Gateshead Health
NHS Foundation Trust

Appendix 1b

Care quality accreditation framework: assessment tools

March 2019

Care quality accreditation – Patient experience feedback

Please seek feedback from 10 patients exploring the standards identified below as part of a general discussion about the patient experience on the ward/department. Please check with the nurse-in-charge to identify any patients from whom it may not be appropriate to seek feedback, for example patients who are very acutely ill, receiving end of life care or are agitated or confused.

1.1	**Culture of compassionate care**	**Comments**
1.1.1	Staff demonstrate care and compassion and are polite and respectful in their interactions with patients	
1.1.2	Patient privacy and dignity is maintained	
1.1.5	Staff respond promptly to the patient call bell	
1.2	**Nutrition and hydration**	
1.2.10	Protected mealtimes for patients are maintained	
1.2.11	Patients receive help and support with food and fluids	

1.2.12	Patients are offered snacks and drinks between meals	
1.4	**Pain management**	
1.4.2	Staff respond promptly to the needs of patients who are in pain	
2.1	**Meeting people's individual needs**	
2.1.6	Patients and carers are kept up to date about ongoing care and progress	

ADDITIONAL COMMENTS

care quality accreditation – Observation in practice

	Key ambition 1: High quality care every time	
1.1	**Culture of compassionate care**	**Comments**
1.1.1	All nursing, HCA and ward support staff demonstrate care and compassion and are polite and respectful in their interactions with patients	
1.1.2	Patient privacy and dignity is maintained	
1.1.3	There is clear evidence that the principle of 'Hello my name is' is embedded in daily practice	
1.1.5	Staff respond promptly to the patient call bell	
1.2	**Nutrition and hydration**	
1.2.4	Adapted crockery/cutlery is readily available if required	

1.2.5	Patient's food and drinks are within easy reach	
1.2.6	Pictorial menus are readily available if required	
1.2.7	Red placemats and jugs are used where monitoring of nutrition and hydration is required	
1.2.10	Protected mealtimes for patients are maintained	
1.2.11	Patients receive help and support with food and fluids	
1.2.12	Patients are offered snacks and drinks between meals	
1.5	**Dementia care**	
1.5.3	A forget-me-not document is completed for any patient who cannot express their needs	

1.5.4	The principles of John's campaign are embedded in the clinical area	
1.6	**Communication/MDT working**	
1.6.1	As a minimum there is a daily MDT board round with nursing representation	
1.6.2	There is an identified nurse in charge on duty	
1.6.3	Regular communication observed between nursing and MDT members	
1.6.4	Nursing staff are aware of patients who have a DNACPR	
1.6.5	Nursing handovers use an SBAR framework	

1.7	**Discharge planning**	
1.7.1	Potential discharges are discussed at daily MDT board rounds	
1.7.2	There is an expected date of discharge identified for each patient	
	Key ambition 2: Putting patients first	
2.1	**Meeting people's individual needs**	**Comments**
2.1.2	Staff can identify and use a patient's preferred name	
2.2	**Family/carer information**	
2.2.1	Visiting times and ward contact information for patients and relatives is clearly displayed/available	
2.2.2	Relevant information leaflets are on display and up to date	

2.2.3	Notice boards are well maintained and provide relevant information	
2.2.4	PALs/complaints information is visible and accessible to patients and relatives	
	Key ambition 3: Driving excellence in patient safety	
3.1	**Infection prevention and control**	**Comments**
3.1.1	Personal protective equipment is easily accessible and used appropriately	
3.1.2	Appropriate signage is used to identify isolation/barrier nursing areas	
3.1.3	Relevant information about infection prevention and control is available for patients and visitors	
3.1.4	There is hand hygiene compliance within the clinical area	

3.1.6	Infection prevention and control audits are up to date and displayed	
3.1.9	Clinical equipment is clean and dust free	
3.1.10	All patient areas are tidy, uncluttered and clean	
3.2	**Falls prevention**	
3.2.4	Falling stars are used to identify patients who are at risk	
3.2.5	Information is readily available for patients and carers on falls prevention	
3.3	**Pressure damage prevention**	
3.3.3	In response to risk assessment, appropriate aids and equipment are in place	
3.5	**Medicines management**	
3.5.1	All medicine storage areas are secure	

3.5.2	Controlled drugs keys are held as per trust policy	
3.5.3	There is evidence that weekly controlled checks are undertaken	
3.5.4	Patients have medicine allergies identified and recorded and are wearing a red wrist band	
3.5.8	Medicines for administration are not left at the patient's bedside	
3.5.9	Fridge temperatures are recorded daily	
3.6	**Staffing**	
3.6.2	Planned and actual staffing levels are displayed in a public area	
3.6.4	The electronic staffing tool is complete and reflects current staffing levels	

3.7	**Minimising risk**	
3.7.6	Fire exits are kept clear	
3.7.7	Resuscitation trolley is checked daily and there are no gaps (check previous 12 weeks)	
3.7.13	Clinical records are kept confidential/stored appropriately/not left unattended	
4.4	**Professionalism and culture**	
4.4.2	Staff are observed being polite and respectful in their interactions with colleagues	
4.4.4	Staff adhere to the trust's uniform policy	

ADDITIONAL COMMENTS

are quality accreditation – Audit of nursing records

	Key ambition 1: High quality care every time												
1.1	**Culture of compassionate care**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**Total %**	**Comments**
1.1.4	The integrated rounding charts demonstrate that patients' fundamental care needs are addressed over a 24-hour period												
1.2	**Nutrition and hydration**												
1.2.1	MUST tool is completed on the day of admission and reviewed within given timescales												
1.2.2	Appropriate action is undertaken in response to risk assessment												
1.2.3	Patient care plans address individual needs and preferences												
1.2.8	Food charts are completed accurately following each meal												
1.2.9	Fluid charts are completed accurately after each meal and at each bedside nursing round or as the patient's condition dictates												
1.3	**End of life care**												
1.3.2	When a patient is at the end of life there is documentary evidence that												

	the five priorities of care have been considered and that the care delivered has been evaluated												
1.3.3	The family voice diary is offered when appropriate in the last days of life												
1.4	**Pain management**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**Total %**	**Comments**
1.4.1	There is evidence in nursing assessment that acute and chronic/established pain needs have been explored												
1.7	**Discharge planning**												
1.7.3	Where appropriate there is evidence of liaison with other agencies to ensure seamless transfers of care												
1.7.4	Appropriate information, advice and contact numbers are given to patients and/or carers/relatives on discharge												
1.8	**Documentation and record keeping**												
1.8.1	A secondary nursing assessment has been undertaken on arrival at the base ward												
1.8.2	Nursing records demonstrate that care is planned, implemented and evaluated												

1.8.3	Nursing records document any sudden/acute changes in a patient's condition												
1.8.4	There is documented evidence that patients and carers receive information about ongoing care and progress												
1.8.5	Nursing entries are signed in accordance with NMC guidelines												
	Key ambition 2: Putting patients first												
2.1	**Meeting people's individual needs**	1	2	3	4	5	6	7	8	9	10	Total %	Comments
2.1.1	Staff can identify cultural and religious needs and adjust care plans accordingly												
2.1.2	Staff can identify and use the patient's preferred name												
2.1.4	Where appropriate, there is evidence that the needs and wishes of patients with a physical/learning												

	disability or who lack capacity are assessed and reasonable adjustments made to meet those needs												
2.1.6	Patients and carers are kept up to date about ongoing care and progress												
	Key ambition 3: Driving excellence in patient safety												
3.2	**Falls prevention**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**Total %**	**Comments**
3.2.1	All patients have a multifactorial falls risk assessment on admission, which is reviewed weekly or when change in condition dictates												
3.2.2	The multifactorial falls assessment documentation demonstrates daily evaluation for patients identified at risk												
3.2.3	Integrated rounding chart demonstrates preventative measures are in place for all patients (FOCUS bundle)												

3.3	**Pressure damage prevention**												
3.3.1	All patients have a risk assessment on admission and this is reviewed weekly or if change in condition dictates												
3.3.2	There is evidence in nursing records of planned care in response to risk assessment and appropriate evaluation												
3.3.4	Integrated rounding chart demonstrates preventative measures are in place for all patients (SKIN bundle)												
3.4	**Recognising and managing the deteriorating patient**												
3.4.3	An appropriate response to deteriorating NEWS score is implemented and recorded in the nursing record												
3.4.4	Where there is a NEWS of 5 or above and/or any clinical concern, the sepsis screening tool is completed and escalation to the medical team is initiated												

3.5	**Medicines management**												
3.5.4	Patients have medicine allergies identified and recorded and are wearing a red wrist band												

ADDITIONAL COMMENTS

Care quality accreditation – Staff feedback **Date:** **Ward/Dept:**

Usually the most senior member of the panel will obtain staff feedback from a minimum of six staff, including at least one member from each staff group, i.e. nursing assistant, staff nurse, deputy manager, ward/department manager.

Explore the individual staff members' views about the clinical area, and the specific elements of care delivery identified below. The final staff member to be interviewed should be the Ward manager or the senior nurse on duty.

(RN) identifies questions/standards relevant to registered nurses **only**.

No.	Standard		Comments
4.3.1 4.3.2 4.3.3 4.4.1 4.4.3	Explore the staff member's role and how long they have worked in the area: • Do they feel valued/appreciated by their managers and colleagues? • Are their managers visible and approachable? • Are they clear about the expectations of their role and supported to deliver those expectations? • Do they feel able to raise concerns when they feel patient care and safety is compromised? • Ask what makes them positive and proud to work in the clinical area.		
Key ambition 1: High quality care every time			
1.4.3	Where would you seek advice if a patient had complex/uncontrolled pain? **(RN)**	E.g. palliative care service, pain nurse specialists, anaesthetists	

1.5.3 1.5.4	Can you discuss any initiatives that have been implemented in the clinical area to improve the experience of patients with dementia/cognitive impairment and their carers?	E.g. John's campaign – carer's passports, flexible visiting, forget-me-not/This is me documents	
Key ambition 2: Putting patients first			
2.1.3	How would you support patients with impaired communication or for whom English is not their first language?	Access interpreters, signers, advice and support from relatives, carers	
2.1.5	What do you understand by parity of esteem? Why is this important?	Ask how this may be relevant in their clinical area, e.g. understanding any pre-existing mental health issues, dealing with anxiety related to admission	
2.3.1 2.3.3	How is feedback about patient experience, complaints or incidents shared with the team? Can you give any examples of improvements or actions that have been implemented as a result?		

Key ambition 3: Driving excellence in patient safety			
3.1.8	Can you give any examples of where practice has been reviewed or changed in response to IPC-related RCAs?		
3.5.5	How do you ensure that patients receive medications on time and missed doses are avoided? **(RN)**	Use of Omni view, out of hours services team communication and handover	
3.6.4 3.6.6	If you are the senior nurse over a span of duty and staffing levels are not as planned, what actions would you take? **(RN)**	E.g. risk assess, inform matron, Datix if appropriate	
3.7.1	Are you able to take part in MDT mortality reviews? What are the benefits of being involved?		
3.7.8	Can you explain the Datix incident reporting process? Can you give an example of when you have used it?		
3.7.9	Can you give any examples of changes made to improve patient safety in response to feeback/lessons learned?		

3.7.10	What do you understand by duty of candour? Can you give an example of when you would implement this?		
3.7.12	What would you do if you felt you needed to raise a concern about a patient? Can you give any examples from practice where the safegaurding procedures have been implemented?		
Key ambition 4: Shaping the future workforce			
4.1.1	Have you had an appraisal and a PDP agreed in the last 12 months?		
4.1.3 4.1.6	Can you tell me about any training and development you have had to support the delivery of your role and/or personal development? Do you have opportunities for clinical supervision?		

ADDITIONAL COMMENTS

CARE QUALITY ACCREDITATION FRAMEWORK POST ASSESSMENT ACTION PLAN		
WARD or DEPT:	**Business Unit:**	**Ward Sister:**
Start Date:	**Completion date:**	**Individual completing Action Plan:**

RAG	Standard	Action	Lead	Outcome/Target	Completion date:	RAG