

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:

30.1.2019
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:

Kathy Swannell
full time
01604 864466
Kathy.swannell@oakleafcare.com
RMN

Is the Manager also the Clinical Lead?

No

If not, specify the name of the Clinical Lead

Each unit has a Unit manager and deputy.
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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

complaints 8 from residents about staff.
12.5.18 staffing issues. 30.5.18 allegation of physical abuse. 18 Residents altercations 2 medication error. 1 suicide attempt. 1 unsafe discharge. 1

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

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

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

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

Early	Late	Night
23 (24/7 12hr shifts)		

Number of Care Staff: Untrained

68 full time/9 part time (mixed shifts)		
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Total number of cleaning/domestic staff

5 cleaners/6 maintenance	Large team of therapists that include: Physiotherapist/OT/SALT/admission/research ass/trainers/consultants and drivers. Psychologist. Nurse
1 full time cooks/3 kitchen assistances	
2 Dietician	
2 family liaison managers	
1 Physio plus 1 assistant	

Total number of chef/cooks

Other staff

2 family liaison managers
1 Physio plus 1 assistant

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	51
Nursing Service Users with CHC funding	7
Residential Service Users	0
Residential Service Users with CHC funding	0
Number of FNC funded placements	2
Out of county placements CHC	31
Individual Packages of Care Funded (IPC)	4

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	A H 12.12.1997 Orchard Unit	6	
2	J HB 20.2.1971 Orchard Unit	7	
3		8	
4		9	
5		10	

Date of Visit:	30.1.2019
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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%
Continence Care	100%
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%

OVERALL RATING	100%
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Scoring

0%	49%
50%	89%
90%	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	
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										
	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									AH air mattress/feeding pump/hoist/slide sheet.	
	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										JB insulin dependant diabetic.
	c) Manual handling	Yes	Yes										JB non weight bearing
	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										
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 17 26.1.19. JB waterlow 19 28.1.19		
	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										
		Does the home complete Monthly Health Thermometer/NIRIT returns for all nursing clients?	N/A											
		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										
		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										AH Airflow Mattress. JB air mattress
		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										
		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										AH and JB have access to the extensive in house therapy team.
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?	N/A	
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	
End of Life Care	Is there a record of whether the PWUS has been given the opportunity to partake in advance care planning decisions in respect of end of life wishes?	Yes	Yes									AH full involvement with the family.	
	Is there evidence within the care plan that the persons preferences and wishes about their end of life care have been taken into consideration?	Yes	Yes										
	Is there an individualised plan of care? If the person is in the last days of life has the care plan been aligned to the 5 priorities of care?	N/A	N/A										
	Where there is a DNACPR form is this valid and applicable? Is there evidence that this has been discussed with the relevant people?	N/A	N/A										
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: 9.3(c),10,11,12, , 12(g),13,15.1(b), 15.1(c),16, 17,18	Is there evidence that the Care Home has implemented systems and processes for managing End of Life within the home? E.g. GSF	Yes										GSF completed by the home.	
	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	100%											53	

Care Home Assessment	Number of residents having End of life care at time of review.	2
	Has the home purchased a McKinley Syringe driver or given consideration to purchasing one?	Yes
	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	Does the PWUS have a falls risk assessment tool in place?	Yes	Yes									AH medium risk of falls. JB medium risk of falls.
	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?	N/A	N/A									AH no falls in the last 12 months. JB no falls in the last 12 months.
	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										
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?	0
	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									AH weight is stable and under the dietician, January 19 weight = 73.1kg BMI 22. JB weight 78.8kg BMI 27 and weight stable.		
	Has the nutritional risk assessment been evaluated at least once a month in the last 12 month period (as a minimum)?	Yes	Yes											
	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: 9,10,11,12,13,14,15,17,18.	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?	N/A	N/A									AH has a NBM Peg insitu. JB has a peg insitu.	
		If a service users presents with ongoing unexplained weight loss despite fortification of diet does has the home referred to dieticians?	N/A	N/A										AH JB currently under the in house dietician.
		If advice has been sought from the dietician is there evidence that this has been followed?	Yes	Yes										AH JB peg feeding regime and flushed.
		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 for peg feeding regime.
		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										
	Is there evidence that the Home provides flexible mealtimes for residents with dementia?	N/A	N/A											
	Are resident's with an identified swallowing problem referred for further assessment?	Yes	Yes										AH is NMB. JB is NBM	
	If advice has been sought on swallowing issues is there evidence that this has been followed?	Yes	Yes										In house SALT team.	
	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											
	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? b) is recording the condition of the gastrostomy/stoma site on a daily basis? 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?) d) evidence within the care plan the type of gastrostomy device and date when the tube change/ balloon inflation should occur?	Yes	Yes										AH Peg insitu size 15 Freka J feeding tube and appropriate charts insitu. JB peg insitu appropriate charts insitu.	
		Yes	Yes											
		Yes	Yes											
		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	Hand book/Induction/notice boards.
	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	Night charge nurse.
	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	
	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	External company PHS All clear.
	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	Cleaning audits for wheelchairs and commodes. Monthly wheelchair audit/action plan.
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	
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 JB medication is 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										
	Does the administration of covert medication by staff follow NMC and/or best practice guidelines?	Yes	Yes										AH GP acknowledgment form signed and dated for crushed/covert medication 24.1.19. PRN protocol in place for rescue medication. GP acknowledgement and consent to crushed medication via peg 24.1.19. PRN medication protocol for rescue medication.
	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	N/A										
	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	Nurse in charge will submit the SOVA notifications.		
	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	Nurse Manager is the SOVA lead.	
		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		
		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	Have there been any safeguarding notifications since our last visit? If yes, please detail.	Yes	12.5.18 staffing issues. 30.5.18 allegation of physical abuse.18 Resident Altercations. 2 medication error. 1 suicide attempt. 1 unsafe discharge. 1 against NGH about medication.1 staff incident.
			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	On the notice boards on each unit.		
Total Score	100%		10		

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 MC. JB lacks mental capacity
	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									AH Dols insitu. JB court of protection 17th.November 2016.
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.?	6
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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	1:1 meetings for relatives and monthly for residents.
	Are regular PWUS reviews held?	Yes	3-6 monthly or more if 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 all the residents when they entre the units. Pre assessment book.
	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	Leaflets with full details are accessible to both residents and relatives.
	Is this available to PWUS and visitors to the home?	Yes	On the 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	A clinical practitioner undertakes annual health checks. Monthly checks are taken and all results sent to the GP.
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	In the home.
	PWUSs are offered access to podiatry services.	Yes	
	PWUSs are offered access to dental services.	Yes	External.
	PWUSs are offered access to audiology services	Yes	The Salt team within the home have been trained and 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	Induction training, Staff can access 'O' drive. Work in teams.
	The service provider has a policy on the clinical and/or professional supervision of all staff.	Yes	Supervision is 4 times per year min requirement .Yearly IRP.
	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	
	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	Unit meet once a month. Managers meetings once a month. MDT's weekly. Admissions meeting 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?	70.5hrs	
	In the last month have unqualified agency staff been used to cover day shifts?	378 hrs	

Care Category	Standard Expected	Y/N	Comments
Therapeutic Activities	There is a timetable of activities available to all PWUSs.	Yes	300 sessions 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. 2 fulltime drivers for the home just to take the residents out in the community.
	The home has an open visiting policy for family and friends.	Yes	Not for children under the age of 18 years, if children wish to visit a risk assessment is 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	Two staff files viewed by the QIM.
	Is there evidence that Agency staff receive an induction?	Yes	The home does not use trained nurses via a agency. The home uses the same agencies and are block booked in advance. Profile received from the agency and agency staff must wear uniforms.
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	The HR department undertake this task this generates a reports that are sent to the management team. The providers pays the staffs NMC registrations.
	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	Induction pack and allocated mentor 5 days induction plus 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 undertaken to look at skill mix in relation to the changing needs of the residents.
	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	Twice per year as per company policy.
	Are effective arrangements in place to avoid or reduce the use of agency staff?	Yes	Recruitment drives.
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 takes male residents only.
	Catheterisation supra pubic	N/A	
	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 all trained staff.
	Anaphylaxis	Yes	
Total Score	100%		33

Care Category	Standard Expected	Y/N	Comments
Environment and Health and Safety	Employers Liability Insurance	Yes	9.18
	Public Liability Insurance	Yes	9.18
	Up to date Health and Safety Policy	Yes	
	Health and Safety Inspections:	Yes	8.18
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	
	Fire Drills	Yes	10.18
	Personal emergency evacuation procedures	Yes	
	Emergency Lighting	Yes	
	Portable appliance testing (PAT)	Yes	
	Medication Audits	Yes	Month
	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	12.18
	Gas Safety Checks	Yes	
	Health & Safety Risk assessment of premises	Yes	
	Clinical waste	Yes	
	Pest control	Yes	
	Any Others? Specify below.	Yes	Air conditioners/Radiators/Drains/Beds/Boilers.
	Infection Prevention and Control Policies	Yes	
	Safeguarding Policy	Yes	
	Whistle Blowing Policy	Yes	
	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	
	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	10.18
	100%		31

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	All risk assessments are in placed and reviewed
	Are people protected from avoidable harm?	Yes	
	Does the service have systems in place for the reporting and learning from adverse incidents?	Yes	
	Are people protected from abuse?	Yes	
	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	
	Does the service have systems in place to ensure an appropriate staff skill mix is in place for each shift?	Yes	Staff are trained to meet the complex and challenging needs of the residents.
	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 a supportive and compassionate relationship between staff and residents on the unit.
	Do the staff demonstrate good attitude and behaviours in the workplace?	Yes	
	Does the service have systems in place to monitor and manage standards of patients' experience of care?	Yes	
	Are staff aware of their responsibilities?	Yes	
	Does the service and it's staff have a good understanding of patient treatment and care?	Yes	There is an extensive therapy team on site.
	Is people's privacy and dignity respected and promoted?	Yes	
	Can the service demonstrate evidence of good care records and documentation?	Yes	The care plans and risk assessments are in place with comprehensive therapy notes.
	Are people supported at the end of their life to have a comfortable, dignified and pain free death?	N/A	
Responsive	Do people receive personalised care that is responsive to their needs?	Yes	Care plans are person centred and holistic in nature.
	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	
	Does the service have arrangements in place to ensure that patient's receive equipment that is appropriate to their needs?	Yes	Occupational Therapist on site.
	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	Currently the there is a recruitment drive ongoing.
	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	Very clean no malodours.
	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	
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 and their relatives or nominated individual. It would be beneficial if all the relevant documentation pertaining to the residents is kept in one place for easy access. The QIM spent time with the unit manager who showed great innovation in wanting to drive forward quality both in resident care and documentation. The unit itself was calm and the QIM noted very positive interaction between the residents and the staff. This was a very positive visit that resulted in no recommendation being made by the QIM with an overall rating of 100%.</p>
Action Plan	<p>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.</p>
Signature of QMN Nurse	
Print Name	Marilyn Levins
Date of Report	5.2.19