CARE HOME ADMISSION AND ANNUAL REVIEW TEMPLATES AND GUIDANCE

TARGET AUDIENCE	Primary Care, Care Homes
PATIENT GROUP	Adults who reside in NHS Lanarkshire Care Homes

Clinical Guidelines Summary

- The Local Enhanced Service for the Provision of Enhanced Primary Medical Services in Care Homes- 2023-24 sets out the specification for the provision of enhanced primary medical services for the care homes.
- Duties and responsibilities required under the LES include the provision of clinical input to the assessment of patients admitted to the Care Home within four weeks of their admission. That assessment will contribute to the multidisciplinary care plan developed for each patient.
- The LES also includes the provision of a full annual review in the care home for each patient.
- As detailed in the LES document, completion of a specific template is not a requirement, this template is provided as a guide. It includes all areas that are required in admission and annual review documentation, as detailed in the contract.
- Following assessment, practices should provide a copy of the assessment findings to the care home and, with appropriate consent, complete an electronic Key Information Summary, outlining or aiding future care planning decisions where appropriate.
- Polypharmacy in frail elderly care home residents is common and associated with harm. A comprehensive medication review (using for example the STOPP-START toolkit) has proven benefits in reducing harms (falls, delirium and morbidity) and should form part of both the admission and annual review. This may be best supported by the pharmacy team.
- Much of the information that is recommended to form part of the new patient and annual review will be held by the care-home. It is recommended that as much of this information is completed by care-home staff in advance of the GP practice review.

Guideline Body

Contents

Template for Initial Assessment of Care Home Patients

DATE OF ADMISSION

ADMITTED FROM

DATE OF REVIEW

Patient's Name	
Date of Birth	
CHI	

LEGAL STATUS AND NEXT OF KIN

Power of Attorney	Yes ☐	No ☐
Guardianship	Yes ☐	No ☐
POA/Guardian Details	Name:	
	Address:	
	Telephone No:	
NOK Details (if different from above)	Name:	
	Address:	
	Telephone No:	

PAST MEDICAL HISTORY

Current Active Physical Health, Mental Health or Social Problems	

Past Medical History	
Mobility and aid required (if applicable)	
Falls	Yes ☐ No ☐ Falls referral completed by care home (if applicable) ☐
Hearing – need for hearing aid ☒	Does patient require referral to audiology (lost or broken aids)
Vision – need for spectacles ☐	Does patient require referral to optician (lost or broken glasses) (referral to be completed by care home staff)
Continence	Fully independent ☐ Assistance required ☐ Incontinent bowel ☐ bladder ☐ both ☐ Is a urinary catheter present? Yes ☐ No ☒ If yes – consider a referral to continence service to consider trial without catheter Date referral completed (if done)
Nutritional Information	Height Weight BMI Dietary requirements incl. SALT advice:

EXAMINATION

Lying BP:	Standing BP (if possible):
Significant Physical Examination Findings	

CAPACITY

Does the patient retain capacity for health and welfare matters?	Yes ☐ No ☐ To be assessed ☐

MEDICATION REVIEW

Consider reducing doses and stopping unnecessary medications (use of STOPP-START toolkit proven to help this process.) Consider asking practice pharmacist or care home MDT to undertake comprehensive polypharmacy review
Date of Medication Review _____

MANAGEMENT

Treatment Changes	Yes ☐ No ☐ If Yes, please specify
Investigations	Yes ☐ No ☐ If Yes, please specify
Referrals	Yes ☐ No☐ If Yes, please specify

FUTURE CARE PLANNING

Future Care Plan (consider use of ReSPECT form)	Plan present on admission Review date_____ Yes ☐ No ☐ Has plan been considered? Yes ☐ No ☐
DNACPR	DNACPR Review date_____ Yes ☐ No☐
Section 47	Section 47 Treatment Certificate (AWI) Yes ☐ No ☐ Review date_____ Has AWI treatment plan been considered? Yes ☐ No ☐

eKIS	Present and up to date?	Yes ☐	No☐

Template for Annual Assessment of Care Home Patients

DATE OF REVIEW

NAME OF REVIEWER

Patient's Name	
Date of Birth	
CHI	

LEGAL STATUS AND NEXT OF KIN

Power of Attorney	Yes ☐	No ☐
Guardianship	Yes ☐	No ☐
POA/Guardian Details change	Name:	
	Address:	
	Telephone No:	
NOK Details (if different from above)	Name:	
	Address:	
	Telephone No:	

PAST MEDICAL HISTORY

Current Active Physical Health, Mental Health or Social Problems	Review of Past Medical History Yes ☐ No ☐
Mobility and aid require (if applicable)	

Falls	History of falls within last year ☐ Falls referral completed by care home staff ☐
Hearing – need for hearing aid ☐	Does patient require referral to audiology (lost or broken aids)
Vision – need for spectactles ☐	Does patient require referral to optician (lost or broken glasses) (referral to be completed by care home staff)
Continence	Fully independent ☐ Assistance required ☐ Incontinent bowel ☐ bladder ☐ both ☐ Is a urinary catheter present? Yes ☐ No ☒ If yes – consider a referral to continence service to consider trial without catheter Date referral completed (if done)
Nutrition	History of weight loss since last review ☐ Referral to dietetics made by care home ☐ Height Weight BMI Dietary requirements incl. SALT advice:

EXAMINATION

Lying BP:	Standing BP (if possible):
Significant Physical Examination Findings	

CAPACITY

Does the patient retain capacity for health and welfare matters?	Yes ☐	No ☐	To be assessed ☐

MEDICATION REVIEW

Consider reducing doses and stopping unnecessary medications (use of STOPP-START toolkit proven to help this process.) Consider asking practice pharmacist or care home MDT to undertake comprehensive polypharmacy review
Date of Review_____ Name of Reviewer_____

MANAGEMENT

Treatment Changes	No ☐ Yes ☐ If Yes, please specify
Investigations	No ☐ Yes ☐ If Yes, please specify
Referrals	No ☐ Yes ☐ If Yes, please specify

FUTURE CARE PLANNING

Future Care Plan (consider ReSPECT form)	Plan present Review date_____ Yes ☐ No ☐ Has plan be considered? Yes ☐ No ☐
DNACPR	DNACPR Review date_____ Yes ☐ No ☐
Section 47	Section 47 Treatment Certificate (AWI) Yes ☐ No ☐ Review date_____ Has AWI treatment plan been considered? Yes ☐ No ☐
eKIS	Present and up to date? Yes ☐ No ☐

References (and links to aid review)

1. STOPP-START Medication Review for Medicines in Older People
   : 2a1cfa_94280508e6014f3db06594abd0193994.pdf (cgakit.com)

2. Polypharmacy Guidance – Realistic Medicine
   Polypharmacy-Guidance-2018.pdf (scot.nhs.uk)

3. ReSPECT for Health-Care Professionals
   ReSPECT for healthcare professionals | Resuscitation Council UK

4. Future Care Planning in Care Homes
   Future care planning in care homes | Health and social care improvement in Scotland - Future care planning in care homes (ihub.scot)

5. Recommended Treatment Plan for Care Home Residents with section 47 documents
   care-homes-adults-with-incapacity-section_claire-osprey-1.pdf (scot.nhs.uk)

Appendices

1.Governance information for Guidance document

Lead Author(s):	Dr Jennifer Adam and Dr Catriona Nisbet – GP Leads – Care Homes and Frailty, NHS Lanarkshire
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CHANGE RECORD			
Date	**Lead Author**	**Change**	**Version No.**
		e.g. Review, revise and update of policy in line with contemporary professional structures and practice	1

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