST) Staff have knowledge and competence in assisting residents with feeding including understanding of the use of modified foods and fluids Staff are competent in recognising potential swallowing difficulties Staff have knowledge of when to escalate issues and involve other specialists/professionals in the provision of dietary support Nursing staff have knowledge and competence in the care of residents requiring nutritional support including artificial feeding e.g. enteral feeding, use of supplements etc Nursing staff are competent in the assessment, planning, implementation and monitoring of care for residents requiring nutritional support Nursing staff have knowledge and competence of the use of specialist equipment in relation to nutrition support Nursing staff are competent in the involvement of specialist support as required. 	TRAINING <p><i>Advanced Nutrition Champion Pathway (nursing) - Training</i></p> <p>Competency Assessment of:</p> <ul style="list-style-type: none"> Care and Management of residents receiving PEG feeds, JEG feeds Use of supplements Care planning for this group of residents SUPPORT <ul style="list-style-type: none"> Dietetic Support SALT Support GP Pharmacist 	Difficulty with swallowing requiring 1 to 1 support for all meals and drinks Or PEG or JEG feeding is in place & staff replace tubing if required	Reduced admissions to hospital with complications Reduced Infections related to PEG/JEG

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CHARACTERISTIC	Wound Management (Residential)	FUNDAMENTAL REQUIREMENTS <ul style="list-style-type: none"> The home has a Policy/Procedure regarding Wound Management and Pressure Ulcer Management that is up to date, evidence based and takes account of good practice. In addition to evidence that all staff are aware of their responsibilities in relation to the policy The home has identified the equipment it needs to support patients with pressure ulcers and has access to this equipment or has arrangements in place to hire it where necessary The home has evidence that it undertakes regular audits in relation to Wound Management, learning from findings and taking actions were appropriate to bring about sustainable improvements. 	RESIDENTIAL <ul style="list-style-type: none"> Staff have an understanding of the holistic considerations regarding Wound Management Staff have competence in undertaking Wound Management Risk Assessments (Waterlow) Staff have knowledge of how to access and use equipment to maintain Wound Management and reduce pressure ulcers deteriorating Staff have knowledge of when to escalate issues and involve other specialists/professionals in relation to Wound Management 	TRAINING <p><i>Advanced Wound Management Champion Pathway Training</i></p> <ul style="list-style-type: none"> Basic wound dressings How to manage a bleeding wound safely Factors affecting wound healing <p><i>Advanced Wound Management Champion Pathway Training</i></p> SUPPORT <ul style="list-style-type: none"> District Nurses TVN 	1 or more current wounds which have persisted for more than 12 weeks Or History in last 2 years of 1 or more wounds that have persisted for more than 12 weeks	Reduction in wound infections Reduction in related hospital admissions e.g. cellulitis Reduction in incidents of pressure ulcers

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CHARACTERISTIC	Wound Management (Nursing)	FUNDAMENTAL REQUIREMENTS <ul style="list-style-type: none"> The home has a Policy/Procedure regarding Wound Management and Pressure Ulcer Management that is up to date, evidence based and takes account of good practice. In addition to evidence that all staff are aware of their responsibilities in relation to the policy The home has identified the equipment it needs to support patients with pressure ulcers and has access to this equipment or has arrangements in place to hire it where necessary The home has evidence that it undertakes regular audits in relation to Wound Management, learning from findings and taking actions were appropriate to bring about sustainable improvements. 	NURSING <ul style="list-style-type: none"> Staff have an understanding of the holistic considerations regarding Wound Management Staff have competence in undertaking Wound Management Risk Assessments (Waterlow) Staff have knowledge of how to access and use equipment to maintain Wound Management and reduce pressure ulcers deteriorating Staff have knowledge of when to escalate issues and involve other specialists/professionals in relation to Wound Management Nursing staff have knowledge and competence in the management of full thickness wounds and complex pressure ulcers Nursing Staff have knowledge and competence in the use and type of dressings available (as per wound management formulary) Nursing staff are competent in the assessment, planning, implementation and monitoring or care for residents with complex wounds 	TRAINING <p><i>Advanced Wound Management Champion Pathway (Nursing) Training</i></p> <ul style="list-style-type: none"> Wound management Types and use of Dressings Understanding formulary options Care planning for this group of residents SUPPORT <ul style="list-style-type: none"> Wound Management Nurses Pharmacist GP 	2 or more current wounds which have persisted for more than 6 months. Or History in last 2 years of 2 or more wounds that have persisted for more than 12 weeks	Reduction in admissions related to wounds/pressure ulcers Reduction in wound infections Reduction in the incidents of pressure ulcers

	TOPIC	INFRASTRUCTURE	COMPETENCIES	TRAINING & SUPPORT	TYPE OF RESIDENT	OUTCOME MEASURES
CHARACTERISTIC	Dementia (Residential)	FUNDAMENTAL REQUIREMENTS <ul style="list-style-type: none"> The home has evidence that it undertakes regular audits in relation to Dementia Care, learning from findings and taking actions where appropriate to bring about sustainable improvements The home has an environment suitable for residents with dementia 	RESIDENTIAL <ul style="list-style-type: none"> Staff understand how to create dementia friendly environments Staff have the skills to support residents who have difficulty with verbal and written communication Staff have knowledge of non-medical interventions required for residents with dementia Staff have knowledge of how to make connections with residents with dementia Staff have knowledge and competence in the use of diversional therapies and positive behavioural support Staff have knowledge and understanding of DOLS/MCA 	TRAINING <p><i>Advance Dementia Champion Pathway Training</i></p> <ul style="list-style-type: none"> Dementia friendly environment Diversion therapy skills Mental Capacity and Best Interest Managing challenging behaviour Person centred care Effect of antipsychotic drugs (GP or pharmacist) SUPPORT <ul style="list-style-type: none"> CPN GP Psychiatrist 	Challenging behaviour requiring reassurance/engagement at least every 30 minutes Or History of more than 2 safeguarding alerts in last 6 months due to behaviour	Reduction in admissions related to dementia e.g. falls Reduction in the incidents of falls Reduction in the use of anti-psychotics Reduction in accidents /incidents Reduction in safeguarding alerts

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CHARACTERISTIC	Dementia (Nursing)	FUNDAMENTAL REQUIREMENTS <ul style="list-style-type: none"> The home has evidence that it undertakes regular audits in relation to Dementia Care, learning from findings and taking actions where appropriate to bring about sustainable improvements The home has an environment suitable for residents with dementia 	NURSING <ul style="list-style-type: none"> Staff understand how to create dementia friendly environments Staff have the skills to support residents who have difficulty with verbal and written communication Staff have knowledge of non-medical interventions required for residents with dementia Staff have knowledge of how to make connections with residents with dementia Staff have knowledge and competence in the use of diversional therapies and positive behavioural support Staff have knowledge and understanding of DOLS/MCA Nursing staff have knowledge and competence of good practice in the use of anti-psychotics Nursing staff are competent in the assessment, planning, implementation and monitoring of care for residents with dementia 	TRAINING <i>Advance Dementia Champion Pathway Training</i> <ul style="list-style-type: none"> Effect of antipsychotic drugs (GP or pharmacist) Dementia friendly environment Diversion therapy skills Mental Capacity and Best Interest Managing challenging behaviour SUPPORT <ul style="list-style-type: none"> CPN GP Psychiatrist 	Challenging behaviour requiring reassurance/engagement at least every 15 minutes or History of more than 4 safeguarding alerts in last 6 months due to behaviour	Reduction in admissions related to dementia e.g. falls Reduction in the incidents of falls or Reduction in the use of anti-psychotics Reduction in accidents/incidents Reduction in safeguarding alerts

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CHARACTERISTIC	Falls (Residential)	FUNDAMENTAL REQUIREMENTS <ul style="list-style-type: none"> The home has a Policy/Procedure regarding Falls Prevention and Management that is up to date, evidence based and takes account of good practice. In addition to evidence that all staff are aware of their responsibilities in relation to the policy The home has identified the equipment it needs to support patients who fall and has access to this equipment or has arrangements in place to hire it where necessary The home has evidence that it undertakes regular audits in relation to Falls Management and Prevention, learning from findings and taking actions were appropriate to bring about sustainable improvements 	RESIDENTIAL <ul style="list-style-type: none"> Staff have an understanding of the causes of falls in the elderly Staff have knowledge of undertaking Falls Risk Assessment Staff have knowledge of the identification and management of residents who persistently fall Staff are competent in dealing with patients who fall Staff have knowledge of falls prevention strategies Staff have knowledge of DOLS/MCA and the implication on the use of equipment to prevent falls Staff have knowledge and competence in the use of equipment in relation to fall management. 	TRAINING <i>Falls and Fragility Champion Patient Pathway</i> <ul style="list-style-type: none"> What can you do around prevention of falls? Basic skills for managing a person on the floor following a fall First Aid of Head injury residents Basic assessment of a resident following a fall Environmental/personal risks SUPPORT <ul style="list-style-type: none"> District Nurse Physio OT 	4 or more falls in last 6 months requiring GP/Ambulance /A&E	Reduction in falls Reductions in hospital admissions relating to falls

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CHARACTERISTIC	Falls (Nursing)	FUNDAMENTAL REQUIREMENTS <ul style="list-style-type: none"> The home has a Policy/Procedure regarding Falls Prevention and Management that is up to date, evidence based and takes account of good practice. In addition to evidence that all staff are aware of their responsibilities in relation to the policy The home has identified the equipment it needs to support patients who fall and has access to this equipment or has arrangements in place to hire it where necessary The home has evidence that it undertakes regular audits in relation to Falls Management and Prevention, learning from findings and taking actions were appropriate to bring about sustainable improvements 	NURSING <ul style="list-style-type: none"> Staff have an understanding of the causes of falls in the elderly Staff have knowledge of undertaking Falls Risk Assessment Staff have knowledge of the identification and management of residents who persistently fall Staff are competent in dealing with patients who fall Staff have knowledge of falls prevention strategies Staff have knowledge of DOLS/MCA and the implication on the use of equipment to prevent falls Staff have knowledge and competence in the use of equipment in relation to fall management. 	TRAINING <p><i>Falls and Fragility</i> <i>Champion Patient Pathway</i></p> <ul style="list-style-type: none"> Head to Toe assessment training to include basic neuro assessment First aid for head injury residents Management of frequent fallers SUPPORT <ul style="list-style-type: none"> GP Physio OT 	4 or more falls in last 3 months requiring GP/Ambulance /A&E	Reduction in falls Reductions in hospital admissions relating to falls

CHARACTERISTIC

Neurological (Residential)

	TOPIC	INFRASTRUCTURE	COMPETENCIES	TRAINING & SUPPORT	TYPE OF RESIDENT	OUTCOME MEASURES
		<p>FUNDAMENTAL REQUIREMENTS</p> <ul style="list-style-type: none"> The home has identified the equipment it needs to support patients with neurological conditions and has access to this equipment or has arrangements in place to hire it where necessary The home has evidence that it undertakes regular audits in relation to patients with Neurological conditions, learning from findings and taking actions where appropriate to bring about sustainable improvements The home has links with the voluntary sector or other organisations to support staff, residents and families through the provision of information and training 	<p>RESIDENTIAL</p> <ul style="list-style-type: none"> Staff have knowledge of the needs of residents with complex neurological conditions Staff have knowledge and competence in complex moving and handling requirements of neurological patients Staff have knowledge of and how to access equipment available to reduce the risk of complications Staff have knowledge and competence in the use of specialist equipment in relation to end of life care Staff have knowledge of recognising potential neurological symptoms in residents Staff are competent in supporting residents with communication and/or cognitive difficulties in self-determination, choice and expressing needs and wishes. Staff have knowledge and understanding of DOLS/MCA 	<p>TRAINING</p> <p><i>Specialist Training</i></p> <ul style="list-style-type: none"> How you must position someone after a stroke. Risk assessing the patient Training for additional manual handling techniques Emergency management of a seizure General understanding of MS and MD disease and the different needs of the residents <p><i>Specialist Training</i></p> <p>SUPPORT</p> <ul style="list-style-type: none"> District Nurse OT Physio GP 	<p>Neurological condition such as post stroke Epileptic Multiple Sclerosis Muscular Dystrophy Huntingdon Chorea requiring 2 or more staff to transfer or Neurological condition requiring non-verbal communication e.g. pictorial, sign language, electronic Or Epilepsy with 1 or more fit in last 6 months despite medication</p>	<p>Reduced hospital admissions relating to falls</p> <p>Reduction in pressure ulcers</p> <p>Reduction of incidents relating to M&H</p>

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CHARACTERISTIC	Neurological (Nursing)	FUNDAMENTAL REQUIREMENTS <ul style="list-style-type: none"> The home has identified the equipment it needs to support patients with neurological conditions and has access to this equipment or has arrangements in place to hire it where necessary The home has evidence that it undertakes regular audits in relation to patients with Neurological conditions, learning from findings and taking actions where appropriate to bring about sustainable improvements The home has links with the voluntary sector or other organisations to support staff, residents and families through the provision of information and training 	<ul style="list-style-type: none"> Staff have knowledge and competence in complex moving and handling requirements of neurological patients Staff have knowledge of and how to access equipment available to reduce the risk of complications Staff have knowledge and competence in the use of specialist equipment in relation to end of life care Staff have knowledge of recognising potential neurological symptoms in residents Staff are competent in supporting residents with communication and/or cognitive difficulties in self-determination, choice and expressing needs and wishes. Staff have knowledge and understanding of DOLS/MCA Nursing staff are competent in the assessment, planning, implementation and monitoring of complex neurological problems Nursing staff have knowledge of when to involve specialists and others professionals in patients with complex neurological conditions Nursing staff are competent in the early recognition and management of secondary complications 	TRAINING <i>Specialist Training</i> <ul style="list-style-type: none"> General understanding of MS and MD disease and the different needs of the residents Update on specialist management for Huntingdon's Chorea and motor neurones disease. Training for additional manual handling techniques SUPPORT <ul style="list-style-type: none"> OT Physio 	Neurological condition such as post stroke Epileptic Multiple Sclerosis Muscular Dystrophy Huntingdon Chorea requiring 3 or more staff to transfer or Neurological condition requiring non-verbal communication e.g. pictorial, sign language, electronic Or Epilepsy with 2 or more fits in last 6 months despite medication	Reduced hospital admissions relating to falls Reduction in pressure ulcers Reduction of incidents relating to M&H

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CHARACTERISTIC	Continence (Residential)	FUNDAMENTAL REQUIREMENTS <ul style="list-style-type: none"> The home has Procedures regarding Continence Care in place that are up to date, evidence based and take account of good practice. In addition to evidence that all staff are aware of their responsibilities in relation to the policy. The home has evidence that it undertakes regular audits in relation to Continence Care, learning from findings and taking actions were appropriate to bring about sustainable improvements 	RESIDENTIAL <ul style="list-style-type: none"> Staff have understanding of continence issues affecting the elderly Staff have knowledge of the prevention of continence problems including e.g. regular offering of the toilet, fluid intake, avoiding constipation etc. Staff have knowledge and competence in the care of urinary catheters Staff have knowledge of when to escalate issues and involve other specialists/professionals in the provision of continence support 	TRAINING <i>Specialist Training</i> <ul style="list-style-type: none"> Catheter care mandatory Care planning SUPPORT <ul style="list-style-type: none"> District Nurse Continence advisor 	Urinary catheter in place, urethral or suprapubic. Or Colostomy/Ileostomy In place	Reduced admissions to hospital with UTI Reduced District Nursing Input regarding catheter care

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CHARACTERISTIC	Continence (Nursing)	FUNDAMENTAL REQUIREMENTS <ul style="list-style-type: none"> The home has Procedures regarding Continence Care in place that are up to date, evidence based and take account of good practice. In addition to evidence that all staff are aware of their responsibilities in relation to the policy. The home has evidence that it undertakes regular audits in relation to Continence Care, learning from findings and taking actions were appropriate to bring about sustainable improvements 	NURSING <ul style="list-style-type: none"> Nursing staff have knowledge and competence in the management of complex continence problems Nursing staff have knowledge and competence in the care of suprapubic and urethral catheters Nursing staff are competent in the assessment, planning, implementation and monitoring of complex continence problems 	TRAINING <p><i>Specialist Training</i></p> <ul style="list-style-type: none"> Catheter insertion and management Suprapubic management update <p>SUPPORT</p> <ul style="list-style-type: none"> Continence Advisor GP 	Urinary catheter in place, urethral or suprapubic. In-house staff replace as required Colostomy/Ileostomy In place	Reduced admissions to hospital with UTI Reduced DN input for Suprapubic catheters Reduced admission with complications

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CHARACTERISTIC	End of Life Care (Residential)	FUNDAMENTAL REQUIREMENTS <ul style="list-style-type: none"> The home has a Policy/Procedure regarding End of Life Care in place that is up to date, evidence based and takes account of good practice. In addition to evidence that all staff are aware of their responsibilities in relation to the policy. The home has identified the equipment it needs to support patients approaching the end of their life and has access to this equipment or has arrangements in place to hire it where necessary The home has evidence that it undertakes regular audits in relation to End of Life Care, learning from findings and taking actions where appropriate to bring about sustainable improvements The home has identified procedures for communication with GPs on the needs of patients approaching the end of their life, including sharing advance care plans and discussing how to best meet their medical and care requirements The home sees end of life care as fundamental of their role recognising that they are the person's "usual place of residence" or even home 	RESIDENTIAL <ul style="list-style-type: none"> Staff have knowledge of the good practice requirements relating to end of life care Staff have awareness of the residents end of life wishes 	TRAINING <i>Specialist Training</i> <ul style="list-style-type: none"> ABC Training Care planning Spiritual understanding SUPPORT <ul style="list-style-type: none"> District Nurse GP Macmillan Nurses Hospice at home 	End of life care plan in place Or Syringe driver in use Or Specialist support from palliative care team	Reduction in admissions to hospital Preferred place of death achieved

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CHARACTERISTIC	End of Life Care (Nursing)	FUNDAMENTAL REQUIREMENTS <ul style="list-style-type: none"> The home has a Policy/Procedure regarding End of Life Care in place that is up to date, evidence based and takes account of good practice. In addition to evidence that all staff are aware of their responsibilities in relation to the policy. The home has identified the equipment it needs to support patients approaching the end of their life and has access to this equipment or has arrangements in place to hire it where necessary The home has evidence that it undertakes regular audits in relation to End of Life Care, learning from findings and taking actions where appropriate to bring about sustainable improvements The home has identified procedures for communication with GPs on the needs of patients approaching the end of their life, including sharing advance care plans and discussing how to best meet their medical and care requirements <i>The home sees end of life care as fundamental of their role recognising that they are the person's "usual place of residence" or even home</i> 	NURSING <ul style="list-style-type: none"> Staff have awareness of the residents end of life wishes Nursing staff are competent in the assessment, planning, implementation and monitoring of advanced care planning Nursing staff have knowledge and competence of palliative care Nursing Staff have knowledge and competence in the provision of IV therapy Nursing Staff have knowledge and competence in the use of end of life pain relief including the use of syringe drivers 	TRAINING <p><i>Specialist Training</i></p> <ul style="list-style-type: none"> ABC training Syringe driver management from insertion of butterfly Just in case medication management Advanced care planning Spiritual understanding <p>SUPPORT</p> <ul style="list-style-type: none"> Palliative Care Team GP Pharmacist 	End of life care plan in place Or Syringe driver in use	Reduction in admissions to hospital Preferred place of death achieved Reduced DN input for management of syringe drivers

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CHARACTERISTIC	Respiratory (Residential)	FUNDAMENTAL REQUIREMENTS <ul style="list-style-type: none"> The home has Procedures regarding caring for Respiratory Patients in place that is up to date, evidence based and takes account of good practice. In addition to evidence that all staff are aware of their responsibilities in relation to the policy. The home undertakes regular audits in relation to Respiratory Care, learning from findings and taking actions where appropriate to bring about sustainable improvements 	RESIDENTIAL <ul style="list-style-type: none"> Staff understand the care of people who receive oxygen 	TRAINING <i>Specialist Training</i> <ul style="list-style-type: none"> How to manage someone with a chest infection Oxygen management Update on conditions Use of nebulisers Update on Inhaler technique Medical gas training SUPPORT <ul style="list-style-type: none"> Respiratory nurse specialist DN 	Oxygen or nebuliser therapy Or 2 or more respiratory infections in last 6 months requiring antibiotic therapy	Reduced admissions to hospital Reduced RTI

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CHARACTERISTIC	Respiratory (Nursing)	FUNDAMENTAL REQUIREMENTS <ul style="list-style-type: none"> The home has Procedures regarding caring for Respiratory Patients in place that is up to date, evidence based and takes account of good practice. In addition to evidence that all staff are aware of their responsibilities in relation to the policy. The home undertakes regular audits in relation to Respiratory Care, learning from findings and taking actions where appropriate to bring about sustainable improvements 	NURSING <ul style="list-style-type: none"> Nursing staff should have knowledge, training and competence in respiratory care including management of interstitial lung disease, pulmonary hypertension and lung cancers Nursing staff have knowledge, training and competence in the care of a patient receiving oxygen Nursing staff have knowledge, training and competence in the use of NIV where appropriate 	TRAINING <p><i>Specialist Training</i></p> <ul style="list-style-type: none"> IV administration training for antibiotics Update on chest conditions Medical gas training <p>SUPPORT</p> <ul style="list-style-type: none"> Respiratory Nurse Specialists GP 	Oxygen required for more than 8 hours per day Or 2 or more respiratory infections in last 3 months requiring antibiotic therapy	Reduced admissions to hospital Reduced RTI

	TOPIC	INFRASTRUCTURE	COMPETENCIES	TRAINING & SUPPORT		
CORE REQUIREMENT	Mental Wellbeing (Activities)	FUNDAMENTAL REQUIREMENTS <ul style="list-style-type: none"> The home has in place an activities plan which is evidence based and effective, which provides a range of activities for residents The home has dedicated activity co-ordinator/s Activity Co-ordinators provide person centred activities both on an individual and group basis The home has access to appropriate tools to ensure person centred and age specific activities are provided The home regularly evaluates the activities provided through discussion with residents/relatives to ensure they are meeting individual needs Mentorship by SMILE 	ALL HOMES All staff have received SMILE training	TRAINING <i>SMILE Training</i> <ul style="list-style-type: none"> Specialist positive distracting therapy How to handle challenges SUPPORT <ul style="list-style-type: none"> MH team GP 		