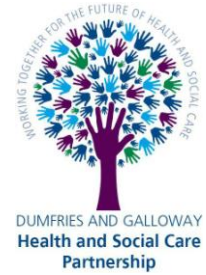


Appendix 3

Care Home Assurance / Monitoring Visit



Name of service			
Date of Visit			
Registration Type (Residential / Nursing / EMI)			
Number of beds in care home		Number of people using the service	
Breakdown of Bed Types		Open to admissions/transfers	
Residential			
Nursing			
EMI		Open to visiting	
Respite			
Visiting team	Name	Role	
	Date	Team members	

Appendix 3

Previous visits						
Care Inspectorate Grades (last 3) Date:	COVID	People's wellbeing	Leadership	Staffing	Setting	Care / Support Planning
Requirements / Areas of Improvement from previous Care Inspectorate Visit (where applicable)						
Recommendation				Comments / discussion		

Previous Recommendations/Agreed Actions from previous Care Home Tactical Team Assurance Visit (where applicable)		
Recommendation/Agreed Actions	By who / Responsible person	Comments

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Previous Recommendations/Agreed Actions from previous Contract Monitoring Team Visit (where applicable)		
Action	By who / Responsible person	Comments

Key for completion		
Care Home Tactical Team (CHTT)	Contracts Monitoring Team (CMT)	Both Teams

People’s health and wellbeing are supported and safeguarded

Observations and Feedback		
1. Residents know how they can stay in touch with people that are important to them and report good support from staff to do this. Is visiting being offered in line with Scottish Government guidance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
2. Residents are receiving regular interactions and engagement from staff including encouragement and resources to undertake activities either alone or with staff, including people who are supported in their bedrooms. There is a choice in the activities being offered to the residents which covers both group and 1-1 interactions and the person feels they have something meaningful to do? Residents are encouraged to move regularly and remain as active as they can, including the use of outdoor space where possible.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		

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2a. Are residents who are bedbound and/or choose to stay in their own rooms provided with appropriate care and support? (how is this demonstrated).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
2b. Residents behavioural signs are recognised (i.e. engaging with the world around them or withdrawing, disengaging). Residents receive the comfort they need for emotional distress.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2c. Are residents with communication difficulties supported and involved and how is this achieved.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
3. There is good communication between the service, families and those who are important to people experiencing care in the service and how care and support is being provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
4. Are Satisfaction Surveys/Service user's feedbacks being carried out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Where evidence has not previously been provided through the Contract Monitoring Returns, evidence the following documentation:</p> <p><input type="checkbox"/> Evidence Previously provided</p> <p><input type="checkbox"/> Returned Satisfaction Surveys - evidence of who has filled in, check to see not all filled in by same person</p> <p><input type="checkbox"/> Evidence of an action plan/improvements (including where no negative comments have been received)</p> <p><input type="checkbox"/> Evidence of where service user feedback has shaped the service</p> <p>Notes</p> <p>Notes:</p>		
5. Are comments, compliments/complaints being reviewed and recorded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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- Comments recorded
- Compliments recorded
- Complaints recorded
- Outcomes being applied
- Complaints/compliments has policy been updated since the last contract monitoring meeting. (Where a policy has been updated, a copy is required.)

Notes

6. Is an Adult Support & Protection (ASP) policy in place? Are staff trained on the ASP policy and understand the actions required?

 Yes No

- Forms part of induction training
- ASP training 80% compliant
- Annual update/refresher
- ASP policy is in place and contains up to date guidance
- ASP policy has been updated since the last contract monitoring meeting. (Where a policy has been updated, a copy is required.)

For AS&P cases that have progressed to the referral stage more information should be provided in relation to the detail of the Adult Support and Protection referral and whether there has been any changes to the service following ASP referral:

7. Resident's care plans & 6 Monthly Reviews including anticipatory care plans are up to date and address the social and emotional aspects of care.

 Yes No**Notes****7a. Evidence****Service User 1**

- Service user details including preferred name, GP, NOK, notification to representatives, medical history
- Person centred care/support plans
- Individual outcomes

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- Links to activities relevant likes and interests
- Communication needs / preferences identified & supported
- Details of how care/support is provided
- Guardianship/POA details
- Section 47 certificate, with dates, and treatment plan are in place
- End of life plan including DNR if applicable
- Risk Assessment check
- Service User Finances
- Skin integrity
- Food & Fluid monitored (where appropriate)
- Falls monitoring/Risk Assessment
- Medication Administration/records

6 Monthly Reviews

- 6 monthly reviews are influencing care/support
- Evidence to support why 6 monthly review has not taken place
- Social work outcomes (where possible link to outcomes identified in Mosaic).
- Individual outcomes evaluated

Comments:

Appendix 3**Service User 2**

- Service user details including preferred name, GP, NOK, notification to representatives, medical history
- Person centred care/support plans
- Individual outcomes
- Links to activities relevant likes and interests
- Communication needs / preferences identified & supported
- Details of how care/support is provided
- Guardianship/POA details
- Section 47 certificate, with dates, and treatment plan are in place
- End of life plan including DNR if applicable
- Risk Assessment check
- Service User Finances
- Skin integrity
- Food & Fluid monitored (where appropriate)
- Falls monitoring/Risk Assessment
- Medication Administration/records

6 Monthly Reviews

- 6 monthly reviews are influencing care/support
- Evidence to support why 6 monthly review has not taken place
- Social work outcomes (where possible link to outcomes identified in Mosaic).
- Individual outcomes evaluated

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Comments:		
Notes		
8. The staff in the service have established links for advice and support from health and social care colleagues in the community (including GP, nursing and social work community teams) meaning people have access to and are receiving health and social care support to meet their individual needs and choices.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
9. Is there evidence to support early identification of a deterioration of a resident? How would you escalate and continue to monitor and support where required? The Care Inspectorate recommend Restore 2 as best practise WessexAHSN NHS Hampshire, Southampton & Isle of White Portal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
10. Residents are given choices at mealtimes. People at risk have regular access to nutrition including fluids while in their own rooms or communal areas and records are maintained.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
11. People are protected by safe skin integrity policies and practices. A policy / strategy is in place and contains up to date guidance. Evidence of skin integrity assessments for all residents and 'regular' review. Does the home demonstrate quality assurance around tissue viability and	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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<p>demonstrate a responsive proactive approach? Where a risk is identified what mitigation/actions are taken and are these evidenced in the care plan? Where there are concerns how are these escalated?</p>		
Notes		
<p>12. People are protected by safe falls management policies and practices. A policy / strategy is in place and contains up to date guidance. Falls risk assessments are in place. (Ask re risk mitigation and appropriate action after fall) Does the home demonstrate quality assurance around falls and demonstrate a responsive proactive approach? Does the home engage with ‘managing falls and fractures in care homes guidance’? Does the home have a strategy to support movement and residents keeping active? Can this be evidenced? Is there evidence of appropriate referrals to externals e.g. physio Is there evidence of notification to external bodies of any accident/adverse event?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
<p>13. Guidance and training is in place to support palliative care, loss and bereavement for families, those who are important to residents and staff.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
<p>14. People are protected by safe medication management policies and practices. A policy / strategy is in place and contains up to date guidance. Supplies of medication are adequate to manage symptom relief and comfort with appropriate systems in place for review of medication requirements and stock. Is there an audit process for administration of medication? How are errors recorded and escalated? Where there are medication errors, the service makes appropriate notifications and learns from these to improve medication practice.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Notes		
15. For people living with cognitive impairment, are there enough signs, staff and interaction to support and keep them safe? The Care Inspectorate recommend the Kings Fund as best practise Is your Care Home Dementia Friendly Audit Enriched Model of Psychological Needs Poster	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
16. Testing is taking place as per current good practice guidance for both staff and people using the service? Staff are aware of when they should not be coming to work (self isolating).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
17. <u>For respiratory outbreaks only</u> Are there any AGPs carried out in this care home? List provided HPS AGPs (Ask management) If AGPs are carried out have the HPT advised on safe practice, have staff been fit tested for FFP respirators Also how are stocks maintained? (Ask management and staff).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
18. Are there records of incidents/accidents within the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Record of incidents/accidents reporting/auditing/actions taken in line with the Framework Agreement <input type="checkbox"/> Reporting notifiable incidents/accidents to Care Inspectorate and the Care Manager under the terms of the contract <input type="checkbox"/> The home are demonstrating their duty of candour		
Notes		

Overview of Improvement Needs for this area of care, including any recommendations

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Practices support a safe environment for both people experiencing care and staff

19. The general environment in communal areas looked at are clear from non-essential items/clutter (to allow effective cleaning)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes:		
20. The general environment in the areas looked at are in good order (e.g. decor, maintenance) to allow effective cleaning. Is the environment in the areas looked at visibly clean? Advise Care Inspectorate will check areas such as but not limited to: floors, corners, vents, bathrooms/toilets, resident rooms, sitting/dining areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
21. Domestic staff have sufficient supply of equipment including mop heads, disposable clothes, cleaning solution (Chlorine based products should always be available). What cleaning products are being used? - Ask staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
22. Daily cleaning is incorporated into the care home cleaning schedules and should include toilets, sanitary fittings, mirrors/glass, emptying bins, removing debris, and checking paintwork areas. All cleaning should follow the Cleaning specification for Older People and Adult Care homes https://www.nss.nhs.scot/media/1527/safe-management-of-the-care-environment-shfn-01-05-v1.pdf using the cleaning product specified in the Health Protection Team guidance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
23. Do staff have access to National Infection Prevention and Control Manual: Scottish	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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COVID-19 Care Home Infection Prevention and Control Addendum and are they following this guidance? (Ask staff, can they demonstrate how they access this)		
Notes		
24. Where possible dedicated re-usable care equipment is used. If it is not possible to have dedicated items of reusable equipment, equipment is cleaned and disinfected before use elsewhere? Using the cleaning product specified in the Health Protection Team guidance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
25. Care equipment is clean and free from dirt/dust or body fluids. Observe some equipment. Advise Care Inspectorate will look at areas such as but not limited to: commodes, bath chairs, toilet raisers, toilet roll dispensers, tables, lounge chairs, bed rails (including checking undersides)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
26. Care equipment is fit for purpose and there is a process for ensuring that all equipment is properly installed, used, maintained, tested, serviced and replaced. Staff are training to use equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
27. Are there enough hand washing and drying facilities for staff and residents to safely decontaminate hands? When people are unable to wash their hands themselves, are they supported to maintain hand hygiene and is it reflected in their care plan? (Note hand wash basins should not be used for the disposal of any other liquids or waste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
28. Are staff bare below the elbow?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
29. Staff use alcohol-based hand rub (ABHR) at the correct times (Observe staff) Are staff aware that hand washing must be performed in the event of Gastro Intestinal	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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cases (e.g. Norovirus) and not ABHR?		
Notes		
30. Is respiratory and cough hygiene practice encouraged (catch it, bin it, kill it) and tissues and hand wipes readily available for people. (<i>observe practice and ask staff how they manage this</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
31. Are staff aware in respiratory outbreaks cooling fans should not be used? In exceptional circumstances (individual rooms only) are risk assessments in place if fans are in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
32. Is infectious waste disposed of through a clinical waste stream, does the organisation have a clinical waste contract? If no clinical waste contract is infectious waste disposed of in a disposable bag, double bagged and stored securely for 72 hours before put out for uplift (<i>observe secure storage area – must be locked also ask staff</i>).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
33. Do staff have easy access to the correct PPE in line with the IPC Manual? PPE is stored in a clean dry place to prevent splashes or dirt/dust contamination not above sinks/wash hand basins or sluices/bedpan washers – where splash contamination is possible.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
34. In all circumstances disposable aprons, gloves, and visors are single use, these are removed after each task or episode of care and hand hygiene carried out. Staff are aware of the correct donning and doffing procedures and safe disposal of PPE? Are donning and doffing posters on display?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
35. When people are admitted into the care home, is this managed in line with the	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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appropriate pathway guidance for any testing and isolation requirements?		
Notes		
36. Are laundry items managed safely in line with the National Infection Prevention and Control Manual: Scottish COVID-19 Care Home Infection Prevention and Control Addendum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
37. Are staff aware of the guidelines on washing their own uniforms? How are staff safely transporting uniforms home after use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
38. Management to confirm the relevant safety certificates in place i.e gas, water checks and fire.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		

Overview of Improvement Needs for this area of care, including any recommendations

Staffing Support

Observations and feedback		
39. There is evidence that staffing arrangements are meeting the needs of residents and the service? Are staff confident in supporting people in both communal areas and their bedrooms, providing appropriate observation and support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		

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40. There are clear protocols and risk assessments for the use of agency staff or staff from other services. <i>Where possible the same staff should be used – contact agency to check where staff have worked – ask about the testing of agency staff</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
41. Safe and effective recruitment practices are in place to recruit staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
42. Staff feel well supported and can access additional support if they require it. <i>What is in place? This might include debriefing on the management of complex situations, personal safety, assessment of workload and bereavement support.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
43. Staff supervision / appraisals are taking place, what is the frequency and is there evidence of these?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
44. Staff induction (<i>note content and duration</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
45. Are staff team meetings taking place regularly, what is the frequency and is there evidence of these?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
46. Are any staff disciplinarys underway? If yes are the correct processes and reporting being followed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
47. Staff feel that there is supportive and visible leadership which enables them to voice their concerns or share ideas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		

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48. Are there currently any staffing shortages? (if Yes, in what roles)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
Overview of Improvement Needs for this area of care, including any recommendations		

Staff training and development is responsive to the changing needs of people experiencing care (Ask content of training areas)

49. All mandatory training is completed (e.g. fire safety)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
50. Staff have training in administration of medication? How many of the staff group are trained? How often is training / competency reviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
51. Do staff receive training on falls and falls prevention? What training do staff receive on falls and falls prevention? How many of the staff group are trained? How often is training / competency reviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
52. Do staff receive training on moving and handling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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What training do staff receive on moving and handling? How many of the staff group are trained? How often is training / competency reviewed?		
Notes		
53. Do staff receive training re skin integrity? What training do staff receive re skin integrity? How many of the staff group are trained? How often is training / competency reviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
54. Have all staff received training on infection prevention & control including hand hygiene? How many of the staff group are trained? How often is training / competency reviewed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		

Overview of Improvement Needs for this area of care, including any recommendations

Quality assurance and Service Improvement

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55. Internal audit process and observations of staff practice are undertaken with improvement actions taken when necessary (for example through team discussions, reflective accounts or supervision, improvement action plans). Where improvements have been identified as required, how are these followed up to ensure compliance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
56. Is there evidence that staffing arrangements are regularly reviewed and responsive to the changing needs of the service as per Care Inspectorate safe staffing guidance. Guidance for providers on the assessment of staffing levels As part of this are dependency tools used to support professional judgement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Has the service given consideration to the environment and staff dispersment (i.e. split across units / floors) <input type="checkbox"/> Dependency checks have given consideration to staff skills mix <input type="checkbox"/> Records of dependency checks are maintained Notes		
57. Does the service have a contingency plan in place and is it up to date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		
58. Does the service have a development plan in place and is it up to date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes		

Overview of Improvement Needs for this area of care, including any recommendations

Appendix 3

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What people told us - Please enter details of the views of people using the service and any relatives and carers, which were obtained

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Documents/ files reviewed – Please enter the file names and dates if applicable:

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General Notes, Summary of Recommendations & and actions for Care Home, CHTT and CMT:

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Date/time feedback given		Feedback Method (face-to-face, telephone call, TEAMS etc.):	
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Appendix 3

Feedback provided to (name & role):			
Notes on providers response to feedback			
Follow up visit type (agreed with care home manager)		Follow Up Visit Date:	
Author of Report		Date	