

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



Corby Clinical Commissioning Group

Nene Clinical Commissioning Group

Date of Assessment (dd/mm/yyyy) **15.04.2014**
 Name of Quality Improvement Manager (QIM) Conducting Assessment: **Darren McGregor**

Care Home Profile

Name of Care Home: **The Cotswolds**
 Address Line 1: **178 Cotswold Avenue**
 Address Line 2: **Duston**
 Address Line 3: **Northampton**
 Address Line 4:
 Post Code: **NN5 6DS**
 NHS site code (if known):
 CQC location code (if known):
 Name of Parent Company/Group/Owner: **The Oakleaf Group**

Care Home Manager details:

Name: **Matt Street**
 Hours of work:
 Telephone number (landline): **01604 685110**
 Telephone number (mobile):
 E-mail address: matt.street@oakleafcare.com
 Registered Managers qualifications:

Is the Manager also the Clinical Lead? **No**
 If not, specify the name of the Clinical Lead: **Emma**

Have there been any complaints since our last visit? If yes, please detail. **Yes/No**
 Have there been any recent or ongoing Safeguarding Investigations? If yes, please detail. **Yes**

CQC registration

Is the Manager Registered with the Care Quality Commission (CQC) for this home? **Yes/No**
 Are there any conditions on the registration? If yes, please detail.
 Have there been any recent variations to registration? If yes, please detail.
 CQC Registration Document Viewed

CQC Regulated Activities (tick all which apply)

CQC Service Types

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

CQC Specialism's

Caring for adults over 65 yrs **Yes/No**
 Caring for adults under 65 yrs
 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
 NR - Submitted from home. Fall from bed and fracture Hip, concerns at NGH.

	Early	Late	Night
Number of Care Staff: Trained (if nursing care provided)	1	1	1
Number of Care Staff: Untrained	8	8	4

Total number of cleaning/domestic staff	2	The Cotswolds have the support from the staffing structure at Hilltop which included psychologists and psychologist assistance.
Total number of chef/cooks	2	
Other staff	Maintenance	
	Programme assistants x2	

Occupancy of the Care Home	
Number of places for which the care home is registered	
Total occupancy of the home at the time of monitoring visit	
Nursing Service Users with CHC funding	7
Residential Service Users	
Residential Service Users with CHC funding	
Number of FNC funded placements	
Out of county placements CHC	14
Individual Packages of Care Funded (IPC)	

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

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

Review of Notes (Record Initial and Date of Birth)			
1	EM 22.08.1953	6	
2	DW 14.11.1950	7	
3		8	
4		9	
5		10	

Date of Visit:	15.04.2014
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Name of Home:	The Cotswolds
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Pre Admission	100%
On Admission	94%
Tissue Viability	73%
End of Life Care	80%
Prevention of Falls	100%
Moving and Handling	100%
Nutrition and Hydration	100%
Infection Prevention and Control	100%
Continence Care	86%
Medication Management	100%
Safeguarding	100%
Mental Health Care including Dementia	100%
Mental Capacity, Deprivation of Liberty and Restraint	100%
Record Keeping	100%
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%

OVERALL RATING	97%
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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									Many of the residents are transferred from Hilltop with all pre admission information transferred with them.	
	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 Viablity needs	Yes	Yes										
	d) Infection prevention control	Yes	Yes										
	e) Equipment required	Yes	Yes										
	f) Continance 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											
Pre Admission Score	100%											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	
Tissue Viability Care Home Resident Assessment 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	Has the tissue viability risk assessment been evaluated at least once a month in the last 12 month period (as a minimum)?	Yes	Yes									EM - High Risk.	
	Does the resident's care plan reflect their needs based on the risk assessment score and professional judgement?	No	N/A										
	Does the home complete Monthly Health Thermometer returns for all nursing clients?	N/A	N/A										
	If the PWUS has a wound, is there:												
	a) a care plan in place for each wound?	No	N/A									Care plans indicate that EM has friction burns on legs. No wound care plan in place.	
	b) Wound dressing plan in place for each wound?	No											
	c) Body map completed	Yes	N/A										
	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										EM - Has high spec foam mattress
	b) Cushion	Yes											
	c) Other												
	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?	N/A	N/A										Residents reviewed did not have an air mattress. There is no system in place for documenting daily mattress settings
	Is there evidence that staff refer for specialist advice if required?	Yes											
	Is there evidence on observation that the home uses equipment correctly?	Yes											
Care Home Assessment	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											
Total Score	73%											140	

Care Home Assessment	Total Number of Pressure Ulcers in the home at the time of review.	1	Comments
	Grade 1 Pressure Ulcers	1	inherited
	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
End of Life Care	Is there a record of whether the PWUS has made any advance decisions in respect of end of life wishes?	Yes	Yes									DW - has a DNAR in place with written documentation detailing best interest meeting.
	Is there evidence of a care plan which clearly addresses the end of life wishes of the PWUS?	No	No									No detailed information on advance decisions or specific wishes.
	If a do not attempt resuscitation decision has been made have the locally agreed documents been completed?	N/A	Yes									
	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										
Care Home Assessment 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: Principles of 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										
Total Score	80%											

Care Home Assessment	Number of End of Life Pathways in place at time of audit.	0
	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
Prevention of Falls Care Home Resident Assessment 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									
	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.	Yes	Yes									
	Does the home notify the relevant authorities of injuries sustained by PWUS following a fall?	Yes	Yes									
Total Score:	100%											50

Care Home Assessment	How many admissions to hospital have their been as a result of a service user falling in the past 6 months?	0
	Does the home complete health thermometer returns for falls on a monthly basis?	N/A
	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	
Nutrition and hydration Care Home Resident Assessment 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									DW - Evidence of fortification and snacks.	
	If a service users presents with on-going unexplained weight loss despite fortification of diet does has the home referred to dieticians?	Yes	Yes										
	If advice has been sought from the dietician is there evidence that this has been followed?	Yes	Yes									EM - Change in feeding regime documented in care plan.	
	If the service user is assessed as being an unhealthy weight is their evidence of the home introducing a healthy eating plan?	Yes	Yes										
	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	Yes										
	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	Yes										
	Are resident's with an identified swallowing problem referred for further assessment?	Yes	N/A										
	If advice has been sought on swallowing issues is there evidence that this has been followed?	Yes	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?	Yes	N/A									EM Peg feed. SALT review 21/03/14	
	Care home assessment	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											
Total Score	100%												

Care Category	Standard Expected	Y/N	Comments
Infection Prevention and Control	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	
Care Home Assessment 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	
	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	
	Is there evidence of action been taken to address any issues as a result of audits if required?	Yes	Infection control audit is also managed by Hilltop.
	Has the home completed the Essential Steps self-assessment tool or an equivalent on an annual basis?	N/A	
	Total Score	100%	

Care Home Resident Assessment	Has there been any cases of Cdiff in the home in the last 6 months?	No
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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	
Continence Care	Does the PWUS have a continence assessment tool in place?	No	No									There are no continence assessments in place.	
	Are continence assessments completed at minimum frequency of monthly?	N/A	N/A										
	Are management plans in place that reflect the assessed needs of the PWUS?	Yes	Yes									DW - Urinates inappropriately. Information in smoking care plan as this is when it occurs.	
	Does the continence care plan include:												
	a) types of continence aids used?	Yes	N/A										
	b) any specific treatments i.e. medication, abdominal massage?	Yes	N/A										
	c) individual toileting plan	Yes	Yes										
	Are care plans reviewed at a minimum frequency of monthly?	Yes	Yes										
	Does the care home follow the guidance for catheter care as per Essential Steps - Urinary Catheter Care?	N/A	N/A										
	Care Home Resident Assessment	Do catheter care plans contain up to date information on the reason and site of the catheter?	N/A										
Is there a catheter management plan in place that includes up to date information on:													
a) infection prevention and control measures		N/A											
b) the size and type of catheter		N/A											
c) batch numbers and expiry dates		N/A											
d) dates of changes		N/A											
e) documented regime for catheter bag changes?		N/A											
f) the state of catheter on removal		N/A											
Is there a management/care plan in place to address the bowel care of the PWUS?		Yes	Yes										
Does the care home have a system in place for monitoring the bowel action of the PWUS if assessed as required?		Yes	Yes										
Total Score	86%											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
Medication Management 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?	N/A	N/A									
	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?	N/A	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									
Total Score	100%											80

Care Home Assessment	Has the home been visited by Nene Clinical Commissioning Group pharmacy team?	Yes
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Care Category	Standard Expected	Y/N	Comments
Safeguarding Care Home Assessment 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	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
	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	
	Total Score	100%	

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
Mental Capacity, Deprivation of Liberty Safeguards and Restraint	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									
Care Home Assessment 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?	N/A										
Total Score	100%											50

Care Home Assessment	How many deprivation of liberty authorisations are there in place.?	1
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Care Category	Standard Expected	Y/N	Comments
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	Does the care home conduct PWUS/relative satisfaction surveys?	Yes	6 monthly
	Is an action plan formulated in response to this?	Yes	
	Is there evidence of PWUS/relative meetings?	Yes	
	Are regular PWUS reviews held?	Yes	Monthly
	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	
Total Score:	100%		10

Care Category	Standard Expected	Y/N	Comments
Access to Primary Care	Is there evidence of the home requesting yearly health checks from the primary care team as a minimum?	Yes	Bugbrooke surgery visit the home on a regular basis, psychologists are
Care Home Assessment 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	Visiting opticians
	PWUSs are offered access to podiatry services.	Yes	The home encourages access to the community where possible to access primary care,
	PWUSs are offered access to dental services.	Yes	
	PWUSs are offered access to audiology services	Yes	
Total Score	100%		5

Governance/Management	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	
Care Home Assessment 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	On call lists - Emergency numbers
	There is evidence of regular staff meetings being held to disseminate information.	Yes	
	100%		6

		How many shifts?	
Care Home Assessment	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?	1	
	In the last month have unqualified agency staff been used to cover day shifts?		

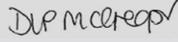
Care Category	Standard Expected	Y/N	Comments
Therapeutic Activities	There is a timetable of activities available to all PWUSs.	Yes	Each resident has a well structured activities programme.
	The individual needs of PWUSs are assessed:		
	a) on admission to the home	Yes	
	b) reviewed at a minimum frequency of monthly	Yes	
Care Home Assessment 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	
	100%		7

Care Category	Standard Expected	Y/N	Comments
Staffing	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	
Care Home Assessment 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	
Total Score	100%		8

Care Category	Standard Expected	Y/N	Comments	
	There is evidence that the home has a training matrix in place?	Yes		
Staff Training	Staff development and training programmes in place to ensure continued professional development, to include:			
	Induction	Yes		
	Food hygiene	Yes		
Care Home Assessment	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		
	Dementia Care	Yes		
	Managing behaviour that challenges	Yes		
	Equality and Diversity	Yes		
		Record Keeping	Yes	
		Continence care	Yes	
		Nutrition	Yes	
	Tissue Viability	Yes		
	Restraint training			
	Stoma Care			
	Enteral feeding systems	Yes		
	Diabetes			
	Epilepsy	Yes		
	Venepuncture			
	Basic life support	Yes		
	Anaphylaxis	Yes		
Total Score	100%		22	

Care Category	Standard Expected	Y/N	Comments
Environment and Health and Safety	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
Care Home Assessment 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	Mar-14
	Fire Drills	Yes	Mar-14
	Personal emergency evacuation procedures	Yes	Mar-14
	Emergency Lighting	Yes	Mar-14
	Portable appliance testing (PAT)	Yes	Mar-14
	Medication Audits	Yes	
	Environmental Health Visits	Yes	Jun-13
	Service Reviews e.g. Baths, fridges	Yes	
	Lift Servicing programme	Yes	Sep-13
	Stair lift servicing programme	Yes	Sep-13
	Hoist Service	Yes	
	Water testing including Legionella testing	Yes	Feb-14
	Gas Safety Checks	Yes	Apr-13
	Health & Safety Risk assessment of premises	Yes	
	Clinical waste	Yes	
	Pest control	Yes	
	Any Others? Specify below.		Listed on self assessment.
	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	Monthly
	Wheelchair maintenance programme	Yes	
	Signage appropriate to the service user group	Yes	
	Business contingency planning	Yes	
	100%		31

Section	Recommendations
Pre admission	
On Admission	
Tissue Viability	Care plans, wound assessments and body maps to be completed for all residents with wounds. Alternating pressure mattresses should be documented as being checked daily to ensure settings are correct. This needs to be included in the tissue viability audit along with Safeguarding notifications for grade 2 and completion of body maps.
End of Life Care	When appropriate advanced decisions to be documented. DNAR forms to have information that they have been 'reviewed' or 'do not need reviewing' as appropriate. End of life
Prevention of Falls	
Moving and Handling	
Nutrition and Hydration	
Infection Prevention and Control	
Continence Care	Residents with continence needs to have a continence risk assessment available within their care plan.
Medication Management	
Safeguarding	
Mental Health Care Including Dementia	
Mental Capacity and Deprivation of Liberty Safeguards	
Record Keeping	
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	This was a planned visit previously arranged with the manager Matt Street and was the first monitoring visit carried out at the home since opening a year ago. The visit comprised of a meeting with the manager, a tour of the home, speaking to staff and residents and case tracking two health funded clients. QIM was accompanied by 2 members of the health watch team. The Cotswolds provides care to clients who have suffered a traumatic or acquired brain injury and now require more of a focus on meeting nursing needs, general care and quality of life The home has 8 vacancies left since opening. The environment is clean and well maintained and decorated to high standards with the needs of the residents well catered for. There was evidence of support and therapeutic activities provided to the residents designed to meet individual needs. Staff spoken to felt very well supported by the Oakleaf group stating that they receive a good training package and supervision sessions, this was evidenced through documentation. There were high levels of staff within the home which facilitates the needs of the residents, and this was confirmed by residents spoken too. Care plans reviewed were detailed and person centred however there were some areas around their physical needs that lacked documentation. These have been highlighted in the recommendations. This was a very positive visit with evidence of staff providing good quality person centred care to ensure that the residents and their families within the home are well supported.
Action Plan	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.
Signature of QMN Nurse	
Print Name	Darren McGregor
Date of Report	24.04.2014