CQC inspection reports

Person Centred Software customers (Outstanding)

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| Ashbourne Lodge (Outstanding) |

The electronic care plan meant any review or changes were made in real time and the system required staff to record that they had read this information to demonstrate they understood the changes to the support people needed.

People viewed their care plans in electronic form, or these could be printed off. One relative told us, “I really like the care plans. I know what has been happening and the staff are always happy for us to get a printout of the information, so we can go through this.”

One social care professional told us “The information they need is easily accessible I am pleased with the amount of information that is recorded.” They also told us they were impressed with the digital care plan recording and the level of information recorded which reflect how people wanted to be supported.

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| Ashfields Care Home (Outstanding) |

Care plans were shared with care staff through a hand-held device, all staff were able to review details and input real time interventions provided. For example, when people received care or meals. All the staff said how accurate and useful the system was. Comments like, ‘You have everything you need straight away,’ ‘when you need information for the emergency services you can answer the question straight away’ and ‘Its quicker than writing notes and you have the details at a glance.’

Health care professionals were positive about the electronic system giving them accurate information which was valuable in assessing people’s ongoing needs. The system also generated a hospital pack which ensured the emergency services received the most updated details.

Any critical information or risks were highlighted on the handheld devices staff used through a rolling bar alert, so it could be accessed quickly and easily.

Prior to admission an assessment was completed and included peoples wishes, preferences and life history. This information was then used to develop the care plans and shared with staff who accessed it through their hand-held electronic device.

The staff were visibly focused on people receiving person centred care. People from different cultures were supported with their preferred language and cultural foods. The home added a translation application to the hand-held devices so staff could use this to give choices and the person could exchange information or wishes.

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| Keychange Charity Rose Lawn (Outstanding) |

Electronic care plans and pre-assessments were highly detailed and paid attention to ensuring people’s choices were fully considered as well as their needs. For example, they detailed people’s preferred routines and ensured staff had the right information to deliver care as the person wished; time of care, meals and when rooms were cleaned. All staff, including the chef, were able to add and have input to ensuring people’s needs were captured and excellent communication ensured person centred delivery because information was fully up to date even including people’s small preferences.

The registered provider explained, “Having such an up to date electronic system allows the plans and actions to be truly effective and ensure the right support and care is being delivered. We can also access information remotely, so we know people are being cared for as individuals, as do the families who access [the care plans].” The system allowed for on the spot and distance audits to ensure care plans were effective and meeting people’s needs to the highest standards.

The electronic system included a magic moment section for each person. Each person had many events documented with an audit celebrating ‘Six months of happiness!’. For example, [person’s name] had a magical moment with Buddy the dog, stroked and admired him, [Person’s name] had lovely chats with people he knew in the town, [Person’s name saw a badger and reminisced how they had had badgers in their garden and fed them. All these moments were input onto the care system by any staff member and then shared with staff, family and friends. The registered manager said it had been lovely to share a photo of a person doing a wordsearch as their family had said they would not be able to complete one when they had first moved in.

People and relatives had also been ‘trained’ in understanding the electronic care system, so they knew what they were looking at in their reviews.

The registered manager told us how the new electronic system allowed (with the permission of their family member) relatives to access the daily notes to check from home what care and support their family member had received each day. They told us this has given a lot of comfort to relatives knowing they could check how their family member was if unable to visit in person. People were also very reassured with this system as they felt relaxed knowing their relatives would pick up anything they forgot to mention. The first page opened to people’s ‘happiness charts’ with emojiis on how people were doing. One relative said, “I love the relatives’ portal (an online area where people could keep in contact with each other)– it was fantastic having access to it in the early days when I was worried about leaving – I could keep an eye and see how they were getting on and more importantly, how they were feeling.” Staff shared photos all the time with families using the portal to reassure them their loved one was doing well and also shared photos with people posted by their families. This was another great example of collaborative and open service delivery.

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| Abbotsbury Residential Home (Outstanding) |

All staff had a hand-held device to read and update people’s information at the time of working with each person. This resulted in people’s information always being current and correct. Staff told us this practice freed up time to enable them to spend more quality time with people instead of completing paperwork.

One social care professional left a compliment following one person’s review saying, ‘the care plans were the best they had ever seen’. Another social care professional told us how the electronic system had enabled the provider to ensure all care plans and the approach to delivery of care were truly person centred.

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| Charnwood Country Residence (Outstanding) |

The service had an electronic ‘person-centred software’. This enabled relatives with lasting power of attorney to access their own relatives care plan and daily notes, and communicate with the new manager and team leaders about them.

When people were admitted to hospital, the staff printed an electronic ‘hospital pack’. This was an information guide for ambulance crews, nursing and medical staff. The hospital pack was extremely comprehensive and included observations, risk summary, recent falls, staff handover record, the care plan, a week of daily notes and person-centred profile, which included an action plan. This enable relevant people to have a full picture of the person’s needs and how they were met. The provider told us they had received very positive feedback about the hospital packs from ambulance crews.

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| Belong Wigan Care Village (Outstanding) |

Each member of staff was provided with a handheld device attached to a main electronic database. This was known as Person Centred Software, and provided all information required to meet people’s needs, including care plans and risk assessments. Any specific risks and needs were highlighted on the first screen alerting staff to any issues, such as mobility needs or requirements relating to personal care. If a person had been placed on the end of life care pathway, a butterfly would be displayed.

Clear notes about the support provided were made by staff after each intervention. All care plans were securely stored on electronic Person Centred Software. All staff had access to this using a handheld mobile device and could input information using this. Staff told us that the introduction of this system had reduced the time they spent recording the care they provided and meant that they could spend more time with people. It also provided a more accurate and contemporaneous record as it was completed at the time the care was provided. For each person, the first screen provided clear and concise notes about the person; their needs, how they liked to be addressed and any risks staff might need to be aware of, such as risk of falls or dietary requirements. This would alert staff to any changes in care plans or allow people who were unfamiliar with the person to be able to provide an understanding of their needs. Plans highlighted people’s goals and aspirations and provided clear step by step instruction as to how people wanted their needs to be met.

The Person Centred Software system would also alert staff if a care intervention had not been completed. When we spoke with staff they all told us that they really liked this system. One support worker told us, “Person Centred Software is great, its continually open so we know what is needed and never forget a need or to make a record of interaction”.

People and their relatives told us that they were fully consulted about life plans and invited to regular reviews of care and support. Relatives told us staff stayed in contact with them and would let them know of any changes in the person’s condition or if they were unwell. The registered manager told us that the Person Centred Software system allowed them to monitor any changes identified and highlight any concerns which allowed them to discuss changes in need with relevant health and social care professionals, ensuring that care was reviewed promptly, and any changes could be put in place immediately.

Records we examined were complete and up to date and any restrictions were deemed to be in people’s best interest and the least restrictive. When people were subjected to a DoLS order, this fact was displayed prominently on the Person Centred Software system, with any conditions clearly displayed, so staff would immediately recognise that there were restrictions in place.

Care records reflected and considered care needs. For example, one record we reviewed showed that the person required additional emotional support at various times of the day. The Person Centred Software system alerted and reminded staff to ensure that this need was not forgotten.

The service recognised its responsibility to be open and share information about day to day events and their interactions with people. With the consent of the people who used the service The Person Centred Software system had been opened to provide a ‘Relatives Gateway’. This allowed family members to not only view information about their relatives, but also to provide comments and feedback. With the consent of the person photos were posted so that family members could see their relative engaging in activities. One family member told us another relative, who lived a distance away, followed the relative’s gateway and found it very useful.

When a person was placed on the end of life care pathway, a butterfly symbol on the front page of the Person Centred Software would alert all staff. The activity coordinator told us they would immediately visit this person to ensure their last wishes could be kept: “if I see [the butterfly] I make it my job to spend time with them”.

The relatives we spoke with told us that they received the service’s monthly news magazine, and could recollect receiving feedback surveys and attending, or having notice of meetings they could attend; one family member told us they had attended a resident and relative meeting on a household the previous week. Others told us they were kept informed; one remarked, “I get updates every day when I visit” and another used the Person Centred Software portal: “I’ve read [my relative’s] notes on the hub and keep up to speed. I know how he is, it’s there in black and white.”

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| Dewar Close (Outstanding) |

Staff communicated effectively with each other and shared information through the electronic care records and during handover meetings. This meant staff knew what was happening in people’s lives and when changes had occurred that might affect their support needs.

The provider invested in new innovative technologies, such as electronic care records, which they had introduced in 2018. Staff had immediate access to all the information they needed about each person. The system had improved efficiency as staff could update people’s records as they supported them. When actions were required reminders were sent to staff minimising the risk of tasks being forgotten. All the information staff entered was instantly available to the duty manager, people and their relatives if they wished. As people’s needs changed, their care plans were updated to respond to any changes.

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| Belong Atherton Care Village (Outstanding) |

Since our last inspection the provider had implemented a new electronic care records system – Person Centred Software (PCS). This meant people’s risk assessments and life plans were stored electronically. We looked at the electronic care records in detail and found all the information contained was reflective of people’s needs. All expected risk assessments were in place and reviewed promptly in line with people’s life plans. Life plans clearly identified measures taken to mitigate any risks to people.

Each staff member had a handheld mobile device and had continued access to people’s risk assessments and life plans. The PCS provided a visual ‘snap shot’ of people’s risks that continued to go across the top of the screen; this included people’s mobility needs or specialist requirements in regards to their eating and drinking. Examples of this included: if the person was diabetic, or had an ‘unsafe swallow’ and required a modified diet to manage these risks.

We looked at food and fluid records for six people across three different households and found there was no ambiguity regarding what people had been given. Records were clear, concise and consistently reflected people were being provided with care and support that was reflective of their required need.

We looked at accident and incident information and found these had been documented as necessary. PCS enabled the quick identification of accidents/incidents and alerted the management team. Where people had experienced a fall, risk assessments had been updated and action taken to reduce the likelihood of further falls.

Through the electronic PCS system, staff at the care village were able to generate a ‘hospital pack’ that could be printed off in an emergency to go with a person to hospital. Records clearly specified where people’s views were known in relation to their wishes in case of a sudden deterioration in their health. This included copies of life plan assessments and details of the resident’s life plan. Where possible, staff that knew the person well accompanied them to hospital, in order to provide advice and support.

The PCS system was integral in developing and providing opportunities for people to engage in meaningful activities. The activity available on a daily basis was inputted into PCS and the system flagged the people on each household that had expressed an interest in that activity. The staff then received an alert from PCS to encourage the persons to attend. For the remaining people that were not interested in attending the activity, or were nursed in bed, two of the part-time activity staff approached these people and offered one to one activities which could include; reading to the person, doing manicures, brushing their hair, reading poetry, looking at photographs with them, playing them some music, watching a film, or just having a conversation.

Since our last inspection, the care village had introduced a new ‘paperless’ system of personalised care planning. This was known as PCS. Belong Atherton care village staff had piloted the system and had influenced changes to the terminology used in the computer programme to align the system with the Belong Limited values. Staff each had a handheld electronic device and in addition to this there was a larger android device (tablet) and a laptop on each household. The system reduced the time staff spent recording the care and provided a more accurate and contemporaneous record as it was completed at the time the care was provided.

Staff consistently emphasised how much the implementation of the electronic system had on ensuring people received the optimum level of care. Each person’s life plan was tailored to their needs, including their emotional, behaviour, health care needs, goals and aspirations. There was step by step guidance for staff to follow with people’s daily activities such as personal care, how they preferred to wash their hair, and what support they may need if they became anxious or upset. The system alerted staff if a person hadn’t been seen for fifteen minutes and alerted them if a care intervention hadn’t been completed.

Belong Atherton Care Village had piloted the PCS electronic care records system. The registered manager discussed the benefits of the system as it kept managers up to date with incidents/concerns which enabled them to promptly discuss with heath care professionals if further guidance was required. This ensured people’s care was reviewed promptly and measures were put in place to review strategies to improve the care people received.

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| The Old Rectory Nursing Home (Outstanding) |

Catering staff told us, “We have a special diet and allergies list plus people’s likes and dislikes. All food that is eaten is documented on the care plan electronic tablet, that applies to food and fluids. We also have a list of food and fluids that can interact with certain drugs. If someone’s diet changes we are informed, we have very good communications.

The computer system allowed alerts to notify staff if someone needed to be ready for an activity they liked or were going out.

People’s records showed contemporaneous records of the care provided by staff and staff were observed throughout the day updating records. Staff used a comprehensive computer care planning programme and updated care records using electronic tablets… Care plans included routines and preferences and there were separate care plans for day and night routines. An example of preferences include what the person’s usual routine was, any likes or dislikes and what was important to them.

There was excellent communication about people’s needs with staff signing electronic shift handovers covering the previous 72 hours.

It was important to the service to promote a ‘family feel’. This meant that people and their relatives and friends were very involved in the running of the home. For example, as well as regular newsletters and residents, family and friends meetings, promotion of the use of IT for communication with distant relatives.

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| Parkwood House (Outstanding) |

An electronic care planning and recording system ensured information was available to all management and staff at different levels according to their role. Failsafe, ‘red flag’ signals highlighted any important task not performed within a set timescale, repositioning being one example.

The service had a very robust electronic system for all people’s records. Registered nurses and care workers used electronic devices to enter in real time care given and to check care activities required. No actions, associated with risk, could be missed, as a ‘red flag’ system alerted any timescale being breached, repositioning a person, for example. The coloured symbols showed information very clearly, for example, measures to take if the person became acutely ill. This robust system meant that mistakes were unlikely to occur.

The electronic care planning and monitoring system was based on person centred care and risk management, had data control protections in place, and provided information at different levels to different staff and management. The provider said they could sit at home and check if (any person) had received their planned care at the right time.

There was excellent assessment, care planning, and delivery with photographs used to document progress, including healing of wounds in a timely manner, prevention of further deterioration and very proactive management. This ensured people’s protection from distress through deteriorating health.

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