

Future Care Planning in Care Homes – talking with residents

Future care planning is about thinking and planning ahead so that we can give each resident the best possible care. If your health changes, it is better if we have a good plan for you.

READY	Can we talk about why planning ahead helps people get better care?
<p>Making a plan helps people who live in a care home, like you, think about their care and what is important to them. You may have talked with your family or a close friend about this before.</p> <p>It is a good idea to talk about what might happen if you get unwell. This could be from a health problem or illness you have already. It might be a new illness. Sometimes a resident gets ill with an infection or a fall. We can make plans and talk with your family or friends if you wish.</p>	
EXPECT	It would help to hear what you know already, and think might happen.
<p>People have different things they want to talk about. Please ask us about anything you want to know or are worried about. We can make a plan with you now, if you are ready.</p>	
DIAGNOSIS	There are things we know, and things we're not sure about.
<p>People who live in care homes are often in poorer health and need help with day to day living. We are doing our best to help you to stay well, but it is possible you may get unwell at some point. Some treatments may not work for you, or you might not want them.</p> <p>That's why it is important for us to talk about making a future care plan with you.</p>	
MATTERS	We'd like to know what's important to you, and how best to care for you.
<p>We put what you tell us into your care plan so we know about how you'd like to be cared for.</p>	
ACTION	Let's talk about what we can do to care for you, and things that will not help.
<p>Let's start with your health problems and make plans for what might happen. There are also some situations it is good to plan ahead for like a sudden illness or an infection.</p> <p>Many people feel that staying in their familiar care home to be looked after is the best place when they are very ill and may be dying. Being comfortable is what matters to them. We have medicines in the care home to help us manage any symptoms or discomfort, if we need them.</p> <p>Hospital treatment may be better in a few conditions, like a hip fracture. Going to hospital has risks and benefits. Can we talk about where would be the best place of care for you?</p> <p>Antibiotic tablets or syrup, other medicines, and oxygen can be given in the home, if needed.</p> <p>Cardiopulmonary resuscitation (CPR) is a medical treatment that does not work when a person is in poor health or dying. Any other treatments that can help are still given.</p> <p>Either You already have a decision recorded about CPR not working for you, or CPR being a treatment that you'd not want.</p> <p>Or There is no CPR decision recorded so the GP practice team will review this and discuss it with you.</p>	
PLAN	Let's make a care plan with you.
<p>We have your care plan in the home in case we need it. Your plan also goes into your GP record and a secure record used by professionals if people need urgent care called a Key Information Summary (KIS). Some care homes use a ReSPECT care plan. Your plan can be changed at any time.</p> <p>There are some situations we can think about and discuss together. If you have any questions please ask. You can talk to care home staff, and the staff from the GP practice too.</p>	

Making a plan - Future Care Planning questions for residents

Please tell us what matters most to you about your health.

Is there anything important for us to know about your health and care, and how you'd like to be cared for in the future?

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We don't know exactly what will happen, but which option is closest to how you think you'd like to be cared for? We use this information to help create a Care Plan with you.

1. If you had a sudden illness (such as a stroke or a heart condition), how do you think **you'd like to be cared for?**

a)	Keep me comfortable, assess my health, treat any pain or other symptoms, and continue to care for me in the care home.	
b)	Contact a family member/ close friend, if possible, to talk about whether or not to send me to hospital, before phoning for an urgent (999) ambulance.	
c)	Send me to hospital for tests and other treatments, if this is going to be of benefit to me.	

2. If you had a serious infection that was not improving with treatments we can give like antibiotic tablets or syrup, how do you think **you'd like to be cared for?**

a)	Keep me comfortable, assess my health, treat any pain or other symptoms, and continue to care for me in the care home.	
b)	Contact a family member/ close friend, if possible, to talk about whether or not to send me to hospital.	
c)	Send me to hospital for tests and other treatments, if this is going to be of benefit to me.	

Intensive treatments may not help people who are already very frail and in poor health from underlying health problems. It is usually better to care for them in other ways.

3. If you were not eating or drinking because you were now very unwell, how do you think **you'd like to be cared for?**

a)	Keep me comfortable, assess my health, treat any pain or other symptoms, and continue to care for me in the care home.	
b)	Contact a family member/close friend, if possible, to talk about whether or not to send me to hospital.	
c)	Send me to hospital for tests and other treatments, if this is going to be of benefit to me.	

If we think you have a serious fracture (such as a hip fracture) we would usually send you to hospital for treatment, as that would be the best way to care for you.

We can share this information with the people who are close to you by sending them a copy.

If you DO NOT want this information shared with the emergency services, please tick here

Resident's name.....

Date.....