Helping to deliver personalised care using the Universal Care Plan

A ‘how to’ guide for care homes

Contents

If you are **new to using** the Universal Care Plan you should find **all sections** of the document useful.

If you are **already using** the Universal Care Plan you might want to focus on **sections 7-10**.

Section 1: Introduction

This document has been developed to support care home staff to use the Universal Care Plan (UCP). It has been informed by discussions with a range of social care and health staff, including care home colleagues. It aims to explain what the UCP is, how to access/use it, the benefits, and where to get help if required. There is also a frequently asked questions section.

You may want to read the whole document or individual sections as you need them.

This guide is intended to be used alongside other resources provided by the Universal Care Plan team, and you will find links to these and other helpful resources throughout.

In this guide, the term ‘residents’ is used to describe people who live in a broad range of care settings. We recognise that other common terms are: ‘person in receipt of care’ or ‘service user’.

Section 2: What is the Universal Care Plan?

The Universal Care Plan (UCP) programme is an NHS service, and a **digital tool** used to **record and share** the **personalised care and support wishes of a resident,** with their **health and care professionals** across London as appropriate.

The UCP was launched in 2022 and replaced Coordinate My Care (CMC), which was launched in 2010. You may have also heard it referred to as the Urgent Care Plan as the UCP started as an end-of-life care planning tool. The UCP has since been expanded to support people with other long-term conditions. This includes people with conditions such as sickle cell disease, dementia, frailty and learning disabilities.

For information on future UCP updates or expansions, please visit the website by clicking here: ucp.onelondon.online

Section 3: What is in a Universal Care Plan?

A UCP is created following a conversation between the resident and a healthcare professional, such as a GP, care home matron or hospice staff. The conversation can also include the resident's family or carers, if they wish. In some cases, when a resident cannot fully participate in the decision-making, family members or the Lasting Power of Attorney (LPA) can have these conversations on behalf of the resident.

The conversation should include:

- What is important to the resident in their day-to-day life.

- Their preferences or wishes about their care. For example, their wishes for treatment of reversible conditions, often referred to as ceilings of care, or hospital conveyance.

- What support they need, and who is best placed to provide this.

- Information about others who may be involved in their care, such as relatives or carers.

The UCP is a live document which can and should be updated as a resident's care needs change.

Residents can view their UCP via the NHS App and should be encouraged to do so if devices are available.

Section 4: Why use the Universal Care Plan?

Benefits for your residents, their families and carers

- The UCP is a shared record. This means that residents, their families and carers **do not have to repeat conversations** about care preferences which can often be distressing.
- Residents can share their **preferences for their personal care**, which helps support their **wishes to be respected** and gives them a **sense of dignity.**
- It helps to explain how to **manage a resident's symptoms effectively**.
- The plan provides clear information, which can help to **reduce confusion and stress**, particularly in an emergency.
- The plan outlines a resident's **preferred place of care**, for example in the care home or in a hospital.
- The plan's information follows residents to different care settings, ensuring **consistency of care**.
- Residents and families may find comfort in knowing the **residents' final wishes are documented** and will be **followed at the end of their life**.

Benefits for care home staff

- Care home staff may feel more empowered and confident in **handling emergencies** as they can follow the directions given in the UCP.
- It **provides clarity** on the usual condition of a resident, so staff have a better understanding of which clinical decisions should be made.
- The information from the plan provides a **clear line of escalation**, **reducing pressure** on staff to make difficult decisions.
- The UCP also **provides a structure** which can help staff further **develop skills** and **knowledge of advance care planning**.

Benefits for your care home

- The UCP will help to **support your residents' voices to be heard** and their **wishes to be respected**.
- It can be used to **structure difficult conversations about a resident's care with their families and carers**.
- It can be **used in line with other assessments** such as resident care plans, risk assessments and comprehensive geriatric assessments.
- The UCP can help **enable clear communication** with GPs, ambulance crews, urgent community response teams etc., further strengthening relationships between these services and other social care and health professionals.
- It provides **a clear framework that speeds up processes** and helps with clinical decision making, enabling decisions on next steps for a resident's care to be made more quickly.
- The UCP may help **residents to remain in their chosen place of care** by reducing callouts by London Ambulance Service (LAS) and hospital admissions.

Benefits for your care home (continued)

- The UCP can support care homes' **compliance with Care Quality Commission (CQC)** standards as it meets several criteria:
    - **Safe** - improves the safety of residents by having a visible and accurate record of health information and care preferences.
    - **Effective** - can reduce the number of unnecessary London Ambulance Service (LAS) callouts and conveyances to hospital where this is not in line with the resident's wishes.
    - **Caring** - clinical decision making may be improved to provide better outcomes for residents.
    - **Responsive** - information about residents can be used to support clinical decision making.
    - **Well-led** – the UCP is a shared platform which means that everyone involved in a resident's care should have information to make informed decisions for the resident, which may also improve collaboration and partnership working with external agencies and organisations.

Benefits for the wider health and care system

- The resident's voice is **consistently represented**, and their wishes are easily viewable by the multidisciplinary teams and organisations involved in their care.
- Everyone is clear on what the plan is for each resident. This enables care home staff and other health and care colleagues to **work together** to ensure better outcomes for residents.
- The UCP **enhances communication** with urgent and emergency care services and helps to make **important information easy to access** while remaining **secure** for everyone involved.

For a printable summary of all the benefits of UCP and a benefits overview slide see the **Extra Information** section.

Section 5: How to get started with the Universal Care Plan

Step 1: Determine how you will access the UCP in your care home

→ See '**Accessing the UCP**' (page 11-16)

Step 2: Meet with the social and health care teams in your area to plan how to use the UCP

→ See '**Who does what**' (page 17-18)

Step 3: Take steps to include the UCP in your working practices and procedures

→ See **page 19** onwards

Section 6: Accessing the Universal Care Plan

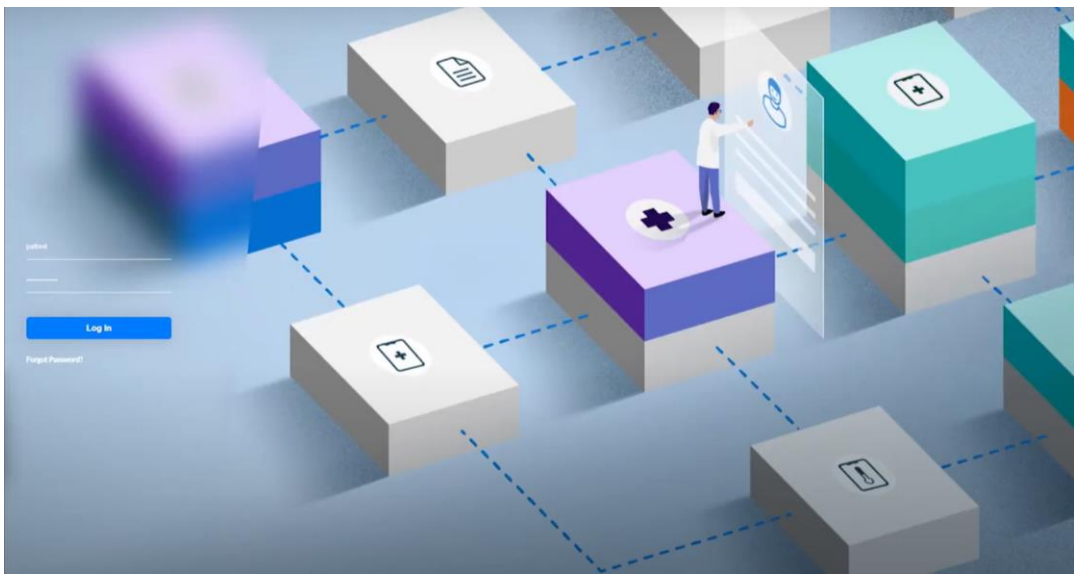
You will either use the UCP Web Portal or the London Care Record to access the UCP. If your home already has access to the London Care Record see page 16. If you do not currently have access to the London Care Record, follow the guidance below to access the UCP via the Web Portal.

Accessing the UCP via the UCP Web Portal

The five London Integrated Care Boards (ICBs) have made local decisions about how the UCP can be used in local care homes. The role of the ICB is to support health and care providers to work together, allocate NHS budgets and commission services for the population, taking over the functions previously held by clinical commissioning groups (CCGs).

Staff will have *read only* or *editable* access to the UCP (depending on their role). When you sign up for the UCP you will be able to see what type of access you have got. See the examples on the following pages.

Sign up to the web portal via the UCP website: ucp.onelondon.online/access



Examples of how the UCP is being accessed in London care homes

As described on page 11, the five London Integrated Care Boards (ICBs) have made local access decisions.

These are some of the different ways care homes are using the UCP across London. Not all of these examples will apply to your area of London. For further information about the access in your area please contact your ICB lead, if you know who this is. If you do not know your ICB lead, please contact the UCP Team: ucp.onelondon.online/contact

Example 1: If you are a **non-clinical member of staff**, for example a care home manager, you **may** be given access to **edit** the first five sections of the plan. These are:

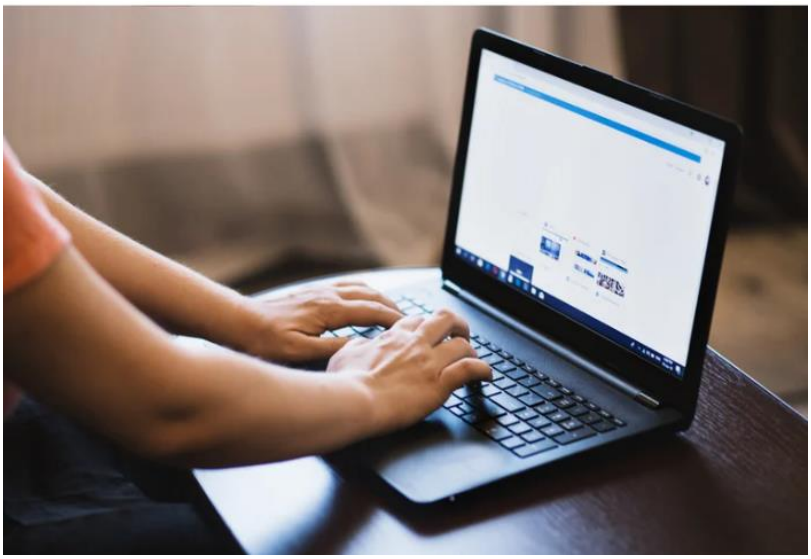
a) Personal Information
b) Professional and Personal Contacts
c) Alerts
d) Communication and Accessibility
e) What Matters to Them

Example 2: If you are a **clinical member of staff**, for example a care home nurse, you **may** be given access to **edit all of the sections listed above**, and further sections such as:

a) Diagnosis and Prognosis
b) Symptom Management Plan
c) CPR and Treatment Escalation (where appropriate within your scope of practice)
d) Thinking Ahead
e) Medications and Allergies
f) Daily Activities and Support Needs
g) Medical Devices

Example 3: In some areas of London, care homes will have read-only access, as decided by your local Integrated Care Board (ICB).

This could be the case for you if you are a non-clinical care home manager or a registered care home nurse. Your Integrated Care Board has decided that you can view the UCP web portal, but you are unable to edit or create plans. You will still be able to add residents to your dashboard. If residents need a plan creating or updating, you will need to contact your care home support team or local GP to discuss this.



Example 4: Some care home staff might **not be able to access** the UCP electronically. This could be because your home is not compliant with the Data Security and Protection Toolkit (DSPT), or you don't have an email address which meets the eligibility criteria (see page 14 for more information), or your local Integrated Care Board has decided that no roles within the care home can access the UCP. Where this case, in some parts of London, the **Care Home Support Team or GP practice are providing copies** of the plan.

How to get started with the UCP web portal

To begin accessing the Universal Care Plan via the UCP Web Portal, you need to complete the following steps.

Step 1: Make sure your care home is compliant with the Data Security and Protection Toolkit (DPST). You can find out more about the DSPT by clicking here. This is to make sure your home has the required Information Governance and Security Standards to access and manage sensitive patient information.

Step 2: Ensure you have a named email address that only you have access to and is provided by your organisation, or an NHS email address. Ensuring that the email address can only be accessed by you is necessary to ensure that residents' information is secure and only being accessed by people who are caring for them.

Email example	Will it work for the UCP web portal?
John.smith@yourcarehomename.co.uk	YES
John@yourcarehomename.co.uk	YES
John.smith@yahoo.co.uk John.smith@gmail.co.uk John.smith@hotmail.co.uk	NO – not linked to your organisation
John.smith@nhs.net	YES
Manager@nhs.net	NO – not linked to a specific person
manager@yourcarehomename.co.uk	NO – not linked to a specific person

Step 3: Apply for a web portal log in on the UCP website. The link to apply can be found here: ucp.onelondon.online/on-boarding

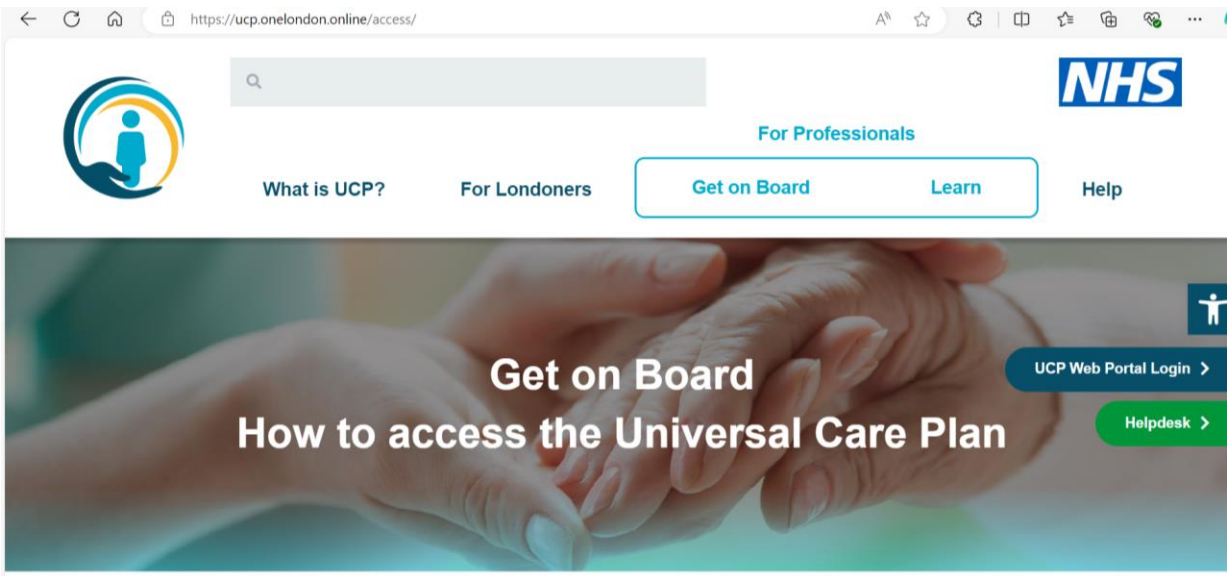
- The UCP team will aim to issue your login details within three working days. Look for a confirmation email from ucp.better@nhs.net. This will include:
    - your username
    - a link to activate your account and set your password
    - and instructions on how to access the UCP

Be sure to check your junk folder as well

Step 4: Set up your profile on the Web Portal and read the section: '**How to use the UCP in your home**'

For more information on access, please see the UCP website:

ucp.onelondon.online/access



How to get started with the UCP via the London Care Record

If your care home has access to the London Care Record (LCR), you may be able access the UCP via the LCR. Please note your access is based on your role and will be either *read only* or *editable* access.

What is the London Care Record?

The London Care Record is a read-only summary of someone's health and care information. It tells you what has happened and the resident's current condition, whereas the UCP tells you about what the resident would like in the future and their care needs.

The London Care Record includes general health information such as medications, vaccinations, allergies, and more. It should also have a record of clinical results and any interactions with the health and care system, for example, with GPs, hospitals, the London Ambulance Service, community or mental health services and social care.

The **London Care Record** tells you about what has happened to a resident and their current condition.

→

The **Universal Care Plan** tells you about what the resident would like to happen for their future care needs.

Access and Eligibility

Access to the LCR depends on what Digital Social Care Record system your home is using. You can get access to the LCR, and the UCP within the LCR platform, if your care home is using Person Centered Software (PCS). If your care setting uses PCS, you should contact your Integrated Care Board lead to apply for access the LCR. As of January 2025, the LCR team is working on expanding access to care homes using Nourish, Care Vision and Care Beans in some parts of London. If your care setting uses one of these systems, you can contact your Integrated Care Board (ICB) lead to apply to access the LCR.

If you do not know your ICB lead, please contact: england.londonshcr@nhs.net

For more information on the London Care Record visit their website:

onelondon.online/london-care-record

Section 7: How to use the Universal Care Plan in your home

The UCP works best when all parts of the health and care system are using it. The best way to get the most out of the UCP is to make it part of your everyday policies, processes and procedures. The following recommendations suggest how and when you might use the UCP in your care setting and have come from care home providers and other health and care professionals.

When you first start to use the UCP

Step 1: Search for all residents to check if they have a UCP. Please note this is only relevant if you are using the UCP Web Portal.

- It is recommended you search for their name **and** NHS number to avoid incorrect individuals coming up in the search.
- If you do not have their NHS number, check their date of birth is correct.

Step 2: For residents who do not have a UCP bring this to the attention of your GP/Care Home Support Team at your next care home MDT meeting.

Who does what?

All health and care providers should be referring to a resident's Universal Care Plan when providing care. However, due to the different ways of working across London, it can be hard to know who should do what.

It is recommended that you arrange a meeting with relevant health and care professionals such as the GP, care home support team etc. to discuss roles and responsibilities and agree locally who is going to complete which sections of the UCP.

As an example, you can use the table below to keep a record of which sections of the UCP you or your stakeholders will fill out. Once completed, you can copy this information into your standard operational plan or policy for your care home.

	Staff within the services who can complete the UCP section					
Section of UCP	Your care setting	Secondary Care	Primary Care	Hospice	Community Physical Health	Community Mental health
Personal Information	Auto populates from NHS spine					
Personal & Professional Contacts						
Alerts						
Communication and Accessibility						
What Matters to Them						
Diagnosis and Prognosis						
Symptom Management Plan						
CPR and Treatment Escalation Decisions						
Thinking Ahead						
Medication and Allergies						
Daily Activities and Support Needs						
Medical Devices						

Table created by the Greenwich UCP Task and Finish Group and shared here with permission

What to do pre-admission

Prior to a new admission, if your area has a Trusted Assessor and has assessed the resident on your behalf, ask them to share the potential resident's UCP, and ensure that it is updated before the potential resident leaves the hospital.

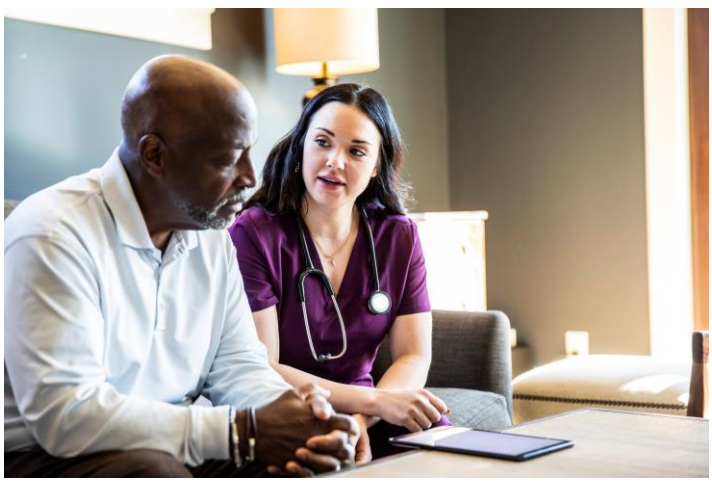
If you're doing your own assessment in hospital, please ask the hospital staff to share the UCP and remind them to update it before the potential resident leaves hospital.

If you're assessing someone in their own home, ask them/their relatives if they have a UCP, and to share it with you.

When a new resident is admitted to the home

The UCP can improve partnership working with resident and families so when a new resident is admitted to the home, check to see if they have an existing UCP.

- If they do, and you are using the UCP Web Portal, you can pin them to your dashboard so you can easily find them again. You can do this by clicking "*Mark as my Patient".* You can also register the resident to your organisation.
    - For more information on how to do this refer to the guide by clicking here: Worklist Guide
- If they do not, aim to get a UCP set up for a new resident within the first 6 weeks of them being admitted into the home. Discuss this at your next care home meeting with your GP/care home support team.
    - Once this has been set up, support the resident to access their UCP via the NHS App.



When there is a change in a resident's health or circumstances

A resident may wish to change information on their UCP, for example their resuscitation status, their preferred place of care, or their ceilings of treatment. They may change their information at any point. If a resident raises this with you, ensure the care home manager is notified so that this information can be shared with the care home multi-disciplinary team (MDT) at the next meeting.

When there is a change in a resident's health, discuss this in the next meeting with your GP or MDT. You can work together to decide if the UCP needs updating, ensuring the resident and their relatives are involved, and agree to any changes.

When a resident returns from hospital, request that hospital staff update the UCP with any changes, and check that these changes have been discussed and agreed with the resident and/or their relatives prior to discharge.

When the **London Ambulance Service (LAS)** is called, **please remind them the resident has a UCP**. LAS staff are able to see an overview of the information in a resident's UCP on their portable devices. This means that the UCP can inform important clinical decisions, so the resident's voice is at the centre of decision making.

Including the UCP in existing policies, processes and procedures

The UCP should be written into care home's existing policies, processes and procedures such as: Admissions Policy, Care Plan Policy, End of Life Policy, Record Keeping Policy, New Staff Inductions etc.

The UCP should be also be referred to in your home's escalation and deterioration pathway and handovers with other health and care professionals. Be sure to let them know that your care home is using UCPs.

Another way to ensure the UCP is being used on a regular basis is to include it as a topic for discussion in all relevant meetings. See the examples below:

- Resident meetings
- Relative meetings
- GP home rounds
- Multi-disciplinary team (MDT) meetings
- Handovers between staff
- One-to-one supervision with staff
- Resident of the day
- Team meetings

Training resources

For additional support:

- A range of e-learning resources are available on the UCP website. Some take just a few minutes and others take longer depending how much time you have. You can access the training here: ucp.onelondon.online/training
- You could ask your local hospice whether they can run advance care planning training for your staff.

More ways to support the use of the UCP in your care home

Get staff onboard with the UCP

- Use the **Why use the Universal Care Plan** section on pages 6-9, or the summarised versions in **Extra Information**, as part of your staff training and in staff meetings. Taking the time to explain the benefits to staff will help them understand the value of the UCP, how it can support residents, help them in their roles and enable the care home to deliver better quality care.

Maximise the number of staff with access to the UCP

- If possible, try to have several day and night staff members set up on the UCP web portal or the London Care Record with their own login details. This ensures there is always someone on duty who can access the UCP in the home.

Identify a dedicated UCP champion in your care home

- This person could be responsible for checking the new resident's UCPs, reminding others at meetings and helping other members of staff sign up.

Let visitors know your care home is using the UCP

- There are posters that can be printed in colour, or black and white, to show anyone coming into the home they can ask about the UCP. The posters have a space for you to add contact details, so visitors know which staff member to speak to about the UCP in your home. You can **print the posters** from the link in the **Extra Information** section.

Who can help?

Depending on the query you have, there are many people who can help.

Please note that job titles given on page 24 may differ depending on the area of London you are working in.

Technical issues with the UCP

- The UCP helpdesk:
    - Contact details can be found here: ucp.onelondon.online/contact
- Some areas have access to local colleagues who support care homes to use technology and digital tools. For example, Digital Integration Support Liaison Officers (DISLOs), Health and Social Care Integration Officers (HSCIOs), Clinical Digital Educators, Digital Support Workers, or other similar roles.

Out of date or missing information on a UCP

- If it is within your scope of practice and your UCP permissions to add and update information, please make the necessary changes yourself.
- If clinical information needs to be added or updated, contact your care home GP.
- Contact the local UCP lead for your area to find out who can make changes for you.
    - If you don't know who this is, please speak to your care home support team in the first instance.
    - If they are unable to help or you are unsure who to go to, you can contact the UCP Team on: ucp.onelondon.online/contact
- Contact your Care Home Support Team
    - They can be called different things in different areas such as Care Homes Assessment Team (CHAT), Care Home Liaison Team (CHLT) and Joint Emergency Team (JET). Your care home support team might also have a lead or community matron role.

Other support

It is recommended that you speak to all the other health and care professionals that your home has contact with, to understand who else is able to create UCPs or update them following a change to a resident's health. Please note this varies across London.

Below we have provided a list of possible colleagues you can speak to. This list is not complete nor limited to the examples given. There may be additional support in your area, and you may also find job roles in your area have different titles:

- Admiral Nurse
- Advanced Dementia Teams
- Allied Health Professionals
- Care Coordinator
- Care Home Contract Lead
- Clinical Care Professional Lead (CPL)
- Community/District Nurses
- Complex Case Management Team
- End of Life/Palliative Care Teams
- Hospices
- Hospital Discharge Manager
- Mental Health Community Teams
- Rapid Response Teams
- Social Workers
- Trusted Assessors
- Urgent Community Response Teams

Please note that the London Ambulance Service (LAS) have *read only* access to the UCP so cannot create or edit UCPs.

Section 8: Top tips for using the Universal Care Plan

A good quality UCP will provide health and care professionals with clear, well documented information that represents a residents wishes and preferences for their care.

When you are creating or editing a plan you should **ensure you include accurate, good quality information**. Consider **what you would want to know if you were reading it**. Particularly, if you were **reading it in an emergency**, at 2 am, for example.

Be sure to include any **key information for the London Ambulance Service** to use as well.

It can be hard to work out where to start when introducing a new tool. The following pages provide some **top tips** you could work towards introducing in your care setting.

Tip 1: When a new resident moves into the home, decide on a date by when their UCP should be created, or reviewed.

Tip 2: Work with colleagues to update the UCP every time there is a change in the resident's wellbeing, and as a minimum, review it every 6 months to ensure it is still in date.

Tip 3: Agree a schedule for auditing UCPs in your care home.

Tip 4: Raise the UCP as a discussion point in all meetings.

Tip 5: Create UCPs with other colleagues in the care home or health and care providers, rather than in isolation. This ensures that all colleagues are on the same page.

Tip 6: Use the UCP information to help you to deliver personalised care in line with a resident's wishes.

Tip 7: Where possible, make sure the language that is used in the UCP is in plain English, clear and meets professional standards. Avoid the use of acronyms. For example, you should write “MUST” out in full as Malnutrition Universal Screening Tool.

Tip 8: The digital nature of the tool may require residents to be given support to access and view their UCP.

Tip 9: Establish a communication channel so the Care Home is informed of changes to a resident’s UCP and given a copy by the relevant team if the home does not have access to the UCP.

Tip 10: When the London Ambulance Service (LAS) is called, please remind them the resident has a UCP.

Tip 11: For residents who have been funded by social care, take the opportunity at the six-week review meeting to ask if the UCP has been created and what the plans are for doing this, if not.

Section 9: Frequently Asked Questions

Q1: What do I do if I can't log in?

Contact the UCP helpdesk: ucp.onelondon.online/contact

Q2: Do I have to sign up with an NHS email?

You **do not** have to have an NHS email to sign up to the UCP. You are required to have a named, organisational email address that only you have access to. Firstname.Lastname@carehome.co.uk for example. This is to protect people's data confidentiality.

Refer to the table on page 14 in the **How to get started on the UCP Web Portal** section

Q3: Who should have a UCP?

Anyone can have a UCP. It can help set out someone's wishes for their care and their support needs so all residents could benefit from a UCP.

Q4: Who can access the UCP?

GPs, care home support teams, LAS, hospital staff and other health and care colleagues. A resident can view their UCP on the NHS App. Residents, relatives, Lasting Power of Attorneys (LPA) can request printed copies of a UCP.

Q5: What do I do if a resident or relative disagrees with the contents of the UCP?

It is important to respect the wishes of the resident. If changes need to be made to the information in the UCP, arrange an advance care planning meeting with the resident and relatives to discuss and document the updated wishes.

Q6: How do I support staff and residents who are worried about having an advance care planning conversation?

Check if your local hospice provides specialist support and if so, arrange for them to visit and have the advance care planning conversation, and/or provide additional training for staff.

You could also access this end-of-life training designed for care home staff 'What's best for Lily?' via this link https://uclpartners.com/project/whats-best-for-lily-end-of-life-training-for-care-home-staff/

Q7: Who can edit the plan?

Check the sections **Examples of how the UCP is being accessed in London care homes** on page 12 and 13 or **Who can help?** on page 23 for more information.

Q8: Does the UCP need to be written and completed in one sitting?

No, the UCP can be written section by section, and you are not required to complete all sections at once. The UCP can be continuously added to and updated. Any information that is submitted will be available to view by health and care professionals.

Q9: How often does the UCP need to be reviewed and updated?

Every time there is a change in a resident's wellbeing, the UCP should be updated to reflect the change.

Your home should put in place a review schedule for all UCPs. It is recommended that this is done every 6 months, as a minimum.

Q10: What should I do if the UCP is incomplete, or needs updating with new information?

If you have editable access to the section that requires additional information, you can update the plan yourself.

If you do not have editable access, you should check if anyone in your home has editable rights and flag to them what information should be updated. If no one in your home can edit the plan, contact your GP or care home support team, and ask them to make the updates.

Q11: Who signs off the plan?

Any changes made to the clinician sections of a UCP need to be 'submitted' by someone in a clinical role. Once this is done, the changes will be viewable by other UCP users.
Sign off is not required for the non-clinical sections of the plan.

Q12: Who is responsible for the plan?

All health and care professionals are responsible for looking at the plans and updating information.
It is recommended that you arrange a meeting with relevant stakeholders such as the GP, care home support team etc. to discuss who does what in your local area. Use the table on page 23 or in **Extra Information** as a guide.

Q13: What happens to a UCP if a resident dies?

You may be asked this question by residents or relatives. If a resident with a UCP has died, the care plan remains on the UCP system, marked as a deceased care plan. If preferred, the resident's next of kin or Lasting Power of Attorney (LPA) can request for the record to be withdrawn from the system, meaning this can no longer be accessed by any clinician. Please speak to a healthcare professional for more information.

Section 10: Extra Information

As mentioned in the document, several other resources have been created for care homes to support their use of the UCP. These resources are linked below. Please click on the title of the one you would like to view, and it will open the required resource.

Benefit Statement
Benefit Overview Slide
Care Home Poster
Care Home Poster – Detailed
Resident and Relative Extended Resource
Relative Leaflet
Resident Leaflet
Testimonial from North Central London Care Home
Testimonial from North East London Care Home
Testimonial from North West London Care Home
Testimonial from South East London Care Home
Testimonial from South West London Care Home