

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:

30.1.2018
Marilyn Levins

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

Oakleaf Group
Hilltop House
Ashton Road
Hartwell
Northampton
NN7 2EY
The Oakleaf group

Care Home Manager details:

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

Cathy Swannell
01604 864466
Kathy.swannell@oakleafcare.com
RMN

Is the Manager also the Clinical Lead?

No
Each unit has a clinical manager

If not, specify the name of the Clinical Lead

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

Yes/No
Yes

Have there been any recent or ongoing Safeguarding Investigations? If yes, please detail.

Yes

Details

Complaint are managed complaints manager
Safeguarding lead investigates and compiles any reports.

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

Early	Late	Night
21 (24/7 12hr shifts)		
68 full time	9 part time (mixed shifts)	

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

5 cleaner 5 maintained			Psychology assistant 5 /Occupational Therapist 6 OT 4 SALT 3. Research assistant P/T. Practice Nurse full time. 6 Admin team. Health and safety full time. Full time trainer. 3 Consultants. 2 transport drivers. Coffee shop personnel.
2 full time 2 kitchen ass			
Dietician 2			
Family liaison manager 2	1 Music's therapist		
Physiotherapist 1 plus ass	2 horticultural therapist		

CQC registration

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

Yes/No
Yes
No
No
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	
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	Yes
Dementia	Yes
Learning disabilities	Yes
Mental health conditions	Yes
Physical disabilities	Yes
Sensory impairments	Yes

Occupancy of the Care Home	
Number of places for which the care home is registered	53
Total occupancy of the home at the time of monitoring visit	46
Nursing Service Users with CHC funding	10
Residential Service Users	
Residential Service Users with CHC funding	
Number of FNC funded placements	3
Out of county placements CHC	
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	AH 12.12.1997	6	
2	PR 2.1.1948	7	
3		8	
4		9	
5		10	

Date of Visit:	30.1.2018
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Name of Home:	Oakleaf Group
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Pre Admission	100%
On Admission	100%
Tissue Viability	100%
End of Life Care	100%
Prevention of Falls	100%
Moving and Handling	100%
Nutrition and Hydration	100%
Infection Prevention and Control	100%
Contenance Care	88%
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%
CQC Fundamental Standards	100%

Scoring

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

OVERALL RATING	99%
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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	
On Admission Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part3) Care Quality Commission (Registration) Regulations 2009 (Part 4) Essential Standards of Quality and Safety - Outcomes, 9,10, 11,12,13,14,15 17, 18	On admission does the PWUS or nominated representative have access to Statement of Purpose and PWUS guide?	Yes	Yes									AH and PR NOK were given all documentation.	
	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										AH NBM Peg feeding insitu. PR Peg feeding and NBM.
	c) Manual handling	Yes	Yes										AH Hoist non weight bearing.
	d) Falls	Yes	Yes										AH falls risk moderate. PR falls risk moderate.
	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										AH lacked capacity on admission. PR lacked capacity lacked capacity on admission.
	k) Deprivation of liberty safeguards	Yes	Yes										
	l) Therapeutic activities	Yes	Yes										
	m) Medication management	Yes	Yes										
n) That a Body Map is completed or ongoing	Yes	Yes											
Confirm that a baseline set of observations has been recorded on admission.	Yes	Yes											
On Admission Score	100%											180	

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	Has the tissue viability risk assessment been evaluated at least once a month in the last 12 month period (as a minimum)?	Yes	Yes									AH waterlow very high risk. PR waterlow very high risk,
Care Home Resident Assessment Health & Social Care Act 2008 Essential Standards of Quality and Safety Outcomes -9.,10,11,12,13, 14, 15,15.1(a), 15.1(b) 16,17, 18	Does the resident's care plan reflect their needs based on the risk assessment score and professional judgement?	Yes	Yes									AH on 15 minutes observations 24/7
	Does the home complete Monthly Health Thermometer/NIRIT returns for all nursing clients?	Yes	Yes									
	If the PWUS has a wound, is there:											
	a) a care plan in place for each wound?	N/A	N/A									
	b) Wound dressing plan in place for each wound?	N/A	N/A									
	c) Body Map completed	N/A	N/A									Body maps are only used if there is a wound insitu, or skin integrity changes.
	d) Ongoing informal skin assessed monthly at a minimum	Yes	Yes									
	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	Yes									Air mattress are checked daily.
	b) Cushion	Yes	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?	Yes	Yes									Mattress checks daily and monthly audits are undertaken.
	Is there evidence of a system to ensure the correct maintenance, cleaning and decontamination of pressure relieving equipment?	Yes	Yes									
	Is there evidence that staff refer for specialist advice if required?	Yes	Yes									There is in house Physiotherapist and Occupational Therapist and AH and PR have access to both.
	Is there evidence on observation that the home uses equipment correctly?	Yes	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	100%											160

Care Home Assessment	Total Number of Pressure Ulcers in the home at the time of review.		Comments
	Grade 1 Pressure Ulcers	0	
	Grade 2 Pressure Ulcers	0	
	Grade 3 Pressure Ulcers	0	
	Grade 4 Pressure Ulcers	0	
	Does the home routinely carry out Tissue Viability audits?		
	Which Pressure Ulcer risk assessment Tool is utilised?	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	
Prevention of Falls	Does the PWUS have a falls risk assessment tool in place?	Yes	Yes									Oakleaf tool FRASS	
	Have falls risk assessments been evaluated at least monthly in the last 12 month period?	Yes	Yes										
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: 9.3(c),10,11,12,12(g) 13.15.15.1(a). 15.1(b).17.18	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										AH PR has OT and Physiotherapy already involved
	Does the home notify the relevant authorities of injuries sustained by PWUS following a fall?	Yes	Yes										
Total Score:	100%												60

Care Home Assessment	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	
Nutrition and hydration	Does the PWUS have a nutrition & hydration risk assessment tool in place?	Yes	Yes									MUST Tool	
	Has the nutritional risk assessment been evaluated at least once a month in the last 12 month period (as a minimum)?	Yes	Yes									AH and PR are reviewed at least monthly by Dietetic in house service.	
	Does the service users care plan reflect their needs based on the risk assessment?	Yes	Yes										AH and PR Peg fed.
	If the service user has experienced unexplained weight loss is there evidence of the home commencing fortification of meals?	N/A	N/A										AH and PR weight is stable.
	If a service users presents with ongoing unexplained weight loss despite fortification of diet does has the home referred to dieticians?	Yes	Yes										AH Dietician involved and Homeward nurse.PR is reviewed monthly by the dietician.
	If advice has been sought from the dietician is there evidence that this has been followed?	Yes	Yes										
	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	Yes										AH and PR has a peg feeding regime in place and this is recorded plus flushes on the fluid balance chart.
	Is there evidence that PWUS who have diagnosis of dementia are supported with their nutrition needs through being offered regular snacks or finger foods?	N/A	N/A										
	Is there evidence that the Home has offered a choice of meal/drinks that meets the needs/preferences of the PWUS as far as is practicable?	N/A	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	Yes										The fluid balance charts form part of the monthly dietician reviews for AH and PR.
	Is there evidence that the Home provides flexible mealtimes for residents with dementia?	N/A	N/A										AH and PR NBM
	Are resident's with an identified swallowing problem referred for further assessment?	Yes	Yes										In House SALT service. Insitu.
	If advice has been sought on swallowing issues is there evidence that this has been followed?	Yes	Yes										AH has SALT involved. PR has SALT involved.
	If the service user has an enteral feeding regime is there evidence that the home is following best practice guidance and specialist advice?	Yes	Yes										AH the unit has changed the feeding regime to aid the issue with vomiting, this has been successful. Peg feeding is now given with a break in-between, this has been undertaken with full involvement with the dietician, this was a long standing issue.
	Is there evidence that service users who have a gastrostomy feeding tube (e.g. PEG, RIG, BGT etc.) of the Home: a) advancing and rotating the gastrostomy tube in line with best practice policy and procedure and that this is appropriately documented and recorded?	Yes	Yes										
b) is recording the condition of the gastrostomy/stoma site on a daily basis?	Yes	Yes											
c) ensure that the care plan/feeding regime includes information on how/when to increase fluid intake through gastrostomy? (e.g. if the service user is ill, or the weather is hot?)	Yes	Yes											
d) evidence within the care plan the type of gastrostomy device and date when the tube change/ balloon inflation should occur?	Yes	Yes											
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: 9,15,17,18	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 a deep cleaning schedule that it adheres to?	Yes	For all 3 units.
	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	The QIM witnessed the use of PPE being used .
	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	The Company called PHS All Clear is used by the home.
	Is there evidence of the home completing a monthly or at least quarterly audit of infection prevention control practices in the home?	Yes	Quarterly.
	Is there evidence of action been taken to address any issues as a result of audits if required?	Yes	
	Does the Home have an appropriate decontamination policy/procedure for the decontamination and cleaning of all equipment?	Yes	The home has implemented new cleaning audits for wheelchairs and commodes.
Has the home completed the Essential Steps self-assessment tool or an equivalent on an annual basis?	Yes		
Total Score	100%		14

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									The QIM could not find any evidence of a continence assessment tool being used. The unit manager informed the QIM that they are in the process of implementing one.
	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									
	Does the continence care plan include:											
	a) types of continence aids used?	Yes	Yes									PR comprehensive care plan detailing detail Sheath and Pads.
	b) any specific treatments i.e. medication, abdominal massage?	Yes	Yes									AH use of laxatives. PR care plan in place for previous C-Diff.
	c) individual toileting plan	N/A	N/A									
	d) Assessment of normal bowel history, habits and preferences?	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	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	N/A									
	b) the size and type of catheter	N/A	N/A									
	c) batch numbers and expiry dates	N/A	N/A									
	d) dates of changes	N/A	N/A									
	e) documented regime for catheter bag changes?	N/A	N/A									
	f) the state of catheter on removal	N/A	N/A									
	g) Is there a documented rationale for catheter maintenance solution use including a program/plan?	N/A	N/A									
	If the resident is being treated for a CAUTI are urinary catheters changed on commencement of antibiotic?	N/A	N/A									
	Are residents provided with appropriate catheter and leg bag support devices?	N/A	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	88%											

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:9,10,11,12,13,14,15,17,18	Does the MAR sheet for each PWUS show a complete record of prescribed and administered medicines?	Yes	Yes									AH and PR medication administered via the Peg.	
	Following significant events, e.g. change in health condition, repeated refusals etc., do staff appropriately refer the PWUS to the GP?	Yes	Yes									AH has PRN medication insitu for seizer activity.	
	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	Does the home have available the current interagency safeguarding procedures for Northamptonshire?	Yes	
	Are staff aware of how to report safeguarding incidents?	Yes	
Care Home Assessment	Does the home evidence that incident investigations outcomes are shared with the care team?	Yes	
	Is there evidence that the provider is ensuring that Incidents that affect the health, safety and welfare of people using services are reported internally and to relevant external authorities/bodies where applicable?	Yes	
	a) Are they reviewed and thoroughly investigated and monitored to make sure that action is taken to remedy the situation, prevent further occurrences and make sure that improvements are made as a result?	Yes	
	b) Is there evidence that Staff who were involved in incidents received information about them and this was shared with others to promote learning?	Yes	
	Have there been any safeguarding notifications since our last visit? If yes, please detail.	Yes	March 2017 Typo error on medication chart, this did not lead to a drug error. All action taken by the home, no further action taken by safeguarding team and case closed. April 2017 A resident entered another residents room and caused some minor superficial damage, the resident who was staying in the room was in bed asleep at the time of the incident. The home took full action and the resident who was wondering was placed on 1:1 observations.
The service must ensure that policies and procedures relating to safeguarding are followed. Service providers quality schedule. Health and Social Care Act 2008 Outcomes 10,11,13,17,18	Does the provider ensure that they comply with relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare Regulatory Authority (MHRA) and through the Central Alerting 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 and NHS Corby Clinical Commissioning Groups?	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									AH lacks capacity. PR does have capacity currently.
	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	N/A									AH Dols insitu : Aspects of care/peg/medication/Continence/Environment/PA care/sezuires.PR has capacity for making decisions in : Care planning/Oral tasters/living arrangements/DNAR
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: 9,10,11,12,13,18 Where service users lack capacity their or are being deprived of their liberty the care home acts as per The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2014)	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										
Total Score	100%											50

Care Home Assessment	How many deprivation of liberty authorisations are there in place.?	15
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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: 9,10,12,13,15,16,17,18	Does the care home conduct PWUS/relative satisfaction surveys?	Yes	Twice a year.
	Is an action plan formulated in response to this?	Yes	
	Is there evidence of PWUS/relative meetings?	Yes	Monthly for service users, and 1:1 meetings for relatives.
	Are regular PWUS reviews held?	Yes	3-6 monthly or more if that is what is needed.
	Is there evidence that the home has taken into account the PWUS previous experiences and life history?	Yes	Getting to know me book is completed for the residents when they entre the unit.
	Is there evidence that the service users individual choices and decisions are respected?	Yes	Activity committee plus a patient choice policy is in place.
	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	Leaflets with full details are accessible to both residents and relatives.
	Is this available to PWUS and visitors to the home?	Yes	On notice boards.
	Are records of complaints kept as per the homes complaints policy?	Yes	
Total Score:	100%		11

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	The home has employed a practitioner who undertakes annual health checks.
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: 9,10,11,12,13,15,17,18	PWUSs are offered an annual optical examination.	Yes	Comes to the home.
	PWUSs are offered access to podiatry services.	Yes	
	PWUSs are offered access to dental services.	Yes	
	PWUSs are offered access to audiology services	Yes	SALT team within the home have been trained and do have access to some equipment that aids the audiology services.
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	Supervision is undertaken 4 times per year. Yearly IPR. 3 Monthly probation period for all new staff members and mentors are allocated.
	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: 9,12,18	Staff take part in an annual Individual Performance Development and Review (IPDR) scheme, which includes identification of on-going training needs.	Yes	Yearly
	There is a protocol for out-of-hours which is complied with by staff.	Yes	There is a manager and a clinician on call 24/7.
	There is evidence of regular staff meetings being held to disseminate information.	Yes	Units meet once a month. Managers meetings once a month. MDT's weekly.
	100%		6

		How many shifts?	
Care Home Assessment	In the last month have agency staff been used to cover night nursing shifts?	0	The home does not use agency trained nurses.
	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?	216.5 hrs	
	In the last month have unqualified agency staff been used to cover day shifts?	799 hrs	

Care Category	Standard Expected	Y/N	Comments
Therapeutic Activities	There is a timetable of activities available to all PWUSs.	Yes	300 sections per week for activities.
	The individual needs of PWUSs are assessed:		
	a) on admission to the home	Yes	
	b) reviewed at a minimum frequency of monthly	Yes	Reviewed weekly
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: 10,12	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 organises holidays for the residents.
	The home has an open visiting policy for family and friends.	Yes	Not for children under the age of 18 yrs, if children want to visit risk assessments are undertaken before the visit can go ahead.
	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	The home does not use trained nurses via an agency. The home always use the same agency and also block book in advance.
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 13,18,19	Does the home have evidence that Agency staff have NMC registration if appropriate?	N/A	
	Is there evidence that the homes check nurses NMC registration on renewal date?	Yes	HR controls this, and reports are sent to the management team.
	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	5 days training/ induction pack and mentor. E learning.
	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	Regular meetings are conducted to look at the skill mix in relation to the changing needs of the residents. Each unit has 2 lead CSW as a minimum.
	Is there evidence that the home reviews staffing levels and skill mix must be continuously and that they adapted to respond to the changing needs and circumstances of people using the service?	Yes	
	Are effective arrangements in place to avoid or reduce the use of agency staff?	Yes	Recruitment drive ongoing.
Total Score	100%		9

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: 18,19	Hoist and manual handling equipment training	Yes	
	Syringe driver training	Yes	
	First Aid	Yes	
	Health and Safety	Yes	
	Fire	Yes	
	Safeguarding	Yes	
	Medication management	Yes	
	Person centred planning	Yes	
	Catheterisation male	N/A	
	Catheterisation female	N/A	The Home only takes male residents.
	Catheterisation supra pubic	Yes	
	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	Yes	TMVA
	Stoma Care	Yes	
	Enteral feeding systems	Yes	
	Diabetes	Yes	
	Epilepsy	Yes	
	Venepuncture	Yes	
	Basic life support	Yes	ILS is undertaken by Trained staff only
	Anaphylaxis	Yes	
Total Score	100%		

Care Category	Standard Expected	Y/N	Comments
Environment and Health and Safety	Employers Liability Insurance	Yes	
	Public Liability Insurance	Yes	
	Up to date Health and Safety Policy	Yes	8.2.17
	Health and Safety Inspections:	Yes	
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: 12,15	Fire Equipment Checks	Yes	11.2.17
	Fire Drills	Yes	1.2.18
	Personal emergency evacuation procedures	Yes	
	Emergency Lighting	Yes	
	Portable appliance testing (PAT)	Yes	
	Medication Audits	Yes	Monthly
	Environmental Health Visits	Yes	
	Service Reviews e.g. Baths, fridges	Yes	Monthly
	Lift Servicing programme	N/A	
	Stair lift servicing programme	N/A	
	Hoist Service	Yes	
	Water testing including Legionella testing	Yes	8.2.17
	Gas Safety Checks	Yes	5.2.17
	Health & Safety Risk assessment of premises	Yes	5.2.17
	Clinical waste	Yes	
	Pest control	Yes	
	Any Others? Specify below.	Yes	Air Con/Radiator temps/Drains/Beds and Boilers.
	Infection Prevention and Control Policies	Yes	
	Safeguarding Policy	Yes	
	Whistle Blowing Policy	Yes	8.2.17
	Consent Policy which includes where service users lack capacity	Yes	
	Record keeping policy that reflects where nursing care is provided follows nursing and midwifery NMC guidance good practice guidance	Yes	8.2.17
	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	8.2.17
	100%		

CQC Standards	Standard Expected	Y/N	Comments
Safe	Does the service have sufficient risk management management processes in place e.g. risk assessments completed, monitored, relevant and current to need?	Yes	
	Are people protected from avoidable harm?	Yes	The QIM was informed that there was no residents within the home with Pressure Ulcers.
	Does the service have systems in place for the reporting and learning from adverse incidents?	Yes	
	Are people protected from abuse?	Yes	The QIM was made aware by the registered manager all staff are aware of how to report a safeguarding and this is a regular agenda item at meetings. The QIM's saw evidence of a tracker in place for both closed and open safeguarding alerts.
	Does the service have sufficient training and processes in place for staff to recognise and report safeguarding concerns?	Yes	
	Are risks to individuals and the service managed so that people are protected and their freedom is supported and respected?	Yes	
	Does the service have sufficient medicines management processes in place?	Yes	
	Does the service have sufficient infection prevention and control processes in place?	Yes	
Effective	Does the service make sure that there are sufficient numbers of suitable staff to keep people safe and meet their needs?	Yes	The QIM was informed by the registered manager that they do not use trained staff from any agencies, they cover any shortfall with their current staff. There is a recruitment drive underway to manage the current vacancies. Agency is used to cover carers shifts.
	Does the service have systems in place to ensure an appropriate staff skill mix is in place for each shift?	Yes	
	Is consent to care and treatment always sought in line with legislation and guidance?	Yes	
	Does the service have sufficient training and processes in place for staff to ensure Deprivation of Liberty Safeguards are conducted, recorded and managed in line with best practice?	Yes	
	Does the service have sufficient training and processes in place for staff to undertake Mental Capacity Assessments and demonstrate that this is documented and care is provided accordingly?	Yes	
	Can the service demonstrate that physical observations are undertaken, acted upon and recorded in line with each person's needs?	Yes	
Caring	Are positive caring relationships developed with people using the service?	Yes	The QIM witnessed staff interaction with the residents, this was a very positive experience.
	Do the staff demonstrate good attitude and behaviours in the workplace?	Yes	The QIM spent the majority of the day in Orchard House, this environment was very calm and staff interaction with residents was excellent.
	Does the service have systems in place to monitor and manage standards of patients' experience of care?	Yes	The QIM was informed that Residents and Relative satisfaction surveys are conducted twice a year, and action plans are put in place if needed. The QIM spent some time with a residents relative and the feedback was very positive.
	Are staff aware of their responsibilities?	Yes	Staff spoken with were able to demonstrate their understanding of their roles and responsibilities.
	Does the service and its staff have a good understanding of patient treatment and care?	Yes	The service has a large team of in house health care professionals that regularly undertake MDT's and are very responsive to the changing needs of the residents.
	Is people's privacy and dignity respected and promoted?	Yes	The QIM spent time with a resident who clearly articulated that staff always knock and wait before they enter the room, and the residents needs and wants are respected.
	Can the service demonstrate evidence of good care records and documentation?	Yes	
	Are people supported at the end of their life to have a comfortable, dignified and pain free death?	Yes	
Responsive	Do people receive personalised care that is responsive to their needs?	Yes	
	Does the service have sufficient processes in place to receive, respond to and learn from patient/relative feedback and complaints?	Yes	
	Does the service support people and their families to be actively involved in making decisions about their care, treatment and support?	Yes	The QIM did see evidence that care plans were signed by NOK.
	Does the service have arrangements in place to ensure that patient's receive equipment that is appropriate to their needs?	Yes	
	Does the service have arrangements in place to ensure that equipment is maintained appropriately?	Yes	
	Does the service have processes and systems in place to ensure that medical treatment and specialist services can be sought and accessed as required?	Yes	
	Do people receive consistent coordinated, person-centred care during the pre-admission and admission processes?	Yes	
Well-led	Does the service have processes and systems in place to manage staff vacancies and recruitment?	Yes	
	Does the service have processes and systems in place to manage staff sickness?	Yes	
	Does the service have clear lines of accountability?	Yes	
	Is it a clean environment?	Yes	The Environment of the unit was very clean and not cluttered.
	Does the service have processes and systems in place to ensure 1:1 and appraisals for staff are undertaken on a regular basis?	Yes	
	100%		34

Section	Recommendations
Pre admission	
On Admission	
Tissue Viability	
End of Life Care	
Prevention of Falls	
Moving and Handling	
Nutrition and Hydration	
Infection Prevention and Control	
Continence Care	Recommend that a continence assessment tool is implemented.
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	<p>This was a planned annual clinical quality visit arranged with the registered manager Kathy Swannell. The visit comprised of spending time with the registered manager to go through the governance systems that are in place. I was then taken to Orchard House and introduced to the unit manager, case tracked 2 health funded residents and met their relatives. The Orchard unit opened in April 2016 and has 22 beds, this unit not only specialises in behaviour management but a lot of the residents have high physical needs. The unit has on site access to a large team of healthcare professionals who are actively involved in planning, implementing and evaluating care. There is clear management systems in place with evidence of learning outcomes from the audits that are conducted by the home. The care plans and supporting documents that were viewed by the QIM were person centred and involved the residents' relatives. One resident that was case tracked had very complex presentation of epilepsy and the QIM noted that though the care plan was comprehensive, it could benefit from more detail on how the seizure activity presents in the resident also if there are any triggers that can induce seizure activity. Also it would be beneficial if all the relevant documentation pertaining to the residents is kept in one place for easy access. The QIM spent some time with two residents, and the comments they made about the unit and the staff were very complimentary. The unit itself was calm and the QIM noted very positive interaction between the residents and the staff. This was a very positive visit.</p>
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	Marilyn Levins
Date of Report	1.2.2018