Registered Nursing Home Association Briefing

I Shouldn't Be Here, You Know

THE CASE FOR NURSE-LED ASSESSMENT OF NURSING NEEDS

It Couldn't Happen, Or Could It?

Imagine that you are 82 years old, have dementia and diabetes, suffer from periodic incontinence but find yourself being cared for in a home where there is no nurse to help look after you. Couldn't happen? Impossible? Can you be absolutely sure about that?

And if that person were you, and if you felt you were in the wrong place, how would you go about getting yourself moved to somewhere better suited to your needs? Who would make the assessment of your needs? Who would make the final decision – and on what basis would that decision be made?

All these questions raise fundamental issues about the way in which the needs of older people in the UK are assessed, and about the consistency and transparency of the process.

Here, in this briefing, the Registered Nursing Home Association (RNHA) argues that qualified nurses should be responsible for leading the process of assessing whether an individual has nursing needs and, if so, what those nursing needs are and how they can best be met.

The Unique Nursing Contribution

So what's special or unique about a nurse? Why should a nurse lead the needs assessment of your elderly aunt who is severely disabled by rheumatoid arthritis, can no longer climb the stairs, has cataracts and shows early signs of Parkinson's disease?

Well, the answer is that nurses are trained to take a holistic view of an individual and their needs. They do not consider solely the medical interventions which may or may not be feasible. They do not consider solely the social consequences of no longer being able to get around the house so easily. Rather, they look at the totality.

So a qualified, experienced nurse looking at your aunt's needs would be making as rounded as assessment as possible. This entails looking at her physical ability, emotional state, how she responds to her own ill health, how she deals with the practical problems which confront her on a daily basis.

The nurse's training and skills are geared to ensuring that the whole person is assessed. It is a multi-dimensional approach.

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WHO'S GOING TO LOOK AFTER GEORGE AND PEOPLE LIKE HIM?

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This is important at every stage in someone's care, not just at the initial assessment. Take George, for example, the 84-year old man admitted to a nursing home to stabilise what has been a deteriorating state of health following a bout of very serious bronchitis superimposed on an underlying problem of coronary heart disease and increasing immobility from a knee joint disorder.

The first time that George takes a bath, the nurse in charge should use the episode to review a whole range of his potential nursing needs, including the degree to which he is able to manage on his own and how, if he does have difficulty, his mobility and self-reliance might be improved in the future.

Or take, Emily, the 91-year old with Alzheimer's disease and hearing problems whose leg develops a bruise-like patch. The nursing assessment should pick this up at the earliest possible stage in order to detect whether it threatens to develop into an ulceration – in which case prompt intervention can prevent it from becoming potentially serious.

KEY FACTS AND FIGURES

Over 200,000 people are cared for in 5,000 registered nursing homes throughout the UK.

The registered nursing home sector employs many thousands of qualified nurses.

What Are We Trying to Achieve Through Assessment?

If someone has health needs, those needs should be assessed by someone qualified to determine how they can be met in a way which best enables the person concerned to maintain or improve their health. Indeed, Professor Dame June Clarke has defined the nursing role as "helping people to maintain or improve an individual's equilibrium whenever it is threatened by stresses such as illness, medical treatment, disability, the environment around them or extremes of age".

Nurses, therefore, should be at the forefront of any process of assessment to determine whether someone would benefit from a period of nursing home care – or whether there is a more appropriate means of supporting that individual.

In undertaking an assessment, nurses look at a person's:

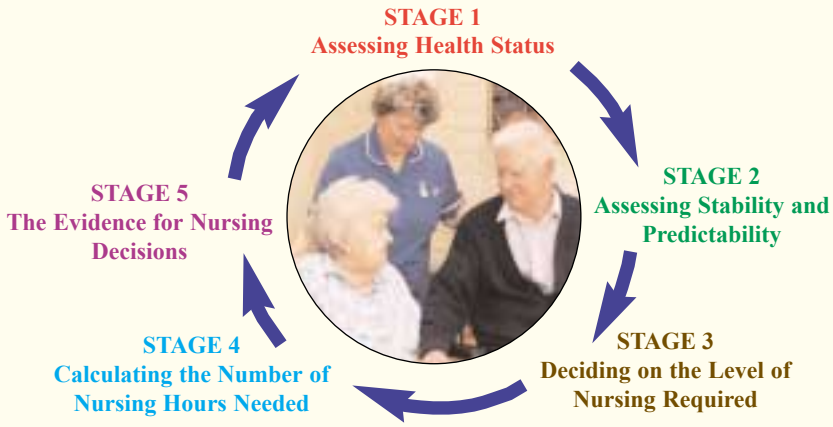
* **ability to manage unaided;**
* **knowledge and understanding about how to behave in order to maintain their health;**
* **relative stability and predictability (physiologically and psychologically);**
* **level of pain and discomfort; and**
* **degree of risk.**

The aim is to ensure the right placement in the right place for the right person. Whether someone should or should not be placed in a nursing home depends on a careful and balanced assessment of all these factors. The emphasis must be on the extent to which nursing care in a residential setting will help the individual to maintain their health.

So How Do You Do It?

A number of methods exist for assessing an individual's nursing needs. Here, we focus on a method developed by the Royal College of Nursing. In effect, it is a tool developed by nurses for nurses for use in determining whether an older person needs nursing care and, if so, what type, level and amount of care. It can be used, for example, to indicate the number of hours of nursing care required per day.

How, then, does it work? Essentially, there are five key stages. Let's take the case of Bill Jones, a 75-year old widower who has suffered a severe stroke that has left him without the use of one of his arms, has seriously impaired his speech and has also given him swallowing problems.



Stage 1 – Assessing Health Status

The first step is to make a comprehensive assessment of Bill's overall needs.
How can he be helped and supported to make the most of his remaining abilities? What will it take to enable him to live as fulfilling a life as possible? What can be done, within the constraints which the stroke has imposed, to ensure that Bill can still be Bill, with his particular likes and dislikes, interests, hobbies, activities and social contacts?

Another major area for investigation is the extent to which Bill is in discomfort or distress from his current condition. What practical measures can be taken to relieve this? How can he best be helped to adapt to his new circumstances so that, as far as possible, he feels in control.

However, the focus is not and should not be on 'negatives', as one of the main purposes of this stage in the assessment process is to identify what needs to be done to maintain and improve Bill's health and well-being. How far can he walk unaided? Does he need physiotherapy? How good is his concentration? What role could active occupational therapy play in getting him back to his real self?

Addressing all these key questions can identify whether there are nursing needs and what those needs are. The next step is to work out a care plan that will deliver the support which Bill needs.

Stage 2 – Assessing Stability and Predictability

When trying to predict someone's future nursing needs, it is vital to ask how stable their health is likely to be – and how they are likely to respond to changes in their health. In other words, how stable is their condition, how far can they cope with it and what support are they going to need?

If we take Bill's case again, there may questions about his problem in swallowing. This might put him off his food and drink, which in turn could make him feel low. Bill's nursing plan must contain an element of active help and encouragement to overcome his swallowing difficulty and ensure that he continues to eat and, in fact, enjoys his food.

And as far as the initial nursing assessment is concerned, the more it is felt that Bill will struggle to cope with the swallowing problem, the more nursing input will be required.

Stage 3 - Deciding on the Level of Nursing Required

So just how much nursing is the patient (in this instance, Bill) going to need? Each person must be looked at individually. Their needs are unique to them. Some may require regular nursing supervision of the majority of their care. Some may require nursing only for a specific aspect of their care.

In practice, then, the degree and complexity of nursing involvement will vary from person to person. In Bill's case, the range and extent of health problems caused by his stroke will necessitate positive nursing intervention on a number of fronts.

But as time goes by and as he regains some of his former independence of action, the intensity and frequency of nursing may be gradually reduced, although his care is almost certainly going to need overall supervision by a qualified nurse, even if others increasingly provide the majority of his day to day support.

The focus at this and every other stage should be on what Bill can actually do for himself and what action is needed to enhance his ability and confidence to become more self-reliant. Each step along this pathway to greater independence may seem rather small – being able to cut your own food into smaller pieces, for example – but each step makes a major difference to the individual concerned. Bill will feel so much better when he can hold a knife and fork firmly in his own hands.

Stage 4 – Calculating the Number of Nursing Hours Needed

After pinpointing whether a patient needs nursing support and what type of nursing, the assessment process should then be able to calculate how much (in terms of hours per day) will be needed. In Bill's case, for example, he may start off by needing up to four hours per day, although this is likely to reduce as he recovers from his stroke.

Stage 5 - The Evidence for Nursing Decisions

Nurses use their knowledge, practical experience and appraisal of research-based evidence to assess an individual patient's needs. In Bill's case, his own views and preferences will play a major part in determining the level and type of care he receives. An experienced nurse undertaking a systematic assessment of his needs will adroitly synthesise Bill's personal desires with her own accumulated understanding of what works and why it works.

Making Sure George, Emily and Bill Get What They Really Need

Here, in this briefing, we have looked at a series of hypothetical scenarios – George, aged 84, who has severe bronchitis and coronary heart disease; Emily, the 91-year old with Alzheimer's disease and a black, bruise-like patch on her leg; and Bill, the 75-year old widower disabled by a stroke.

There are thousands like them across the United Kingdom. They are old and vulnerable. They have nursing needs. But, first and foremost, they are people who have abilities, interests, memories, views, likes and dislikes. They have just as much right to the best possible care as anyone else. Being old is not a disqualification for care.

Being old, it could be argued, is the best qualification of all. You have earned the right to be given the support you need to live with dignity and self respect.

Recognising these fundamental principles, the Registered Nursing Home Association believes that:

1. **People with potential nursing needs should always have those needs assessed by an appropriately qualified nurse.**

2. **The level and type and nursing support required should be determined by a nurse-led assessment.**

3. **The approach to assessment across the United Kingdom should be consistent, open and transparent.**

4. **Assessment should be a continuous process, not a 'one off' decision at a single moment in time.**

5. **If an individual is assessed as needing nursing care, that care should be provided as a basic right. Finance should not be a factor which blocks an individual's access to care.**

6. **The nursing element of care, regardless of where and how that care is delivered, should be automatically paid for from public funds. Means testing for health needs is wrong in principle and bad in practice.**

Registered Nursing Home Association
Calthorpe House, Hagley Road,
Edgbaston, Birmingham B16 8QY
Tel: 0121-454 2511
Fax: 0121-454 0932
Email: rnhaho@aol.com

WHAT YOU CAN DO ABOUT IT

If you agree with the RNHA's views about how an older person's needs should be assessed, and about the way in which those needs should be met from the public purse, write and tell us. We would like to hear from you.

Please address your letter to:

Frank Ursell, Chief Executive Officer, RNHA,
Calthorpe House, Hagley Road, Birmingham B16 8QY

Or e-mail your response to: rnhaho@aol.com