

Early DETECTION for your Clients PROTECTION

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Role of the Care Inspectorate SCRUTINY

- Registration
- Inspection
- Complaints

Enforcement



IMPROVEMENT and INVOLVEMENT

 Health and Social Care Improvement Team

 Quality Improvement Support Team

 Involvement and General Equalities Team

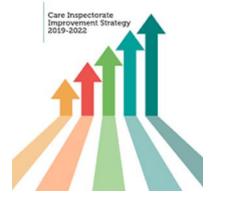


Self Evaluation for Improvement











What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Supporting Improvement

It's everyone's

business









Todays Presentation

 Overview of the development of our Eyes and Ears resource for Care at Home services and clients

 Current work about what the Prevention and Management of Pressure Ulcers 2020 Standards mean for Care at Home services



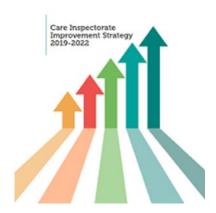
care Background to development of inspectorate Eyes and Ears



- Care at Home provider Improvement Workshop
- Discussion re reporting and documenting changes in a client



 Potential delay in receiving care and treatment



- Prevent admission to hospital
- Did they have a formal method or system to observe and report any changes at each visit?.....NO



Improvement Project



- Explore if any tools / assessments that already exist in the care at home sector
- Literature review
- No formal system in place
- Sue Ryder care at home team - manager /training officer
- 12 carers identified as improvement team
- Process mapping event get to know the system

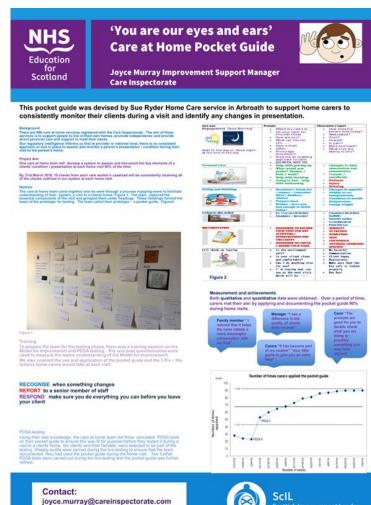




Improvement Project Aims



- Process map information led to development of a tool -Collaboratively
- C@H improvement team had training in applying the tool at every visit
- Use the assessment tool to ensure appropriate escalation when there were concerns / changes
- Improvement Methodology Model for Improvement and PDSA cycles as a method of refining the tool





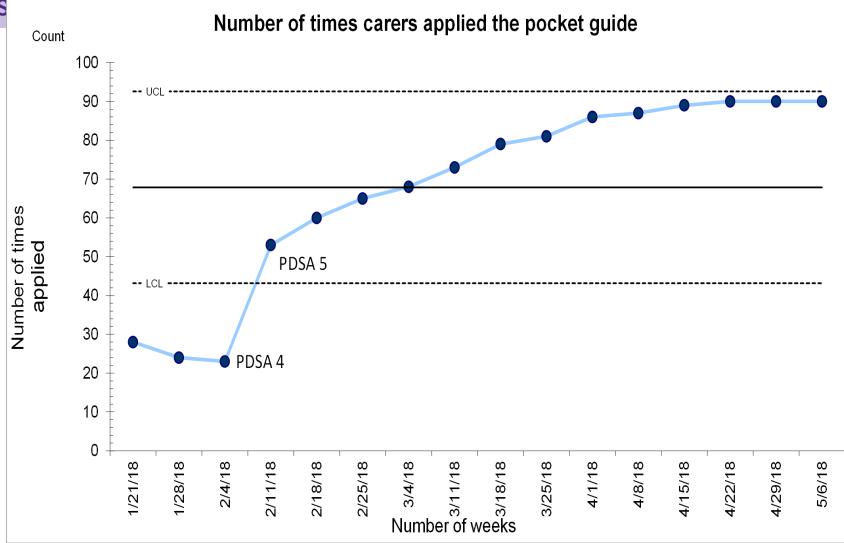
- PDSA testing12 carers used the tool on one person to start with
- Gradually built this up to 6 clients over time

Feedback / Changes – PDSA tests

- Simpler language for some of the headings / prompts
- Committed the tool to memory things missed or not asked / checked
- Moved to a laminated pocket copy with pictures
- Forgot to document using the tool at each visit
- Manager came up with © to record on care plans 'completed' at each visit



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Qualitative Feedback

Manager "I see a difference in the quality of clients daily records"

Carers "It has become part of my routine" "nice little guide to give you an extra help"

Carer "The prompts are good for you to double check what you are doing or possibly something you may have missed"

Family member " I noticed that it helps the carer initiate a more meaningful conversation with my Dad"





The aim of a care at home service and the job you do is to support people to live in their own homes, promote independence and provide direct personal care and support to meet their needs.

Care at home carers are often the only professional group who see people on a daily basis and can pick up on changes in the persons physical condition or psychological presentation.

This pocket guide will support you to consistently monitor people experiencing care and identify any changes in their wellbeing earlier. These changes can then be documented and reported to your manager and be escalated appropriately so that the person experiences the right care at the right time.

REMEMBER TO CIRCLE C BESIDE YOUR NAME WHEN YOU WRITE ANY CARE NOTES! THIS SHOWS YOU HAVE APPLIED THE POCKET GUIDE DURING YOUR VISIT.

Recognise when something changes.

Report to a senior member of staff.

Respond to make sure you do everything you can before you leave the person.

www.careinspectorate.gov.scot www.sueryder.org







Engagement

'good morning' start to the day or 'goodnight' at the end of the day



Personal care



Eating and drinking



Going to the toilet



Documentation



Exit check on leaving

Click to add text

Prompts

- Hello my name is.
- I'm your carer for this visit today
- How are you
- What can I do for you?
- Have a cha
- Lister
- Encourage movement
- Promote an enabling approach to care?
- DO WITH YOU, NOT TO
 YOU!

Prompts

- Support with getting up
- What would you prefe Shower/bath/wash?
- Support with dressi
- Going to bed suppor with undressing and getting settled for the night

Prompts

- Breakfast/lunch/tea supper – remember likes/dislikes
- Support preparing mea
- Drinks have you had enough to drink today

Prompts

- Do you need support going to the toilet?
- is there any equipment that would make things easier?

Prompts

- Remember to record your visit and key activities/ interventions for the person
- Remember to circle C beside your name
- Remember to record any changes in what the person wants or what matters to then

rompts

- Is the environment safe?
- Is the person clean and comfortable?
- Can I do anything else for you?
- I'm leaving now, see you at the next visit, which will be

Observation/report

- How does the person look today?
- · Well rested?
- Tired?
- Unwell?
- · Pain?
- · More confused?
- What are they saying to you?

Observation/report

- Changes to skin observations and examination
- · Creams/emolients
- Redness
- Injury
- Bruising

Observation/report

- · Changes in appetite
- Ability to eat independently
- · Condition of mouth
- Dehydration
- · Losing weight

Observation/report

- Changes in toilet habits
- Smelly urine
- Constipated
- Diarrhoea
- · Changes in mobility

Observation/report

- Mobility
- Nutrition
- Hydration
- Skin
- Continence
- Anything condition specific

Observation/report

- No hazards
- Communication
- Is the person happy
- Reassurance
- Make sure that the keysafe is locked properly
- Bye bye!





- Care Inspectorate Stand today
- https://www.careinspectorate.com/images/documents/5
 047/you-are-our-eyes-and-ears.pdf
- https://hub.careinspectorate.com/how-we-supportimprovement/care-inspectorate-programmes-andpublications/eyes-and-ears-pocket-guide/



Prevention and Management of Pressure Ulcers Standards

October 2020

Cover both Social Care and

Health



Care at home



Standard

October 2020





100



7 Standards





- 1 Leadership and governance
- 2 Staff education and training
- 3 Person-centred information and support
- 4 Initial Risk of developing a pressure ulcer
- 5 Re assessment of risk
- 6 Care planning for prevention
- 7 Assessment, grading and care planning for identified pressure ulcers

https://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/pressure_ulcer_standards.aspx



So, what does this mean for care at home services and staff?





- Having a policy in place which outlines their actions / interventions for staff to follow
- Be aware of clients who are assessed by DN as 'at risk' of developing skin breakdown – be part of C@H care and support plan
- Prevention and Management of Pressure Ulcers

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 October 2009
- Training for carers in skin care and able to identify early pressure damage / skin breakdown
- On going monitoring PPURA tool mobility/ continence /nutrition – raise awareness of changes



Continued.



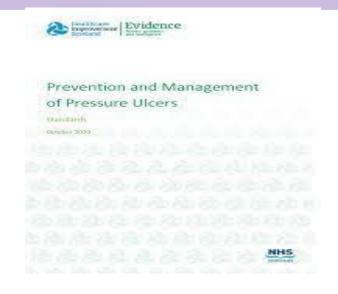
Clear actions to guide carers practice, e.g.

- checking peoples skin
- escalation pathway if skin condition changes / breaks down

How to support clients with existing pressure ulcers

Pressure redistributing equipment / other equipment – carers knowing how to act / who to contact if a piece of equipment is malfunctioning.

RECOGNISE REPORT RESPOND

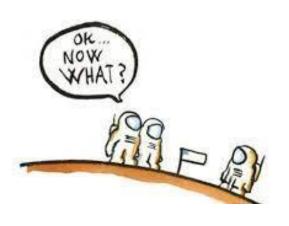








What's next?



Working with a small group of Care at Home providers to develop and test out:

- Draft guidance policy template to cover Care at Home responsibilities to clients
- Them developing their own 'model policy' based on the service they provide
- Develop a training pack for carers
- Available on Hub





Recognise! Report! Respond!



https://hub.careinspectorate.com/how-we-support-improvement/

thanks for listening!

