

## ANNEX A - LEVELS OF NEED

Clients will be assessed by a Case Manager using the Levels of Need table. The summaries below indicate the typical characteristics attributable to an individual with Residential needs, Residential High needs, Nursing needs or Nursing High needs. This does not attempt to be an exhaustive list but a guide to the typical needs of each category of dependency.

### Residential:

- requires care and support over a 24 hour period, including observation/supervision to maintain safety;
- low to medium level of assessed care needs;
- requires assistance with some activities of daily living to maintain skills and independence;
- requires input by carers on a daily basis;
- nursing care provided by community services

### Residential High:

- requires care and support over a 24 hour period, including observation/supervision to maintain safety;
- high level of assessed care needs;
- requires assistance with most activities of daily living to maintain skills and independence;
- requires a high level of input by carers on a daily basis;
- nursing care provided by community services;
- requires additional equipment, activities or measures such as DoLS

### Nursing:

- requires care and support over a 24 hour period, including observation/supervision to maintain safety;
- moderate level of assessed care needs;
- FNC funded;
- requires assistance with most activities of daily living with a focus on essentials of care;
- requires input by carers on a daily basis;
- requires nursing care on a daily basis

### Nursing High:

- requires care and support over a 24 hour period, including observation/supervision to maintain safety;
- high level of assessed care needs;
- FNC funded;

## Annex A – Levels of Need

- requires assistance with most activities of daily living with a focus on essentials of care;
- requires a high level of input by carers on a daily basis;
- requires a high level of nursing care on a daily basis

Category of Need	No Needs	Low Needs	Medium Needs	High Needs
<b>Behaviour*</b>	No evidence of 'challenging' behaviour.	Some incidents of 'challenging' behaviour. A risk assessment indicates that the behaviour does not pose a risk to self, others or property or a barrier to intervention. The person is compliant with all aspects of their care.	'Challenging' behaviour that follows a predictable pattern. The risk assessment indicates a pattern of behaviour that can be managed by skilled carers or care workers who are able to maintain a level of behaviour that does not pose a risk to self, others or property. The person is nearly always compliant with care.	'Challenging' behaviour that poses a predictable risk to self, others or property. The risk assessment indicates that planned interventions are effective in minimising but not always eliminating risks. Compliance is variable but usually responsive to planned interventions.

Annex A – Levels of Need

<p><b>Cognition*</b></p>	<p>Some minor evidence of impairment, confusion or disorientation.</p>	<p>Cognitive impairment which requires some supervision, prompting or assistance with more complex activities of daily living, such as finance and medication, but awareness of basic risks that affect their safety is evident OR Occasional difficulty with memory and decisions/choices requiring support, prompting or assistance. However, the individual has insight into their impairment.</p>	<p>Cognitive impairment (which may include some memory issues) that requires some supervision, prompting and/or assistance with basic care needs and daily living activities. Some awareness of needs and basic risks is evident. The individual is usually able to make choices appropriate to needs with assistance. However, the individual has limited ability even with supervision, prompting or assistance to make decisions about some aspects of their lives, which consequently puts them at some risk of harm, neglect or health deterioration.</p>	<p>Cognitive impairment that <u>could</u> include frequent short-term memory issues and maybe disorientation to time and place. The individual has awareness of only a limited range of needs and basic risks. Although they may be able to make some choices appropriate to need on a limited range of issues they are unable to consistently do so on most issues, even with supervision, prompting or assistance. The individual finds it difficult even with supervision, prompting or assistance to make decisions about key aspects of their lives, which consequently puts them at high risk of harm, neglect or</p>
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Annex A – Levels of Need

				health deterioration.
<b>Psychological and Emotional Needs*</b>	Psychological and emotional needs are not having a major impact on their health and well-being.	Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, which are having an impact on their health and/or well-being but respond to prompts and reassurance OR Requires prompts to motivate self towards activity and to engage them in care planning, support, and/or daily activities.	Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, which do not readily respond to prompts and reassurance and have an increasing impact on the individual's health and/or well-being OR Due to their psychological or emotional state the individual has withdrawn from most attempts to engage them in care planning, support and/or daily activities.	Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, that have a severe impact on the individual's health and/or well-being OR Due to their psychological or emotional state the individual has withdrawn from any attempts to engage them in care planning, support

Annex A – Levels of Need

				and/or daily activities.
<b>Communication*</b>	Able to communicate verbally or non-verbally. May require translation if English is not their first language.	Needs assistance to communicate their needs. Special effort may be needed to ensure accurate interpretation of needs or additional support may be needed either visually, through touch or with hearing.	Communication about needs is difficult to understand or interpret or the individual is sometimes unable to reliably communicate, even when assisted. Carers or care workers may be able to anticipate needs through non-verbal signs due to familiarity with the individual.	Unable to reliably communicate their needs at any time and in any way, even when all practicable steps to assist them have been taken. The person has to have most of their needs anticipated because of their inability to communicate them.
<b>Mobility*</b>	Independently mobile but with occasional need for support.	Able to weight bear but needs some assistance and/or requires mobility equipment for daily living.	Not able to consistently weight bear OR Completely unable to weight bear but is able to assist or cooperate with transfers and/or repositioning OR In one position (bed or chair) for the majority of time but is able to cooperate and	Completely unable to weight bear and is unable to assist or cooperate with transfers and/or repositioning OR Due to risk of physical harm or loss of muscle tone or pain on movement needs

Annex A – Levels of Need

			<p>assist carers or care workers OR At moderate risk of falls (as evidenced in a falls history or risk assessment).</p>	<p>Careful positioning and is unable to cooperate OR At a high risk of falls (as evidenced in a falls history and risk assessment) OR Involuntary spasms or contractures placing the individual or others at risk.</p>
<p><b>Nutrition - food and drink*</b></p>	<p>Able to take adequate food and drink by mouth to meet most nutritional requirements.</p>	<p>Needs supervision, prompting with meals, or may need feeding and/or a special diet OR Able to take food and drink by mouth but requires additional/supplementary feeding.</p>	<p>Needs feeding to ensure adequate intake of food and takes a long time (half an hour or more), including liquidised feed OR Unable to take any food and drink by mouth, but all nutritional requirements are being adequately maintained by artificial means, for example via a non-problematic PEG.</p>	<p>Dysphagia requiring skilled intervention to ensure adequate nutrition/hydration and minimise the risk of choking and aspiration to maintain airway OR Subcutaneous fluids that are managed by the individual or specifically trained carers or care workers OR Nutritional status “at risk” and may be associated with unintended, significant weight loss OR Significant weight</p>

Annex A – Levels of Need

				<p>loss or gain due to identified eating disorder OR Problems relating to a feeding device (for example PEG.) that require skilled assessment and review.</p>
<p><b>Continence*</b></p>	<p>Mostly continent of urine and faeces.</p>	<p>Continence care is routine on a day-to-day basis; Incontinence of urine managed through, for example, medication, regular toileting, use of penile sheaths, etc. AND is able to maintain full control over bowel movements or has a stable stoma, or may have occasional faecal incontinence/constipation.</p>	<p>Continence care is routine but requires monitoring to minimise risks, for example those associated with urinary catheters, double incontinence, chronic urinary tract infections and/or the management of constipation.</p>	<p>Continence care is problematic and requires timely and skilled intervention, beyond routine care (for example frequent bladder wash outs, manual evacuations, frequent re-catheterisation).</p>



Annex A – Levels of Need

<p><b>Skin Integrity (including tissue viability)*</b></p>	<p>Minor risk of pressure damage or skin condition.</p>	<p>Risk of skin breakdown which requires preventative intervention once a day or less than daily without which skin integrity would break down OR Evidence of pressure damage and/or pressure ulcer(s) either with 'discolouration of intact skin' or a minor wound OR A skin condition that requires monitoring or reassessment less than daily and that is responding to treatment or does not currently require treatment.</p>	<p>Risk of skin breakdown which requires preventative intervention several times each day, without which skin integrity would break down OR Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is responding to treatment OR A skin condition that requires a minimum of daily treatment, or daily monitoring/reassessment to ensure that it is responding to treatment.</p>	<p>Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is not responding to treatment OR Pressure damage or open wound(s), pressure ulcer(s) with 'full thickness skin loss involving damage or necrosis to subcutaneous tissue, but not extending to underlying bone, tendon or joint capsule', which is/are responding to treatment OR Specialist dressing regime in place; responding to treatment.</p>
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Annex A – Levels of Need

<p><b>Breathing*</b></p>	<p>Normal breathing, occasional issues with shortness of breath.</p>	<p>Shortness of breath which may require the use of inhalers or a nebuliser and has no impact on daily living activities OR Episodes of breathlessness that readily respond to management and have no impact on daily living activities.</p>	<p>Shortness of breath which may require the use of inhalers or a nebuliser and limit some daily living activities OR Episodes of breathlessness that do not respond to management and limit some daily living activities OR Requires any of the following: low level oxygen therapy (24%); room air ventilators via a facial or nasal mask; other therapeutic appliances to maintain airflow where individual can still spontaneously breathe e.g. CPAP (Continuous Positive Airways Pressure) to manage obstructive apnoea during sleep.</p>	<p>Is able to breathe independently through a tracheotomy that they can manage themselves, or with the support of carers or care workers OR Breathlessness due to a condition which is not responding to treatment and limits all daily living activities.</p>
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Annex A – Levels of Need

<p><b>Drug Therapies &amp; Medication*</b></p>	<p>Symptoms are managed effectively and without many problems, and medication is not resulting in any unmanageable side-effects.</p>	<p>Requires supervision/administration of and/or prompting with medication but shows compliance with medication regime OR Mild pain that is predictable and/or is associated with certain activities of daily living. Pain and other symptoms do not have an impact on the provision of care.</p>	<p>Requires the administration of medication (by a registered nurse, carer or care worker) due to: non-concordance or non-compliance, or type of medication (for example insulin) or route of medication (for example PEG,) OR Moderate pain which follows a predictable pattern; or other symptoms which are having a moderate effect on other domains or on the provision of care.</p>	<p>Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for the task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. However, with such monitoring the condition is usually non-problematic to manage OR Moderate pain or other symptoms which is/are having a significant effect on other domains or on the provision of care.</p>
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Annex A – Levels of Need

<b>Altered States of Consciousness (ASC)*</b>	No evidence of altered states of consciousness.	History of ASC but it is effectively managed and there is a low risk of harm.	Occasional (monthly or less frequently) episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm.	Frequent episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm OR Occasional ASCs that require skilled intervention to reduce the risk of harm.
<b>Hygiene (washing /grooming)</b>	Independent with occasional assistance required.	Some assistance required.	Most assistance required.	Full assistance required.
<b>Dressing</b>	Independent with occasional assistance required.	Some assistance required.	Most assistance required.	Full assistance required.
<b>Sleeping</b>	Sleeps well, may require occasional supervision and/or assistance during the night	Sleeps well, may require occasional supervision and/or assistance during the night.	Requires reassurance during the night to settle, may require supervision and/or assistance during the night.	Unsettled nights, may be unaware of day and night, requires assistance to avoid disturbing other residents. May require repositioning and/or supervision and/or assistance, usually more than once, during the night.

## Annex A – Levels of Need

\* - category titles and wording based on the NHS Continuing Healthcare Decision Support Tool:

<https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

## Annex A – Levels of Need