

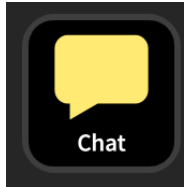
Identifying and managing deterioration in people with learning disabilities



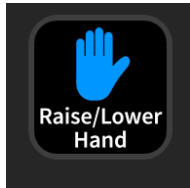
Helping the session run smoothly



Stay on mute unless you are speaking
Cameras off unless speaking



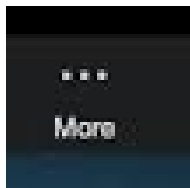
Use the chat for your ideas or questions - we'll be asking some questions for you to take part in



Use 'Hands Up' if you have a question



We can't see you, but you'll see the people speaking



More ... Add your name, workplace & email in chat

Welcome



Better health and care for all

What is **STOP LOOK CARE**?



Better health and care for all

STOP LOOK CARE

Training session objectives

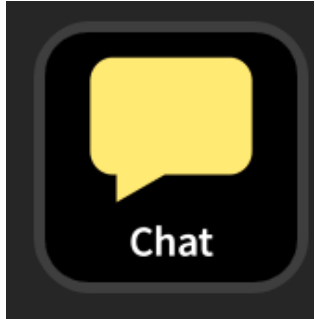
- How the Stop Look Care approach and booklet works
- Why different aspects of observation and care are important, particularly in supporting those with learning disabilities
- How Stop Look Care can help you spot deterioration
- How to escalate what you are observing using the SBARD tool



STOP LOOK CARE - How does it work ?

- Stop Look Care covers a variety of topics of health and wellbeing that complement the Care Certificate
- Each page of the **STOP LOOK CARE** booklet gives an overview of the topic, what good care looks like and how to support the person with learning disabilities you care for or support in these areas
- Stop Look Care uses a traffic light system to help you identify change and to take action
 - **GREEN – ACTION = None**
 - **ORANGE – ACTION = Monitor and Document**
 - **RED – ACTION = REFER – Seek further support and advice**

STOP LOOK CARE - What does it include?



- SBARD
- Basic Life Support
- SEPSIS screening tool
- UTI
 - Prevention
 - Dehydration
 - fluids
- Nutrition
- Swallowing
- Mouth care
- Skin
 - Prevention of pressure damage
 - Excoriation tool
- Mobility and falls prevention
- Frailty
- Breathing
- Continence
- Diabetes
- Medication
- Adult social care
- MCA
- Adult safeguarding
- Mental health
- Dementia
- Delirium
- Pain
- Advance care planning
- Care of the dying

Better health and care for all



[2021 LeDeR report into the avoidable deaths of people with learning disabilities \(kcl.ac.uk\)](https://kcl.ac.uk)

Better health and care for all

STOP LOOK CARE

[LeDeR](#) has identified that the signs of physical health deterioration in people with learning disabilities are not well recognised. You know the person best. The Stop Look Care booklet helps you formulate the different pieces of the puzzle to ensure that a clinician can better identify and treat illness.

STOP LOOK CARE covers the fundamentals of health care and supports you to do the following:

- Understand why different aspects of observation and care are important
- Supports you in what to look for and identify change or deterioration
- Identify what actions to take if you suspect deterioration

Learning from LeDeR

The five most frequently reported long term health conditions 2021

1. Epilepsy
2. Cardiovascular conditions
3. Mental health conditions - high prevalence of schizophrenia
4. Sensory impairment - prevalence in pwld 33% visual imp, 40% hearing imp
5. Dysphagia - 40% with dysphagia experience recurrent respiratory tract infections

Dementia – higher prevalence, onset 30 – 40 years earlier

Oral health – one third adults have unhealthy teeth & gums

The top 5 grouped causes of death 2021

1. COVID-19
2. Diseases of the Circulatory System
3. Diseases of the Respiratory System
4. Cancers - deaths from cancer lower than general population and higher rates of gastrointestinal cancer
5. Diseases of the Nervous System

Constipation and **Sepsis** were also recorded as causes of death reported to LeDeR

Key areas from **STOP LOOK CARE** booklet

- Page 6 Sepsis
- Pages 9-13 UTIs/Hydration
- Pages 34-37 Continence
- Page 15 Nutrition
- Pages 20-21 – Mouthcare
- Page 50 – Pain
- Page 52 – Advance Care Planning
- Page 57 - Care standards

But why? What are the Barriers?

Communication

Diagnostic
overshadowing

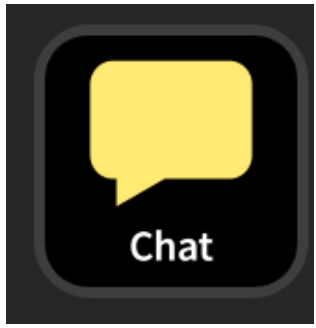
Lack of Knowledge

Lack of reasonable
adjustments

Poor application of
Mental Capacity
Act

Lower uptake
of screening

Discrimination



**How do people communicate if
they are unwell?**
**How do *you* know if someone is
unwell?**

Chat Box Discussion

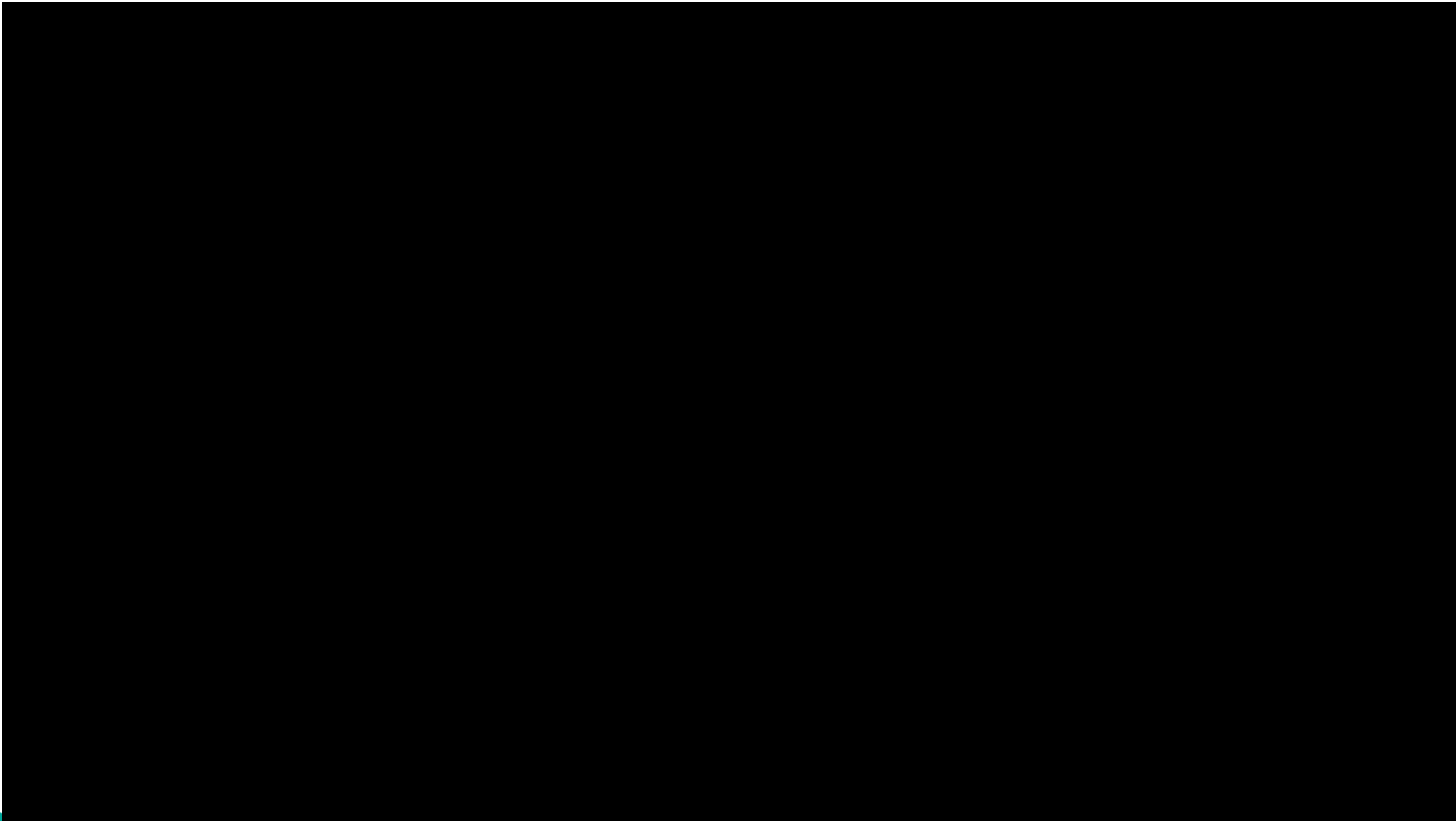
Better health and care for all



Spotting the softer signs of deterioration in people with a learning disability

NHS England and NHS Improvement have also worked with the lead sepsis nurse and lead learning disability nurse at Sherwood Forest Hospitals NHS Foundation Trust to develop a training film. It supports health and care professionals, and carers, to spot the softer signs of deterioration in people with a learning disability. The film features an actor with autism and a learning disability.

<https://www.youtube.com/watch?v=CfIZRfFZj8c&feature=youtu.be>



Better health and care for all

Examples of “Soft Signs”

Soft Signs can be related to many things including:

Changes in physical presentations

- being short of breath
- not passing much urine
- being hot, cold or clammy to touch
- being unsteady while walking

Changes in mental state

- having new or worse confusion
- feeling more anxious or agitated
- being more withdrawn than normal

Changes in behaviour or ability

- increased tiredness
- altered sleep pattern
- reduced inhibitions
- being very restless or hyperactive

SLC – Page 5 tips for recognising a rapidly deteriorating person

SLC – Page 6/7 Sepsis

SBARD Getting your Message Across



SBARD tool (**SLC** - page 4-5)

Better health and care for all



Telling someone you're worried (SBARD)



Health Education England

Better health and care for all

SBARD TOOL Situation Background Assessment Recommendation Decision

S	Situation	<p>I am a carer (Name) working for (Organisation) Tel:</p> <p>I am calling about Mr / Mrs Name; DoB: NHS No: Address</p> <p>I am calling because I am concerned that / I am unsure about / I need advice</p>
B	Background	<p>Their normal condition is (e.g. alert / drowsy / confused / self-caring)</p> <p>How has this changed?</p> <p>Their relevant history includes (e.g. asthma, dementia, ischaemic heart disease)</p> <p>Current medications include (e.g. x, y, z)</p>
A	Assessment	<p>I have found that he / she is (e.g. struggling to breathe / walk / has pain / has injured / confused)</p> <p>Vital signs if equipment available (e.g. blood sugar, temperature, blood pressure, pulse)</p> <p>I think the problem is / may be</p> <p>OR I don't know what's wrong but I'm really worried</p>
R	Recommendation	<p>I now need your assistance</p> <p>I would like you to visit the resident (when is it urgent or routine?)</p> <p>I would like your advice as to what to do next / in the meantime</p>
D	Decision	<p>We have agreed that the following decisions were made and the following action(s) that will now be taken</p> <p>I will record the decision and action in the service users/patients record or communication sheet</p> <p>Record decision and action where appropriate</p>

RESTORE2 Mini

The AHSN Network

NHS
Improvement

Introducing

RESTORE2

Recognise early soft-signs, Take observations, Respond, Escalate



Geoff Cooper
Wessex AHSN



Dr Matt Inada Kim
National Sepsis Lead



Matthew Richardson
West Hampshire CCG

NHS
West Hampshire
Clinical Commissioning Group

Wessex
Patient Safety Collaborative

Better health and care for all

RESTORE2 Mini



Signs someone may be unwell and what should I do?

Ask the person you support – how are you?

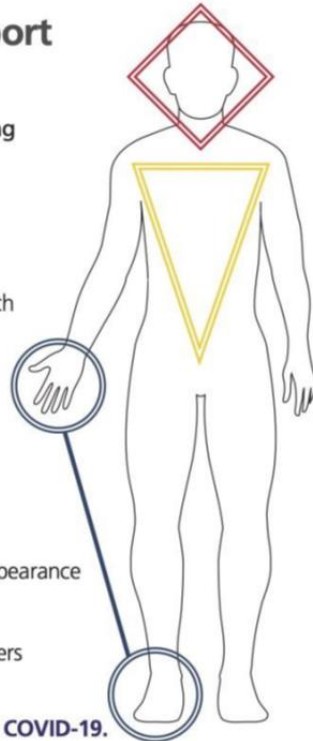
Does the person show any of the following 'soft signs' of deterioration?

- Increasing **breathlessness**, **chestiness** or **cough/sputum**
- Change in **usual drinking / diet habits**
- A **shivery fever** – feel **hot or cold** to touch
- Reduced mobility – '**off legs**' / less co-ordinated or **muscle pain**
- New or increased confusion / agitation / anxiety / pain
- Changes to usual level of **alertness / consciousness / sleeping** more or less
- Extreme tiredness** or **dizziness**
- '**Can't pee**' or '**no pee**', change in pee appearance
- Diarrhoea, vomiting, dehydration**

Any **concerns** from the person / family or carers that the person is not as well as normal.

If **purple signs** are present, think possible COVID-19.

If YES to one or more of these triggers – take action!



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Get your message across

Client name: NHS No. D.O.B.

Raise the alert. If you are a family carer or friend and are worried about the person you support talk to their nurse or GP. In an emergency you may need to call NHS 111 or 999. Support workers or home carers can also do this or consult a colleague or manager. **Try using the SBARD Structured Communication Tool** (below) to support reporting your concerns.

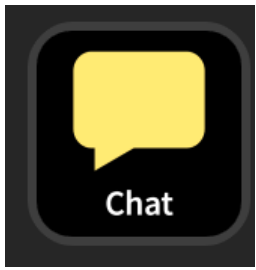
	Key prompts / decisions
S Situation e.g. what's happened? How are they?	
B Background e.g. what is their normal, how have they changed?	
A Assessment e.g. what have you observed / done?	
R Recommendation 'I need you to...'	
D Decision what have you agreed?	

Name of person completing: Signature:
Today's date:

If you are worried about the person, don't just think about it, seek advice.

CS52291 NHS Creative 1/2021

Case Studies



STOP LOOK CARE CASE STUDY

Eileen

Eileen lives in supported living with three peers. Staff are available throughout the day and night. Some of the staff have supported her for many years and know her really well.

Eileen has a severe learning disability and shows you what she wants by taking you to it. She particularly loves tea but is drinking less. She also has a severe scoliosis which over time has resulted in her developing chest problems.

Eileen usually eats a good diet but has recently lost some weight. When Eileen is in pain she may pull at her hair, which she is doing more often. She has recently taken longer to open her bowels and fractured her wrist after a fall.

Mouthcare – pages 20 - 21

Good oral health care enables people to take a normal diet without difficulty. Carers play an important role in supporting people to maintain good oral health. Carers are ideally placed to monitor changes in individual's mouths and refer on as appropriate.

Gum disease and poor oral health may increase the risk of all kinds of other health complications, including:

- **Lack of appetite**
- **Malnutrition**
- **Heart disease**
- **Pneumonia**



Mouth is healthy, clean and moist
No further action required

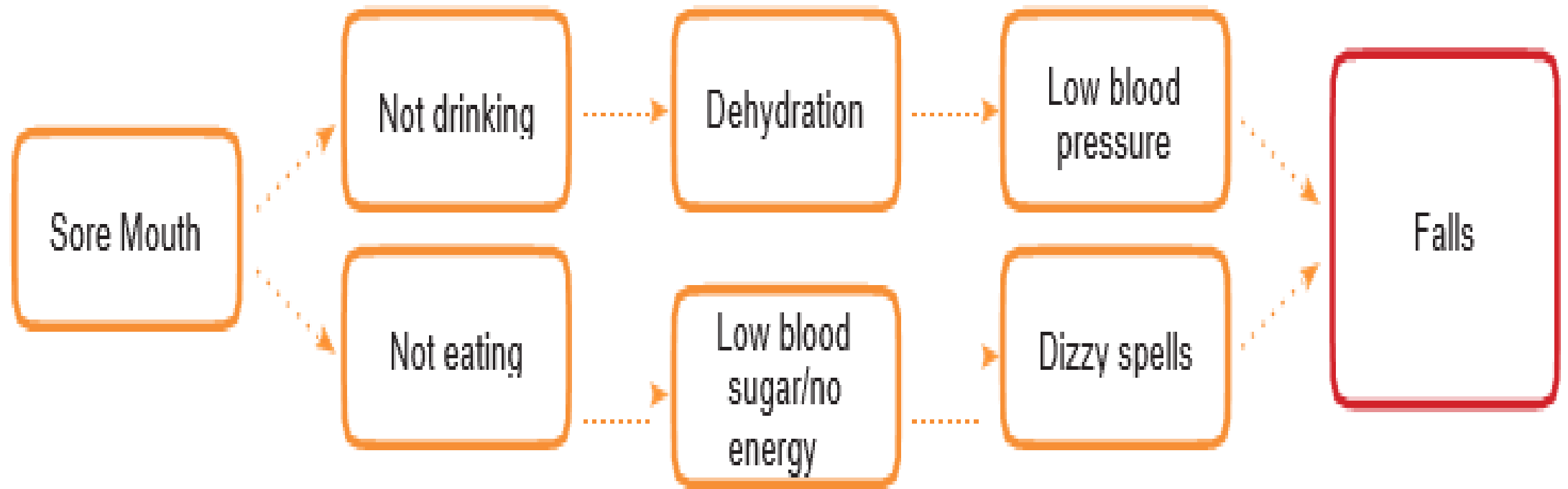
Mouth is dry, food and bits remain around teeth
Monitor, document and support individual with mouth care if needed and explain the importance of mouth care to the individual

Mouth is inflamed, dry and sore or ulcerated
Seek additional support on day identified from GP, or their own Dentist and document

STOP LOOK CARE

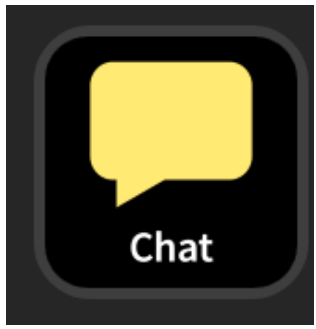
How Stop Look Care can help you spot deterioration

Remember that different conditions or different aspects of poor health can impact on another area of the body.



Guidance on Supporting Mouth-Care

<ul style="list-style-type: none"> ■ Explain how you are going to support them, as some people can feel anxious. Encouraging individuals to look in the mirror whilst being supported will enable them to see what is happening. It can be easier for the carer to stand slightly behind, or to the side, when supporting individuals with oral health care 	<ul style="list-style-type: none"> ■ Some individuals gums may bleed when brushing, this is a sign that their gums are unhealthy. The only way to improve gum condition is to gently brush the bacteria away ■ Teeth should be brushed in a circular motion with a small amount 'pea sized' toothpaste 	<ul style="list-style-type: none"> ■ Ensure dentures are labeled in a denture pot, as these can go missing when individuals are admitted to hospital ■ Loss of dentures may cause great distress and can be expensive and time consuming
<ul style="list-style-type: none"> ■ Ensure the person is comfortable and ensure that you are not rushed. Remember you may not be able to support brushing the person's whole mouth in one go 	<ul style="list-style-type: none"> ■ Encourage people to spit out after brushing and not to rinse ■ It is better to leave a little toothpaste residue in the mouth to maintain fluoride concentration levels 	<ul style="list-style-type: none"> ■ Support individuals with false teeth to clean them daily ■ Dentures should be removed at night and soaked in plain water
<ul style="list-style-type: none"> ■ Support the person twice a day to clean their teeth ■ Replace the tooth brush every three months or sooner if required 	<ul style="list-style-type: none"> ■ The frequency and amount of sugary food and drink should be reduced and where possible, kept to mealtimes 	<ul style="list-style-type: none"> ■ Ensure when the person's dentures are removed they do not have any residual food left in their mouth
<ul style="list-style-type: none"> ■ Dentures which do not fit well can affect eating, drinking and speaking and can be uncomfortable 	<ul style="list-style-type: none"> ■ Frequent oral health care is important for those who are unable to take any food or drink orally. It is important to minimise oral bacteria that might be aspirated, as well as optimising oral comfort 	<p>https://www.dentalhealth.org/tell-me-about/topic/caring-for-teeth/caring-for-my-teeth</p>



Question?

What might you do to help someone who is resistant to mouth care to have good oral hygiene?



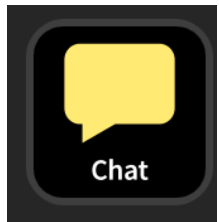
STOP LOOK CARE CASE STUDY

Ernie

Ernie - middle aged gentleman with moderate learning disabilities.

He has always had difficulties with constipation due to having Hirschsprung's disease (affects nerve supply to the bowel) and has regular prescribed medication for this.

Generally, a very happy gentleman however recently there have been changes in that he has not been eating or drinking which is unusual for him.



What would you do next ?

- One evening Ernie started vomiting and had explosive diarrhea
- He was clutching his stomach and indicating to staff that he was in pain










What happened next...

- Ernie was admitted to A & E where he was scanned and found to have a severely impacted bowel, which required surgical intervention and unfortunately had to have part of his bowel removed as it was damaged
- Fortunately this did have a good outcome and Ernie recovered well from the operation. He was able to return home after two weeks in hospital

Continence - Pages 36-37

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Bowels normal for individual
No further action required

Change in bowel habit, constipation without pain,
make a routine referral to GP.

**Monitor, document and support individual with
continence care if needed.**

**If stools are very dark (black) or very pale
encourage the person to speak with their GP.**

Some medications can change the colour of stools,
this can be discussed with a pharmacist.

Better health and care for all

Supporting Good Health in Adults with a Learning Disability








Better health and care for all

Things we can do to support good health

- ✓ Check that people are on the GP Learning Disability Register
- ✓ Arrange an Annual Health Check at their GP surgery for any person who has not had one or is overdue for one
- ✓ Support people to complete the Getting Ready for Your Annual Health Check booklet
- ✓ Support people to complete the My Care Passport
- ✓ Book an appointment with the GP to review a person's medications
- ✓ Check if the person/people you support are up to date with their cancer screening
- ✓ Check that people are up to date with Vaccination programmes (Flu / Covid)
- ✓ Check the person has been given a Health Action Plan and actions on the plan are being carried out

Sussex Annual Health Check Resources



Getting ready for your Annual Health Check	
Annual Health Checks are: To help you stay well and healthy	
About having an Annual Health Check – click link for Easy Read Guide	
	Name:
	Address:
	Date of birth:
	Phone:
	Email:

- Getting Ready for your Annual Health Check
- Guide for Carers
- Easy Read resources

<https://www.sussex.ics.nhs.uk/your-care/local-nhs-services/support-for-people-with-a-learning-disability/>

My Care Passport

This is me
My Care Passport

It should be kept with me and brought with me into any care setting, including hospital.

 Click here to add your photo from your computer

My name is:

I like to be known as:

Please return my passport to me when I go home.

This is essential reading for all staff working with me. It gives important information about me. This passport should be kept safe and used when you talk to me or think about me.

 **Things you must know to keep me safe**

 **Things that are important to me**

 **My likes and dislikes**

This passport is part of the National Health Service, owned and operated using NHS resources. For more information, visit www.nhs.uk/MyCarePassport. It is free of charge. Do not add photos or other information.

Have people you support got an up-to-date My Care Passport?

You can download it from this [link](#)

STOP LOOK CARE Recap



STOP LOOK CARE – Care Standards

Benefits to you, your service and those you care for

- ✓ The health inequalities people with learning disabilities are known to face can be reduced
- ✓ Staff are empowered, trained and supported to recognise deterioration in health and wellbeing and make the right decision when this happens
- ✓ Staff have increased confidence to request care that evidence shows is required
- ✓ Supports the development of relationships with health services to better understand each other's role
- ✓ Supports CQC preparedness and achievement
- ✓ Supports the development and management of workforce with the potential for a positive effect on recruitment and retention

STOP LOOK CARE

What have we learnt today?

- How to reduce the health inequalities people with learning disabilities are known to face by getting quick and good health care
- How the Stop Look Care approach and booklet works
- Why different aspects of observation and care are important
- How can Stop Look Care help you spot deterioration
- How to escalate what you are observing using the RESTORE 2 mini tool and SBARD

Resources



Better health and care for all

STOP LOOK CARE - Resources



Stop Look Care Booklet

<https://www.sussex.ics.nhs.uk/wp-content/uploads/2021/02/240673-Care-Booklet-Final.pdf>

Videos

<https://www.sussex.ics.nhs.uk/our-vision/priorities-and-programmes/supporting-carers/stop-look-care-training/>

Better health and care for all

Manage - RESTORE2 Mini

RESTORE2 - The Deterioration and Escalation Tool for Care



Signs someone may be unwell and what should I do?

Ask the person you support – how are you?

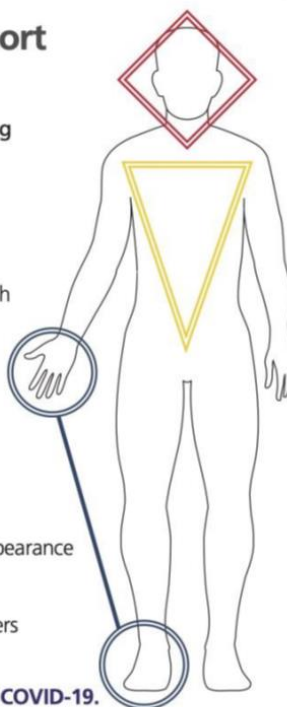
Does the person show any of the following 'soft signs' of deterioration?

- Increasing **breathlessness**, **chestiness** or **cough/sputum**
- Change in **usual drinking / diet habits**
- A **shivery fever** – feel **hot or cold** to touch
- Reduced mobility – **'off legs'** / less co-ordinated or **muscle pain**
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- Changes to usual level of **alertness / consciousness / sleeping** more or less
- Extreme tiredness** or **dizziness**
- 'Can't pee'** or **'no pee'**, change in pee appearance
- Diarrhoea, vomiting, dehydration**

Any **concerns** from the person / family or carers that the person is not as well as normal.

If purple signs are present, think possible COVID-19.

If YES to one or more of these triggers – take action!



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[ings. - Yc](#)

Get your message across

Client name: NHS No. D.O.B.

Raise the alert. If you are a family carer or friend and are worried about the person you support talk to their nurse or GP. In an emergency you may need to call NHS 111 or 999. Support workers or home carers can also do this or consult a colleague or manager. **Try using the SBARD Structured Communication Tool** (below) to support reporting your concerns.

	Key prompts / decisions
S Situation e.g. what's happened? How are they?	
B Background e.g. what is their normal, how have they changed?	
A Assessment e.g. what have you observed / done?	
R Recommendation 'I need you to...'	
D Decision what have you agreed?	

Name of person completing: Signature:

Today's date:

If you are worried about the person, don't just think about it, seek advice.

CS52291 NHS Creative 1/2021

[RESTORE2 What Is It – YouTube](#) (4 mins)

Better health and care for all



2021

[2021 LeDeR report into the avoidable deaths of people with learning disabilities \(kcl.ac.uk\)](https://kcl.ac.uk)

[LeDeR - Action from learning reports](#)

[Learning disability and autism - Sussex Health and Care \(ics.nhs.uk\)](https://ics.nhs.uk)

HEE - Training Videos

- Introduction to sepsis and serious illness
- Preventing the spread of infection
- Soft signs of deterioration
- Measuring the respiratory rate
- Measuring oxygen saturation
- Measuring blood pressure
- Measuring the heart rate
- Measuring level of alertness
- How to measure temperature
- SBARD - Structured communication and escalation
- Treatment escalation plans and resuscitation
- Recognising deterioration in people with a learning disability
- How to use your pulse oximeter and Covid-19 diary

Blood Pressure monitoring








[Understand Your Blood Pressure.pdf
\(ics.nhs.uk\)](#)

[Easy Read information](#)

Measuring blood pressure
[Youtube video](#)

Sussex Annual Health Check Resources



Getting ready for your Annual Health Check	
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My Care Passport

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 **Things that are important to me**

 **My likes and dislikes**

This passport is part of the National Health Service, and is supplied using public funds. It is not for sale. For more information, visit www.nhs.uk/your-visit/help-and-support/learning-disabilities/

Have people you support got an up-to-date My Care Passport?

<https://www.bsuh.nhs.uk/your-visit/help-and-support/learning-disabilities/>

My Care Passport download link

Client's name:	
DoB:	Gender:
Unit/ward:	NHS No:
Your name:	Date completed:
Names of others who helped complete this form:	
DisDAT is Intended to help identify distress cues in people who because of cognitive impairment or physical illness have severely limited communication. Designed to describe a person's usual content cues, thus enabling distress cues to be identified more clearly. NOT a scoring tool. It documents what many staff have done instinctively for many years thus providing a record against which subtle changes can be compared. This information can be transferred with the client or patient to any environment. Only the first step. Once distress has been identified the usual clinical decisions have to be made by professionals. Meant to help you and your client or patient. It gives you more confidence in the observation skills you already have which in turn will help you improve the care of your client or patient.	
INSTRUCTIONS FOR USING DisDAT ARE ON THE BACK PAGE	
SUMMARY OF SIGNS AND BEHAVIOURS	
Appearance when CONTENT <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Face Eyes </div> <div style="margin-top: 10px;">Tongue/jaw</div> <div style="margin-top: 10px;">Skin</div>	Appearance when DISTRESSED <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Face Eyes </div> <div style="margin-top: 10px;">Tongue/jaw</div> <div style="margin-top: 10px;">Skin</div>
Vocal signs when CONTENT <div style="margin-top: 10px;">Sounds</div> <div style="margin-top: 10px;">Speech</div>	Vocal signs when DISTRESSED <div style="margin-top: 10px;">Sounds</div> <div style="margin-top: 10px;">Speech</div>
Habits and mannerisms when CONTENT <div style="margin-top: 10px;">Habits</div> <div style="margin-top: 10px;">Mannerisms</div> <div style="margin-top: 10px;">Comfortable distance</div>	Habits and mannerisms when DISTRESSED <div style="margin-top: 10px;">Habits</div> <div style="margin-top: 10px;">Mannerisms</div> <div style="margin-top: 10px;">Comfortable distance</div>
Posture & observations when CONTENT <div style="margin-top: 10px;">Posture</div> <div style="margin-top: 10px;">Observations</div>	Posture & observations when DISTRESSED <div style="margin-top: 10px;">Posture</div> <div style="margin-top: 10px;">Observations</div>
Known triggers of distress (write here any actions or situations that usually cause or worsen distress)	

DisDat

Disability distress
assessment tool –
baseline assessment
and what may change
and how if someone
with very limited verbal
communication is in
pain or distress.



Stopping over medication of
people with a learning disability,
autism or both

**Stopping over medication of
people with a learning disability,
autism or both (STOMP)**

<https://www.england.nhs.uk/wp-content/uploads/2018/02/stomp-easy-read-leaflet.pdf>



**Preparing to visit a Doctor to talk
about psychotropic medication**



Adobe Acrobat
Document

Oral Health Care

STOP LOOK CARE guidance on oral health care, pages 20 - 21

[Improving-oral-health-for-adults-in-care-homes](#) guidance on how to support people to have healthy teeth and gums, and includes an oral hygiene chart and oral care assessment.

PHE Guidance on Oral care and people with learning disabilities [good oral care](#).

Oral health assessment tool

Resident: _____ Completed by: _____ Date: _____

Scores - You can circle individual words as well as giving a score in each category
(* if 1 or 2 scored for any category please organise for a dentist to examine the resident)
0 = healthy 1 = changes* 2 = unhealthy*

Lips:	Dental pain:	Natural teeth Yes/No:
Smooth, pink, moist 0	No behavioural, verbal, or physical signs of dental pain 0	No decayed or broken teeth or roots 0
Dry, chapped, or red at corners 1	There are verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression 1	1-3 decayed or broken teeth or roots or very worn down teeth 1
Swelling or lump, white, red or ulcerated patch; bleeding or ulcerated at corners 2	There are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal and/or behavioural signs (pulling at face, not eating, aggression) 2	4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth 2

Oral cleanliness:	Dentures Yes/No:
Clean and no food particles or tartar in mouth or dentures 0	No broken areas or teeth, dentures regularly worn, and named 0
Food particles, tartar or plaque in 1-2 areas of the mouth or on small area of dentures or halitosis (bad breath) 1	1 broken area or tooth or dentures only worn for 1-2 hours daily, or dentures not named, or loose 1
Food particles, tartar or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath) 2	More than 1 broken area or tooth, denture missing or not worn, loose and needs denture adhesive, or not named 2

Saliva:	Tongue:	Gums and tissues:
Moist tissues, watery and free flowing saliva 0	Normal, moist roughness, pink 0	Pink, moist, smooth, no bleeding 0
Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth 1	Patchy, fissured, red, coated 1	Dry, shiny, rough, red, swollen, 1 ulcer or sore spot under dentures 1
Tissues parched and red, little or no saliva present, saliva is thick, resident thinks they have a dry mouth 2	Patch that is red and/or white, ulcerated, swollen 2	Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures 2

Organise for resident to have a dental examination by a dentist
Resident and/or family or guardian refuses dental treatment
Complete oral hygiene care plan and start oral hygiene care interventions for resident
Review this resident's oral health again on date: _____

With kind permission of the Australian Institute of Health and Welfare (AIHW). Source: AIHW Caring for oral health in Australian residential care (2009). Modified from Kayser-Jones et al. (1995) by Chalmers (2004).

TOTAL: _____
SCORE: 16

Oral Health Promotion Teams

Brighton & Hove Specialist Dental Care Service Oral Health Promotion Team Email: sc-tr.ohp@nhs.net	West Sussex Special Care Dental Services (SCDS) (sussexcommunity.nhs.uk)
East Sussex Special Care Dental Service Tel: 0300 131 4542 Email: esht.communitydentalservice@nhs.net Special Care Dental Service – East Sussex Healthcare NHS Trust	

Constipation and people with a learning disability



- [Constipation leaflet easy read](#)
- <https://www.england.nhs.uk/publication/constipation-learning-disability-resources/>
- [Constipation leaflet - Information for families and carers](#)
- [Constipation leaflet - Information for health care professionals](#)
- [Preventing people with LD Dying from Constipation – Webinar](#)

Flu / Covid vaccination



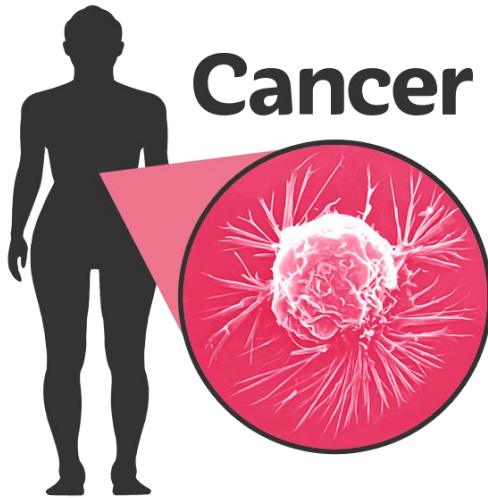
- Check people are up to date with Vaccination Programmes
- Support people to ask for reasonable adjustments
- Can the Flu vaccination be done at the Annual Health Check?

Vaccination: easy read leaflets

Flu <https://www.gov.uk/government/publications/flu-leaflet-for-people-with-learning-disability>

Covid <https://www.gov.uk/government/publications/covid-19-vaccination-easy-read-resources>

Screening Programmes



- Check to see if people are up to date with screening programmes
- Encourage people to take part in screening programmes

An easy guide to cervical screening:

<https://www.gov.uk/government/publications/cervical-screening-easy-read-guide>

An easy guide to breast screening:

<https://www.gov.uk/government/publications/breast-screening-information-for-women-with-learning-disabilities>

How to look after my balls:

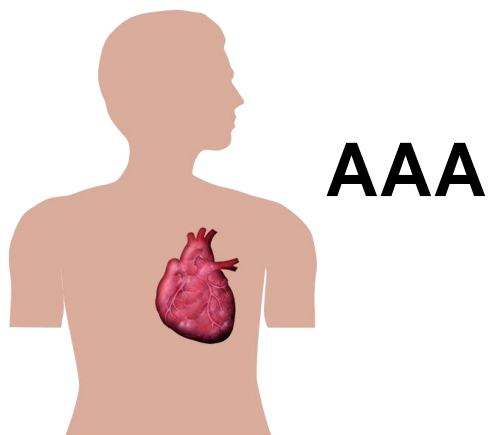
<https://www.easyhealth.org.uk/wp-content/uploads/2020/03/How-to-look-after-my-balls.pdf>

Abdominal Aortic Aneurysm or AAA screening:

<https://www.easyhealth.org.uk/wp-content/uploads/2020/03/Abdominal-Aortic-Aneurysm-AAA-Screening.pdf>

Bowel Screening an Easy Guide:

<https://www.gov.uk/government/publications/bowel-cancer-screening-easy-guide>



Better health and care for all



<https://www.easyhealth.org.uk/>

Large collection of easy read leaflets that have been developed by a variety of organisations



<http://www.easyonthei-leeds.nhs.uk/all/>

Easy read image bank

Contacts



Better health and care for all

Health Facilitation Contacts

Brighton & Hove Tel: 01273 296507 Mobile: 07517131341 Email: Jane.Viner@brighton-hove.gov.uk	West Sussex Tel: 01403 620438 Email: sc-tr.ldhf-horsham@nhs.net
East Sussex Email: sxicb.lidahfteastsussex@nhs.net	Sussex ICB Learning Disability Annual Health Check enquiries Email: sxicb.learningdisabilityahc@nhs.net

And finally...

Thank you



Any questions?

