

**CARE HOMES QUALITY MONITORING TEAM  
CARE HOMES ASSESSMENT FORM**



Corby Clinical Commissioning Group

Nene Clinical Commissioning Group

Date of Assessment (dd/mm/yyyy)  
Name of Quality Improvement Manager (QIM) Conducting Assessment:

11.03.2014
Darren McGregor

**Care Home Profile**

Name of Care Home:  
Address Line 1  
Address Line 2  
Address Line 3  
Address Line 4  
Post Code  
NHS site code (if known)  
CQC location code (if known)  
Name of Parent Company/Group/Owner

The Oak Leaf Group
Hilltop House
Ashton Road
Hartwell
Northampton
NN7 2EY
Oakleaf care

**Care Home Manager details:**

Name  
Hours of work:  
Telephone number (landline)  
  
Telephone number (mobile)  
E-mail address  
Registered Managers qualifications:

Katherine Swannell
01604 864466
<a href="mailto:kathy.swannell@oakleafcare.com">kathy.swannell@oakleafcare.com</a>
RMN

Is the Manager also the Clinical Lead?  
If not, specify the name of the Clinical Lead

Yes
Each Unit has a clinical lead

Have there been any complaints since our last visit? If yes, please detail.

Yes/No
Yes

Have there been any recent or on-going Safeguarding Investigations? If yes, please detail.

Yes
-----

Number of Care Staff: Trained (if nursing care provided)  
Number of Care Staff: Untrained

Early	Late	Night
Lodge(L) 1 House(H) 1 Cunningham(C) 1	L-1 H-1 C-1	1-L/H/C
L-1 H-4 C-6	L-1 H-4 C-6	L-1 H-1 C-3

Total number of cleaning/domestic staff  
Total number of chef/cooks  
Other staff

3 Occupational therapists	
3 Occupational therapist assistance	
1 Speech and Language Therapist	
1 Speech and language therapist assistant	
1 Part Time Psychologist	

**CQC registration**

Is the Manager Registered with the Care Quality Commission (CQC) for this home?

Yes/No
Yes

Are there any conditions on the registration? If yes, please detail.

No
----

Have there been any recent variations to registration? If yes, please detail.

Yes
-----

CQC Registration Document Viewed

Yes
-----

CQC Regulated Activities (tick all which apply)

**CQC Service Types**

CQC Service Types	Yes/No
Care home with nursing	Yes
Care home without nursing	
Care in your home and supported living	
Diagnostic and/or screening service	Yes
Treatment Disease Disorder or Injury	Yes

**CQC Specialism's**

CQC Specialism's	Yes/No
Caring for adults over 65 yrs	Yes
Caring for adults under 65 yrs	Yes
Caring for people whose rights are restricted under the Mental Health Act	
Dementia	
Learning disabilities	
Mental health conditions	
Physical disabilities	Yes
Sensory impairments	Yes

**Details**

3 Resolved in house. Family Liaison manager involved with investigating all complaints

1- Partially substantiated.

<b>Occupancy of the Care Home</b>	
Number of places for which the care home is registered	37
Total occupancy of the home at the time of monitoring visit	35
Nursing Service Users with CHC funding	6
Residential Service Users	
Residential Service Users with CHC funding	
Number of FNC funded placements	1
Out of county placements CHC	24
Individual Packages of Care Funded (IPC)	4

<b>Evidence Base</b>
<b>The provider will be expected to carry out services in accordance with statutory guidance and best practice in health and social care.</b>

<b>Care Home Score is classified as follows:</b>	
1. Non compliant	Red
2. Partial complaint	Amber
3. Fully compliant	Green

<b>Review of Notes (Record Initial and Date of Birth)</b>		
1	OA 31.01.1935	6
2	GH 22.12.1964	7
3		8
4		9
5		10

<b>Date of Visit:</b>	11.03.2014
-----------------------	------------

<b>Name of Home:</b>	The Oak Leaf Group
----------------------	--------------------

Pre Admission	100%
On Admission	100%
Tissue Viability	80%
End of Life Care	100%
Prevention of Falls	100%
Moving and Handling	100%
Nutrition and Hydration	100%
Infection Prevention and Control	100%
Contenance Care	50%
Medication Management	100%
Safeguarding	100%
Mental Health Care including Dementia	100%
Mental Capacity, Deprivation of Liberty and Restraint	100%
Record Keeping	96%
Service User Experience, Public Engagement, Complaints and Equality and Diversity	100%
Access to Primary Care	100%
Governance/Management	100%
Therapeutic Activities	100%
Staffing	100%
Staff Training	100%
Environment and Health and Safety	100%

Scoring

0%	49%
50%	89%
90%	100%

<b>OVERALL RATING</b>	96%
-----------------------	-----

Care Category	Standard Expected	Note 1	Note 2	Note 3	Note 4	Note 5	Note 6	Note 7	Note 8	Note 9	Note 10	Comments	
Pre - Admission	Is a pre admission assessment conducted prior to a PWUS being admitted to the home that includes consideration of the home meeting the PWUS's identified care needs?	Yes	Yes									The home completes a comprehensive pre admission assessment. This is used to complete a 72 hour care plan.	
	Is there evidence in the pre-admission assessment of the capacity of the person to consent to moving to the care home?	Yes	Yes										
	Does the pre-admission assessment tool evidence consideration of the following:												
	a) Manual handling	Yes	Yes										
	b) Risk of falls	Yes	Yes										
	c) Tissue Viability needs	Yes	Yes										
	d) Infection prevention control	Yes	Yes										
	e) Equipment required	Yes	Yes										
	f) Contenance needs	Yes	Yes										
	g) Medication management	Yes	Yes										
	h) Nutritional needs	Yes	Yes										
	i) Any powers of attorney	Yes	Yes										
	j) Any advanced decisions	Yes	Yes										
	k) End of life care	Yes	Yes										
	l) Psychological and mental health needs	Yes	Yes										
	m) Mental capacity	Yes	Yes										
n) Deprivation of liberty safeguards	Yes	Yes											
o) Therapeutic activities	Yes	Yes											
<b>Pre Admission Score</b>	<b>100%</b>											170	

Care Category	Standard Expected	Note 1	Note 2	Note 3	Note 4	Note 5	Note 6	Note 7	Note 8	Note 9	Note 10	Comments	
<b>On Admission</b>  Health & Social Care Act 2008 Essential Standards of Quality and Safety - Outcomes 1, 2, 4, 5, 6, 8, 9, 10, 11, 13, 15, 21	On admission does the PWUS or nominated representative have access to Statement of Purpose and PWUS guide?	Yes	Yes										
	On admission confirm PWUS or nominated representative has a written contract.	Yes	Yes										
	Confirm that equipment required was available to the PWUS on admission.	Yes	Yes										
	On admission confirm that the PWUS has been assessed on validated assessment tools in the following areas:												
	a) Tissue viability	Yes	Yes										
	b) Nutritional needs	Yes	Yes										
	c) Manual handling	Yes	Yes										
	d) Falls	Yes	Yes										
	e) Continence needs	Yes	Yes										
	f) Infection prevention control	Yes	Yes										
	g) Access to primary care	Yes	Yes										
	h) End of life care	Yes	Yes										
	i) Psychological and mental health needs	Yes	Yes										
	j) Mental capacity	Yes	Yes										
	k) Deprivation of liberty safeguards	Yes	Yes										
l) Therapeutic activities	Yes	Yes											
m) Medication management	Yes	Yes											
Confirm that a baseline set of observations has been recorded on admission.	Yes	Yes											
<b>On Admission Score</b>	<b>100%</b>											170	

Care Category	Standard Expected	Note 1	Note 2	Note 3	Note 4	Note 5	Note 6	Note 7	Note 8	Note 9	Note 10	Comments		
<b>Tissue Viability</b>	Has the tissue viability risk assessment been evaluated at least once a month in the last 12 month period (as a minimum)?	No	Yes									OA - has 3 monthly reviews. His physical health has deteriorated, and there has been significant changes recently and additional monitoring is recommended.		
	<b>Care Home Resident Assessment</b> Health & Social Care Act 2008 Essential Standards of Quality and Safety Outcomes - 1, 2, 4, 6, 7, 8, 9, 10, 11, 12, 14, 16, 21, 25	Does the resident's care plan reflect their needs based on the risk assessment score and professional judgement?	Yes	Yes										
		Does the home complete Monthly Health Thermometer returns for all nursing clients?	Yes	Yes										
		If the PWUS has a wound, is there:												
		a) a care plan in place for each wound?	No	Yes									OA - Pressure ulcer - There is no wound assessment or separate individual care plan for each pressure ulcer. GH - has a surgical wound	
		b) Wound dressing plan in place for each wound?	No	Yes									OA - No dressing plan in place	
		c) Body map completed	No	Yes									OA - No Body map in care plan.	
		If a PWUS is assessed as requiring pressure relieving equipment, is this supplied as per NICE Clinical Guideline 29 at the time of increased need:												
		a) mattress	Yes	N/A										
		b) Cushion	Yes	N/A										
		c) Other		N/A										
		Is there written evidence of a system in place to monitor that air mattresses are in working order and on the correct setting on a daily basis?	Yes	N/A										Air mattresses are checked daily by the Occupational Therapists.
		Is there evidence that staff refer for specialist advice if required?	Yes	Yes										
Is there evidence on observation that the home uses equipment correctly?	Yes	Yes												
<b>Care Home Assessment</b>	Are Safeguarding Notification forms submitted for all PWUSs who develop a Grade 2 or above pressure ulcer as appropriate?	Yes												
	Are Care Quality Commission Notification forms submitted for all PWUSs who develop a Grade 3 pressure ulcer or above?	Yes												
<b>Total Score</b>	<b>80%</b>											140		

<b>Care Home Assessment</b>	Total Number of Pressure Ulcers in the home at the time of review.	1	Comments
	Grade 1 Pressure Ulcers	1	
	Grade 2 Pressure Ulcers		
	Grade 3 Pressure Ulcers		
	Grade 4 Pressure Ulcers		
	Does the home routinely carry out Tissue Viability audits?	Yes	
	Are all PWUSs assessed using a validated tissue viability risk assessment tool?	Yes	
	If yes, which tool is used?	Waterlow	

Care Category	Standard Expected	Note 1	Note 2	Note 3	Note 4	Note 5	Note 6	Note 7	Note 8	Note 9	Note 10	Comments
<b>End of Life Care</b>	Is there a record of whether the PWUS has made any advance decisions in respect of end of life wishes?	Yes	N/A									OA - is now end of life. The home has utilised the End of Life team to assist the in setting up care plans for this resident.
	Is there evidence of a care plan which clearly addresses the end of life wishes of the PWUS?	Yes	N/A									
	If a do not attempt resuscitation decision has been made have the locally agreed documents been completed?	Yes	N/A									
	Is there evidence of a best interest decision/meeting if the PWUS lacks capacity to consent to do not attempt resuscitation (unless the medical practitioner has deemed that resuscitation would be futile)?	Yes	N/A									
<b>Care Home Assessment</b> The service provider ensures that people die with dignity in the setting of their choice. Service provider quality schedule. Health & Social Care Act 2008 Essential Outcomes: 1, 2, 4, 6, 7, 9, 11, 12, 14, 16, 18, 19, 21, 25	Is there evidence that the Care Home has implemented systems and processes for managing End of Life within the home?	Yes										
	Is the home using a recognised End of Life Pathway?	Yes										Specify: Home has been supported and informed by the End Of Life team. 75% of staff trained for LCP
	Is there a policy/procedure on how to respond to a sudden death?	Yes										
	Is there a Resuscitation Policy in place which includes information on do not attempt resuscitation?	Yes										
<b>Total Score</b>	<b>100%</b>											

<b>Care Home Assessment</b>	Number of End of Life Pathways in place at time of audit.	1
	Has the home purchased a McKinley Syringe driver or given consideration to purchasing one?	No
	Is the home involved with the local end of life care team?	Yes

Care Category	Standard Expected	Note 1	Note 2	Note 3	Note 4	Note 5	Note 6	Note 7	Note 8	Note 9	Note 10	Comments
<b>Prevention of Falls</b>  <b>Care Home Resident Assessment</b> Mobility is maximised at a level which is appropriate for service users. The risk of falls is minimised. Service providers quality schedule. Health & Social Care Act 2008 Outcomes: 1, 2, 4, 6, 7, 8, 9, 10, 11, 12, 14, 16, 21, 25	Does the PWUS have a falls risk assessment tool in place?	Yes	Yes									
	Have falls risk assessments been evaluated at least monthly in the last 12 month period?	Yes	Yes									Due to the client group the risk assessments are reviewed 3 monthly.
	Does the resident's care plan reflect their needs based on the risk assessment?	Yes	Yes									
	If the PWUS has a care plan in place relating to risk of falls, has this been evaluated at least monthly in the last 12 month period?	Yes	Yes									
	Confirm that all PWUS with a sudden increase in falls of unknown cause, have been referred to the appropriate professional, e.g. falls clinic, GP, physiotherapist, occupational therapist.	N/A	N/A									
	Does the home notify the relevant authorities of injuries sustained by PWUS following a fall?	Yes	Yes									
<b>Total Score:</b>	<b>100%</b>											50

<b>Care Home Assessment</b>	How many admissions to hospital have their been as a result of a service user falling in the past 6 months?	1
	Does the home complete health thermometer returns for falls on a monthly basis?	Yes
	Does the home complete a monthly falls audit?	Yes





Care Category	Standard Expected	Note 1	Note 2	Note 3	Note 4	Note 5	Note 6	Note 7	Note 8	Note 9	Note 10	Comments	
<b>Nutrition and hydration</b>  <b>Care Home Resident Assessment</b> Service users are enabled to maintain a balanced and nutritious diet in accordance with NICE guidelines. Service users are enabled to maximise their own potential to feed themselves. Service providers quality schedule. Health & Social Care Act 2008 Outcomes: 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 16, 21, 25	Does the PWUS have a nutrition & hydration risk assessment tool in place?	Yes	Yes										
	Has the nutritional risk assessment been evaluated at least once a month in the last 12 month period (as a minimum)?	Yes	Yes										
	Does the service users care plan reflect their needs based on the risk assessment?	Yes	Yes										
	If the service user has experienced unexplained weight loss is there evidence of the home commencing fortification of meals?	Yes	Yes										
	If a service users presents with on-going unexplained weight loss despite fortification of diet does has the home referred to dieticians?	Yes	Yes									Home has In house dieticians	
	If advice has been sought from the dietician is there evidence that this has been followed?	Yes	Yes									GH - Episodes of weight loss due to vomiting. Improved with 1:1 interventions and dietician input.	
	If the service user is assessed as being an unhealthy weight is their evidence of the home introducing a healthy eating plan?	N/A	N/A										
	Is resident's weight recorded on admission and then at a minimum frequency of monthly?	Yes	Yes										
	If the service user has a dietary and/or fluid intake chart in place, are the amounts of intake accurately recorded?	Yes	N/A										
	If the service user has a dietary and/or fluid intake chart in place is there evidence of a review of the charts as part of the assessment and care planning process?	Yes	N/A										
	Are resident's with an identified swallowing problem referred for further assessment?	N/A	N/A										
	If advice has been sought on swallowing issues is there evidence that this has been followed?	N/A	N/A										
	If the service user has an enteral feeding regime is there evidence that the home is following best practice guidance and specialist advice?	N/A	N/A										
	<b>Care home assessment</b>	Which nutrition & hydration screening tool is the home using?	Specify: Must										
	Number of service users admitted to hospital for treatment of dehydration in the last 6 months:	0											
<b>Total Score</b>	<b>100%</b>												

Care Category	Standard Expected	Y/N	Comments
<b>Infection Prevention and Control</b>	Are the contact details for the Health Protection Agency available to staff at all times?	Yes	
	Are the contact details for the local infection prevention control team available to staff at all times?	Yes	
	Does the care home have available a copy of the Department of Health (DoH) February 2013 Prevention and Control of Infections in Care Homes?	Yes	
<b>Care Home Assessment</b> All staff should demonstrate good infection control prevention and hygiene practices according to NICE guidelines. Service provider quality schedule. Health & Social Care Act 2008 Outcomes:6, 8, 10, 11, 12, 14, 16, 21, 25	Does the home have a copy of The Health and Social Care Act 2008 Code of Practice for Health and Adult Social Care on The Prevention and Control of Infections and Related Guidance?	Yes	
	Is there a lead person for infection prevention and control?	Yes	Home has an infection control team.
	Does the home evidence use of a cleaning schedule that it adheres to?	Yes	
	Is there observed evidence during the visit of the use of personal protective equipment?	Yes	
	Is there a protocol in place for the use of laundry bags?	Yes	
	Is there a protocol in place for the safe disposal of clinical waste?	Yes	
	Is there evidence of the home completing a monthly audit of infection prevention control practices in the home?	Yes	The infection control team carry out quarterly Audits. Information is cascaded throughout the team.
	Is there evidence of action been taken to address any issues as a result of audits if required?	Yes	
	Has the home completed the Essential Steps self-assessment tool or an equivalent on an annual basis?	N/A	
	<b>Total Score</b>	<b>100%</b>	

<b>Care Home Resident Assessment</b>	Has there been any cases of Cdiff in the home in the last 6 months?	
--------------------------------------	---	--



Care Category	Standard Expected	Note 1	Note 2	Note 3	Note 4	Note 5	Note 6	Note 7	Note 8	Note 9	Note 10	Comments
<b>Medication Management</b> To ensure that medicines are managed according to legislation, national and local guidelines to promote safety. Nursing and Midwifery Council. Service provider quality schedule. Health & Social Care Act 2008 Outcomes: 1, 2, 4, 5, 6, 7, 8, 9, 11, 12, 16, 21, 24	Does the MAR sheet for each PWUS show a complete record of prescribed and administered medicines?	Yes	Yes									If no, number of incomplete and comment:
	Following significant events, e.g. change in health condition, repeated refusals etc, do staff appropriately refer the PWUS to the GP?	Yes	Yes									
	Does the administration of covert medication by staff follow NMC and/or best practice guidelines?	Yes	Yes									
	Does each PWUS have a medication profile in place?	Yes	Yes									
	Is there evidence that all PWUS who have 4 or more medications have a GP review requested at least 6 monthly?	Yes	Yes									
	Is there evidence that all PWUS who are prescribed anti-psychotic medication receive a review at least 6 monthly?	Yes	Yes									
	Is there evidenced that all PWUS and their nominated representative are given information about the benefits and risks of medication?	Yes	Yes									
	Has a risk assessment been completed to assess if the PWUS can self medicate?	N/A	N/A									
<b>Total Score</b>	<b>100%</b>											80

<b>Care Home Assessment</b>	Has the home been visited by Nene Clinical Commissioning Group pharmacy team?	
-----------------------------	---	--

Care Category	Standard Expected	Y/N	Comments
<b>Safeguarding</b>  <b>Care Home Assessment</b>  <b>The service must ensure that policies and procedures relating to safeguarding are followed. Service providers quality schedule. Health and Social Care Act 2008 Outcomes 1, 2 , 7, 12, 13, 14, 20, 21, 25</b>	Does the home have available the current interagency safeguarding procedures for Northamptonshire?	Yes	
	Are staff aware of how to report safeguarding incidents?	Yes	
	Does the home evidence that incident investigations outcomes are shared with the care team?	Yes	
	Have there been any safeguarding notifications since our last visit? If yes, please detail.	Yes	Not scored - Home submitted due to resident complaining that staff member is not confident is using hoist with him. This was investigated by home and found Partially Substantiated.
	Is there a system in place to review and action alerts issued, e.g. via Central Alert System (CAS)?	Yes	
	Does the care home alert the responsible bodies (including funding organisations) when safeguarding concerns are raised and put into place appropriate measures to safeguard the vulnerable person?	Yes	
	Is there information available to service users and visitors to the home on how to raise issues of concern with external agencies, e.g. Care Quality Commission, Northamptonshire County Council and NHS Nene Clinical Commissioning Group?	Yes	
<b>Total Score</b>	<b>100%</b>		<b>6</b>



Care Category	Standard Expected	Note 1	Note 2	Note 3	Note 4	Note 5	Note 6	Note 7	Note 8	Note 9	Note 10	Comments
<b>Mental Capacity, Deprivation of Liberty Safeguards and Restraint</b>	Are decision specific mental capacity assessments recorded in the resident's notes where appropriate?	Yes	Yes									
	Where a service user is assessed as not having capacity for a specific decision is there evidence of the home acting in the persons best interest?	Yes	Yes									
<b>Care Home Assessment</b> Service users are enabled to make or participate in decisions relating to their care wherever possible Health and Social Care Act 2008 Outcomes: 1, 2, 4,6, 7,20. Where service users lack capacity their or are being deprived of their liberty the care home acts as per The Mental Capacity Act and Deprivation of Liberty Safeguards 2005	Is this recorded?	Yes	Yes									
	Is the home aware of how to contact and refer to the local deprivation of liberty safeguarding team?	Yes										
	Is there a clear written procedure on the use of restraint which takes into account: statutory and best practice guidance?	Yes										
<b>Total Score</b>	<b>100%</b>											50

<b>Care Home Assessment</b>	How many deprivation of liberty authorisations are there in place.?	8
-----------------------------	---	---





Care Category	Standard Expected	Y/N	Comments
<b>Service User Experience, Dignity, Public Engagement and Equality and Diversity Care Home Assessment The PWUS surveys are used to assess peoples' feelings towards the quality of care provision delivered by the service provider. Service providers quality schedule. Health and Social Care Act 2008 Outcomes 1, 4, 6, 7, 10, 11, 12, 16, 17, 24</b>	Does the care home conduct PWUS/relative satisfaction surveys?	Yes	
	Is an action plan formulated in response to this?	Yes	
	Is there evidence of PWUS/relative meetings?	Yes	
	Are regular PWUS reviews held?	Yes	
	Is there evidence that the home has taken into account the PWUS previous experiences and life history?	Yes	
	Is there evidence that the service users individual choices and decisions are respected?	Yes	
	Is there evidence that the PWUSs cultural needs are met?	Yes	
	Is there evidence that the PWUSs spiritual needs are met?	Yes	
	Is there a policy and procedure for handling complaints and is this available to all PWUSs and visitors to the home?	Yes	
	Is this available to PWUS and visitors to the home?	Yes	
	Are records of complaints kept as per the homes complaints policy?	Yes	
<b>Total Score:</b>	<b>100%</b>		<b>10</b>

Care Category	Standard Expected	Y/N	Comments
<b>Access to Primary Care</b>	Is there evidence of the home requesting yearly health checks from the primary care team as a minimum?	Yes	Contract with Bugbrooke surgery, 2 days for non emergency appointments and 1 day monthly to meet with clinical leads and carry out health checks.
<b>Care Home Assessment</b> Service users have access to a GP and Allied Healthcare professionals. The service provider evidences appropriate management of emerging conditions. Service provider quality schedules. Health & Social Care Act 2008 Outcomes: 1, 2, 4, 6, 7, 8, 9, 10, 11, 12, 14, 16, 21, 25	PWUSs are offered an annual optical examination.	Yes	
	PWUSs are offered access to podiatry services.	Yes	
	PWUSs are offered access to dental services.	Yes	
	PWUSs are offered access to audiology services	Yes	
<b>Total Score</b>	<b>100%</b>		5

<b>Governance/Management</b>	The service provider has clear management arrangements in place; staff are clear about roles and responsibilities.	Yes	
	The service provider has a policy on the clinical and/or professional supervision of all staff.	Yes	
	The home evidences that supervision is taking place as per regulatory guidance.	Yes	Staff have allocated supervisors, this is audited by manager.
<b>Care Home Assessment</b> The registered person must have suitable arrangements in place to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities. The Health and Social Care Act 2008 Outcomes: 4, 6, 12, 13, 14	Staff take part in an annual Individual Performance Development and Review (IPDR) scheme, which includes identification of on-going training needs.	Yes	
	There is a protocol for out-of-hours which is complied with by staff.	Yes	
	There is evidence of regular staff meetings being held to disseminate information.		
	<b>100%</b>		<b>6</b>

		<b>How many shifts?</b>	
<b>Care Home Assessment</b>	In the last month have agency staff been used to cover night nursing shifts?	0	
	In the last month have agency staff been used to cover day nursing shifts?	0	
	In the last month have un-qualified agency staff have been used to cover night shifts?	0	Elite Agency Staff completed training before working at Hilltop
	In the last month have unqualified agency staff been used to cover day shifts?		0

Care Category	Standard Expected	Y/N	Comments
<b>Therapeutic Activities</b>	There is a timetable of activities available to all PWUSs.	Yes	OT Assistant organises activities
	The individual needs of PWUSs are assessed:		
	a) on admission to the home	Yes	
	b) reviewed at a minimum frequency of monthly	Yes	
<b>Care Home Assessment</b> PWUSs are provided appropriate opportunities, encouragement and support in relation to promoting their autonomy, independence and community involvement. Health and Social Care Act 2008 Outcomes: 1, 4	Are PWUSs involved in planning therapeutic activities?	Yes	
	The home assists PWUSs to access community facilities such as cinemas, parks, shops, etc.	Yes	
	The home has an open visiting policy for family and friends.	Yes	
	There is evidence that social/religious/cultural events are celebrated throughout the year.	Yes	
	<b>100%</b>		7

Care Category	Standard Expected	Y/N	Comments
<b>Staffing</b>	Have all staff undergone all appropriate checks, including obtaining written reference sources, one being the last or most recent employer, Health Declaration and Disclosure and Barring declaration before commencing employment?	Yes	
	Is there evidence that Agency staff receive an induction?	Yes	
<b>Care Home Assessment</b> The registered person must - operate effective recruitment procedures in order to ensure that no person is employed for the purposes of carrying on a regulated activity unless that person is of good character, has the qualifications, skills and experience which are necessary for the work to be performed and is mentally and physically fit for that work. Health and Social Care Act 2008 7, 12, 13, 14	Does the home have evidence that Agency staff have NMC registration if appropriate?	Yes	
	Is there evidence that the homes check nurses NMC registration on renewal date?	Yes	
	Have staff a clear contract of employment specifying conditions of service, including sick pay, holiday pay, agreed hours of work, whether work is guaranteed and a written job description?	Yes	
	Do all new staff receive induction training?	Yes	
	Is there an appropriate staff skill mix and cover arrangements on each shift, including management arrangements, to meet the needs of the PWUS population?	Yes	
	Are effective arrangements in place to avoid or reduce the use of agency staff?	Yes	
<b>Total Score</b>	<b>100%</b>		8

Care Category	Standard Expected	Y/N	Comments	
	<b>There is evidence that the home has a training matrix in place?</b>	Yes		
<b>Staff Training</b>	Staff development and training programmes in place to ensure continued professional development, to include:			
	Induction	Yes		
	Food hygiene	Yes		
<b>Care Home Assessment</b>	Manual handling	Yes		
The provider will ensure all staff are appropriately trained according to their level of responsibility and duties and the training is maintained on a regular basis. Service provider quality schedule. Health & Social Care Act 2008 Outcomes: 12, 14, 24	Hoist and manual handling equipment training	Yes		
	Syringe driver training	No		
	First Aid	Yes		
	Health and Safety	Yes		
	Fire	Yes		
	Safeguarding	Yes		
	Medication management	Yes		
	Person centred planning	Yes		
	Catheterisation male			
	Catheterisation female			
	Catheterisation supra pubic			
	Mental Capacity Act and Deprivation of Liberty Safeguards	Yes		
	Infection prevention and control	Yes		
	End of Life	Yes	LCP	
	Dementia Care	Yes		
	Managing behaviour that challenges	Yes		
	Equality and Diversity	Yes		
		Record Keeping	Yes	
		Continence care		
		Nutrition	Yes	
	Tissue Viability	Yes		
	Restraint training			
	Stoma Care			
	Enteral feeding systems	Yes		
	Diabetes	Yes		
	Epilepsy	Yes		
	Venepuncture	Yes		
	Basic life support	Yes		
	Anaphylaxis	Yes		
<b>Total Score</b>	<b>100%</b>		22	

Care Category	Standard Expected	Y/N	Comments
<b>Environment and Health and Safety</b>	Employers Liability Insurance	Yes	Oct-13
	Public Liability Insurance	Yes	Oct-13
	Up to date Health and Safety Policy	Yes	Aug-13
	Health and Safety Inspections:	Yes	Nov-13
<b>Care Home Assessment</b> The registered person must ensure that service users and others having access to the premises where a regulated activity is carried on are protected against the risks associated with unsafe or unsuitable premises or equipment. The Health and Social Care Act 2008 Outcomes: 4, 10, 11	Fire Equipment Checks	Yes	Jan-14
	Fire Drills	Yes	Regular throughout the year
	Personal emergency evacuation procedures	Yes	
	Emergency Lighting	Yes	Weekly
	Portable appliance testing (PAT)	Yes	
	Medication Audits	Yes	Monthly
	Environmental Health Visits	Yes	Feb-14
	Service Reviews e.g. Baths, fridges	Yes	Quartely
	Lift Servicing programme	Yes	
	Stair lift servicing programme	Yes	
	Hoist Service	Yes	Dec-13
	Water testing including Legionella testing	Yes	Apr-13
	Gas Safety Checks	Yes	Jan-14
	Health & Safety Risk assessment of premises	Yes	
	Clinical waste	Yes	
	Pest control	Yes	
	Any Others? Specify below.		
	Infection Prevention and Control Policies	Yes	Aug-13
	Safeguarding Policy	Yes	Aug-13
	Whistle Blowing Policy	Yes	Aug-13
	Consent Policy which includes where service users lack capacity	Yes	Aug-13
	Record keeping policy that reflects where nursing care is provided follows nursing and midwifery NMC guidance good practice guidance	Yes	
	Suction Machine in place - weekly checks	Yes	
	There is a maintenance programme in place	Yes	
	Wheelchair maintenance programme	Yes	
	Signage appropriate to the service user group	Yes	
	Business contingency planning	Yes	
	<b>100%</b>		31



Section	Recommendations
Pre admission	
On Admission	
Tissue Viability	Wound assessment, body maps and wound care plans to be written for residents who develop pressure ulcers.
End of Life Care	
Prevention of Falls	
Moving and Handling	
Nutrition and Hydration	
Infection Prevention and Control	
Continence Care	Continence assessment to be implemented and a detailed continence care plans to be written and updated for patients with changing needs.
Medication Management	
Safeguarding	
Mental Health Care Including Dementia	
Mental Capacity and Deprivation of Liberty Safeguards	
Record Keeping	Reviews of Care plans to be increased when a PWUS has a deteriorating condition to ensure they are person centered taking into account changing needs.
Service User Experience, Dignity, Public Engagement, Complaints and Equality and Diversity	
Access to Primary Care	
Governance/Management	
Therapeutic Activities	
Staffing	
Staff Training	
Environment and Health and Safety	

Overall Summary	<p>This monitoring visit was carried out as a pre arranged visit with Kathy Swannell. This comprised of a discussion with the manager and staff. Two sets of care plans were reviewed, and an escorted tour of the home was given with the opportunity to speak to residents who use the service. Hilltop has 3 separate units which are designed to meet specific needs. All units were clean and well maintained with evidence of residents rooms being personalised. Residents spoken too were highly praising the staff and felt that the care they have received has helped support them throughout their achievements. All staff spoken too stated that they are well supported and have excellent levels of training, they receive regular supervision sessions and felt supported within their roles. Records observed were detailed and person centred in most areas, but there was evidence that when a persons physical needs changed they were not reviewed frequently and updated to acknowledge these changing needs. One care plan lacked continence assessments and detailed wound care plans on a resident who's physical condition has deteriorated. The visit highlighted the commitment and passion that all the staff portrayed in the delivery of their service.</p>
Action Plan	<b>Following the above recommendations Nene Clinical Commissioning Group request an action plan within 28 days of receipt of this report. A template is available on request.</b>
Signature of QMN Nurse	<i>DUP m.careop</i>
Print Name	Darren McGregor
Date of Report	17th March 2014