

Appendix 2a

Nursing assessment and accreditation system

March 2019

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Nursing Core Standard: Organisation and Management of the Clinical Area				
Standard: The clinical area is effectively managed and organised in a way that benefits patients, staff and visitors				
Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6c's
The ward environment is tidy, calm and clutter free	Observe ward	✓		CQC Fundamental Standard (FS) 15 commitment, care
Bathing / toilet facilities are clean and conducive to patient use	Observe ward			CQC FS 15, 10, commitment, care
Health records are stored in a secure cabinet / locked room	Observe ward			CQC FS 13, 17, communication
Staff ID badges are worn and Work Wear Policy is adhered to by all staff	Observe staff			CQC FS 09, 19 competence
Element: Care				
There is an identified practice education link nurse, who is aware of her/his responsibilities and ensures the quality of education provided within their ward	Ask staff / Ward Manager / Matron			CQC FS 12, 19 competence, communication, commitment
The ward has sufficient number of mentors (45%) to support learners	Ask staff / Ward Manager / Matron			CQC FS 19 competence, care,
The Ward Manager / Matron has a contingency plan to maintain mentor numbers to keep the ward on green status	Ask Ward Manager / Matron			CQC FS 12, 19 communication, care,
Staff complete daily Clinical Utilisation Reviews using the Making Care Appropriate for Patients (MCAP) system and utilise the MCAP data to identify any internal areas for improvement	Ask Ward Manager / Matron / staff			CQC FS 09, 12, 18, communication, care, competence, commitment
Element: Leadership				
Staff left in charge of the ward can clearly articulate the steps they would take if there was short notice staff absence	Ask Ward Manager / Matron / staff			CQC FS 17, 18, 19 communication, competence, care
Separate members of staff completed and approved the ward time sheets monthly to ensure payroll receive this information	Ask Ward Manager / Matron			CQC FS 12, 18, Rostering Policy, competence
Contract hours are effectively managed within the rostering system, with staff owing no more (on average) than 12 hours	Review Roster Report			CQC FS 12, 18, Rostering Policy, competence,
NHSP staff working on the ward have an up to date NHSP ID badge and ward staff have checked this	observe / ask staff			CQC FS 12, 18, 19, competence, care, communication, courage
The ward has achieved 99% -100% ward actualisation in Trendcare	Observe report			CQC FS 12, 18, communication, care, competence
Scores				
1 'no' in each element / 50% 'no' / 7 no's	Red			
2 'no's / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest 'yes' / 100% 'yes'	Green			
Best Practice/Comments				

Nursing Core Standard: Safeguarding patients. Safe, Personal				
Standard: Patients feel safe, secure and supported with experiences that promote clear pathways to well being				
Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6c's
Patients are orientated to the environment on admission or at an appropriate time, including the showing of orientation boards and clocks	Ask patients / staff			CQC FS 09, 10, 13 , care, compassion, communication
Staff are aware of the process for dealing with children (0 – 18 years old) in the adult ward environment	Ask Staff			CQC FS 09, 10 competence, compassion, care
Staff are aware of how to access specialist mental health advice and support i.e. Mental Health Liaison and Crisis Team	Ask Staff			CQC FS 13 competence, care, courage
Patients with cognitive impairment have a blue butterfly displayed on the behind the bed board and have a blue ID band insitu	Review patients / review behind the bed boards			CQC 10, 13 courage, care, communication
Element: Care				
Assessments of patients' needs are completed on admission	Observe EPR			CQC FS 10, 13communication, care, compassion
All patients who have a Learning Difficulty or a cognitive impairment are identified at ward safety huddle and a cognitive impairment is documented in significant events on EPR	Observe documentation. Ask staff			CQC FS 13 communication, care
It is documented that patients and carers are involved in planning their care	Observe documentation. Ask patients.			CQC FS 09, 10 care, compassion, communication, commitment
Staff can identify when a Mental Capacity Assessment is required	Ask staff / Observe EPR			CQC FS 13 courage, care, compassion, competence
Staff can name 3 out of 5 of the Principles of the Mental Capacity Act	Ask staff			CQC FS 13 care, compassion, competence
Element: Leadership				
Staff are up to date with MCA 2005, Safeguarding Adults and Children Mandatory training	Ask Staff / Ward Manager			CQC FS 19 competence, care
Staff are aware of the patient with whom there are safeguarding concerns	Ask Staff			CQC FS 13, 18, competence, care
Best Interest Case Conferences are utilised when a patient may lack capacity in order to develop the most appropriate care plan for the patient	Ask Staff / Documentation / Example			CQC FS 13 care, compassion, competence, communication

Staff are aware of the appropriate referral and assessment form to complete when an allegation of domestic abuse is disclosed	Ask staff			CQC FS 13 competence, communication, care, compassion, courage, commitment
The ward area has adopted Johns Campaign for carers of patients with dementia (SRFT signed up to Johns Campaign in 2015)	Ask staff			CQC FS 13 competence, communication, care, compassion, courage, commitment
Scores				
1 'no' in each element / 50% 'no' / 6 no's	Red			
2 'no's / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest 'yes' / 100% 'yes'	Green			
Best Practice/Comments				

Nursing Core Standard: Pain Management. Safe, Personal				
Standard: Pain will be controlled to an acceptable level by the medical and nursing team.				
Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6c's
Pain team contact details are displayed on the ward and staff are aware of the different referral systems for acute, trauma, chronic and cancer pain	Observe ward			CQC FS 12, 19 competence, care
There are adequate pain relieving measures available for patients i.e. simple comfort measures: pillows and repositioning, evidence of review of analgesia	Ask patients Observe ward			CQC FS 09, 10, 12, care, compassion
All local anaesthetic solutions for infusion including Epidural solutions should be clearly labelled and stored in a designated cupboard separate from all IV solutions	Observe storage			CQC FS 12, 15, competence, care
Stock levels for PCA and Epidural solutions are displayed and maintained	Observe storage			CQC FS 12, 15, competence, care
Staff are aware Naloxone is now stored on the resuscitation trolley as minijets and that an AIR is to be completed when Naloxone used	Ask staff			CQC FS 17, 19, care, competence
Element: Care				
Hospital staff do everything they can to help control the patient's pain and document actions taken	Ask patients			CQC FS 09, 12, care, compassion, communication
There is evidence that patients, relatives, carers are involved in the planning of pain management	Ask patients / staff			CQC FS 09, 12, communication, care, compassion
All patients have a pain assessment recorded on admission and reassessment appropriate to patient status and severity of pain, this includes the Abbey Pain Assessment for appropriate patients	Observe documentation/ Abbey Pain Assessment			CQC FS 09, 10, 12, 13, care, communication
A patient's pain score of 2 or 3 is acted upon and addressed appropriately	Observe documentation			CQC FS 12, compassion, care, communication
All staff know when to contact the Palliative Care Team in relation to pain management in people with advanced life-limiting illness	Ask staff			CQC FS 18, 19, competence, care, courage
Element: Leadership				
Staff know how to access clinical guidelines for pain management	Ask staff			CQC FS 12, 19 Clinical policies, competence, care

All staff have attended training in Trust guidelines for pain management for PCA and Epidural pumps (where appropriate)	Ask staff / Check records			CQC FS 18, 19, competence, care,
There is an identified, proactive pain link nurse for the clinical area, who attends link nurse meetings and has evidence of the meetings in the link nurse folder	Ask staff Link Nurse folder			CQC FS 19, care, competence, compassion
Link Nurse is working towards the Pain Link Nurse Development Programme	Ask Ward Manager			CQC FS 12, care, communication, competence
Single dose administration of Oramorph is documented in separate controlled drug book	Observe records			CQC FS 12, care
Scores				
1 'no' in each element / 50% 'no' / 7 'nos'	Red			
2 'no's / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest ' yes' / 100% 'yes'	Green			
Best Practice/Comments				

Nursing Core Standard: Patient Safety (1) Safe, Personal				
Standard: Patients vital signs are observed and any deterioration is documented and communicated to medical staff				
Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6c's
Patients with AKI are named and highlighted on the ward safety huddle	Ask staff / observe safety huddle			CQC FS 09, 19 care, competence
Equipment is cleaned in between patients	Observe /ask patients			CQC FS 15 care, commitment
The equipment (grab bag) that is available to ensure safe transfer of patients is sealed and there is documentation to record that it is checked monthly	Observe			CQC FS 15, 19 care, competence
The emergency tracheostomy box contents are checked once a month or after every use	Observe check sheet / ask staff			Standards for Tracheostomy Management Policy, competence
Staff undertake a ward oxygen audit every month (minimum 10 patients a month)	Observe audit form			CQC FS 12, care, competence
Element: Care				
Staff can describe the process and purpose of intentional rounding	Ask staff			CQC FS 10, 12, care, compassion, communication
Staff can describe when they would screen patients for sepsis	Ask staff			CQC FS 12 Sepsis screening tool, care, competence
Staff can describe what to do and the timeframe when sepsis screening is positive	Ask staff			CQC FS 12, Sepsis screening tool, care, competence, communication
Salford NEW Scores that are NEWS 0 or 1 are calculated 8 hourly at a minimum and documented on EPR	Observe EPR			CQC FS 10, 12 competence
Staff undertake a NEWS audit every month and return to the Resuscitation Training Department (minimum 10 patients a month)	Ask staff			CQC FS 12, care, competence
The correct bundle documentation is used for every patient with a tracheostomy	Observe documentation			Standards for Tracheostomy Management Policy, care, competence
Element: Leadership				
Patients have target oxygen saturation prescribed				CQC FS 12, care, competence
Staff can describe the escalation of care for a deteriorating patient	Ask staff			CQC FS 12, 18, 19 care, commitment,

				compassion
Staff are aware of their roles when a patient deteriorates in calling Code Red	Ask staff			CQC FS 12, 18, 19 care, competence,
Staff are aware of the contents of the AKI Change Package	Ask staff			CQC FS 12, 19, competence, care
Staff are compliant with Blood Transfusion Competency Assessments	Ask Ward Manager/ staff			CQC FS 18, 19, competence, care
Staff highlight any patients with a U-DNA CRP on the safety huddle	Ask staff			CQC FS 10,12, care, competence
Scores				
1 'no' in each element / 50% 'no' / 8 'no's	Red			
2 'no's / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest 'yes' / 100% 'yes'	Green			
Best Practice/Comments				

Nursing Core Standard: Environmental Safety (2) Safe, Personal				
Standard: The environment is safe for patients, staff and visitors				
Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6c's
The resuscitation trolley is easily accessible and is clean and sealed. Checking schedules should identify and record that both minimum daily (between 0700 and 1600) and full monthly checking procedures (by the 7 th of each month) have been completed	Observe ward			CQC FS 12,15, 19, Resuscitation Policy, competence, care, communication
Sharps bins are signed according to policy and stored away from public access	Observe			CQC FS 15, care, competence
Staff are aware of correct procedure after sustaining a sharps injury	Ask staff			CQC FS 12, 19, communication
Staff are aware of where they would evacuate their patients in the events of a fire	Ask staff			CQC FS 12, 15, 19 communication, competence, care
Staff are aware of any significant findings following the ward /area Fire Risk Assessment and have completed a corresponding action plan to reduce risk	Ask Ward Matron / Manager. Ask staff			CQC FS 15, 17, communication, care, competence, commitment
Element: Care				
All patients wear a clear, clean and accurately printed identity band	Observe patients			CQC FS 09, 10, 12, Patient ID policy, communication, care
Staff are aware of what the different coloured identity bands denote	Ask staff			CQC FS 19, Patient ID policy, care, competence
Staff can give examples of when they would check patient identification	Ask staff			CQC FS 09, 12, 13, Patient ID policy, care, competence,
Staff can describe what process they would follow if they discover that a patients identification details were incorrect	Ask staff			CQC FS 19 Patient ID policy, care, competence
Allergy status is recorded on nursing assessment sheet / EPR, including 'no known allergies' if appropriate	Observe documentation / EPR			CQC FS 13, Allergies Policy, competence, care
Element: Leadership				
Safety huddles detailing DNA CPR orders must contain the patients full name	Observe documentation			CQC FS 10, 17 communication
All patients have risk assessments (Falls, Waterlow, MUST, Bed Safety Rail completed within 6 hours of admission)	Observe documentation / records			CQC FS 12, 14, care, communication, commitment, compassion

Staff are familiar with the Falls Change Package and can list the elements	Ask staff			CQC FS 12, care, communication
Staff are familiar with the 'bay-tagging' terminology	Ask staff			CQC FS 12, 17, care, commitment
Scores				
1 'no' in each element / 50% 'no'	Red			
2 'no's / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest ' yes' / 100% 'yes'	Green			
Best Practice/Comments				

Nursing Core Standard: Nutrition and Hydration. Safe, Clean, Personal				
Standard: Patients are enabled to consume food (orally) and fluids which meets their individual needs				
Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6c's
Protected meal times are adhered to by relatives and staff	Observe / Ask patients			CQC FS 09, 10, care, compassion
Staff prepare the patient for mealtimes, i.e. remove obstacles from the bedside tables	Observe Ask patients			CQC FS 09,10, 14, care, compassion,
Staff give assistance to patients at mealtimes as required (red trays in use)	Observe practice			CQC FS 14, care, compassion
Patients who need assistance with feeding are fed in an appropriate manner (staff not standing over patients, appropriate cutlery, food packages opened)	Observe practice			CQC FS 09, 10, 14, compassion, commitment
Patients who are on a modified diet (food and /or fluids) have the correct magnet(s) displayed on the behind the bed board and this corresponds to the dysphagia health issue in EPR	Observe behind the bed board Observe SALT documentation in EPR			CQC FS 14, compassion, commitment, competence
Patients are offered hand washing / hand wipes prior to mealtimes	Ask patients			CQC FS 10, 14, care, compassion,
Element: Care				
The patient's Malnutrition Universal Screening Tool (MUST) score has been completed within 6 hours of admission	Observe documentation			CQC FS 09, 10, 14, care, compassion, communication
MUST assessments are completed, at a minimum on a weekly basis	observe documentation			CQC FS 09, 10, 14, care, compassion, communication
All patients have a completed MUST care plan reflecting their MUST score	Observe documentation			CQC FS 09, 10, 14 care, compassion
Patients having alternative feeds i.e. PEG, NG, TPN have appropriate care plans completed	Observe documentation			CQC FS 09, 10, 14, communication, competence, care
Staff have completed the Malnutrition and Swallowing Difficulties E-Learning module	Ask staff			CQC FS 14, 19, care, communication
Patients are weighed and have height measured on admission	Observe documentation			

Element: Leadership				
Staff can demonstrate evidence of consistent use of the Synbiotix food ordering system, including weekend and Bank Holidays	Ask staff Observe catering reports			CQC FS 12, 14, care, compassion, communication, competence
The Trust food and fluid balance charts are completed appropriately	Observe documentation			CQC FS 14, communication
Cumulative fluid balance charts are completed on appropriate patients	Observe documentation			CQC FS 14, communication
Patients are weighed on a weekly basis and this is documented in clinical observations on EPR	Observe documentation			CQC FS 12, 14, communication, competence, care
Staff clearly identify patients who are nil by mouth and follow Trust guidelines for their management	Observe ward			CQC FS 12, 14, communication, care, compassion
The ward has a proactive Nutrition Link Nurse	Ask Ward Manager			CQC FS 14, 19, competence, commitment, care
Scores				
1 'no' in each element / 50% 'no'	Red			
2 'no' in total 's / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest ' yes' / 100% 'yes'	Green			
Best Practice/Comments				

Nursing Core Standard: End of Life Care Personal

Standard: Patients have control over their own health care and promote independence

Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6c's
Staff can describe efforts to individualise and improve the care environment for patients and families for example; Staff are aware of and can access the current End of Life Care guidance i.e. principles of care for the adult dying patient	Ask staff			CQC FS 09, 10, 12, compassion, care, commitment, communication
Staff are aware of what the swan logo symbolises and can describe how it is used-The ward has an 'end of life care box' containing items appropriate to ensuring optimum care for patients / families / carers in the last days and after bereavement i.e. swan logo, comfort/ organza bags, handprint kits, family comfort packs	Ask staff / review box			CQC FS 09, 10, 13 courage, commitment, care
The ward has adequate supplies (staff are aware of location and staff can explain information contained in booklets) of information booklets i.e. Care and Support in the Last Days of Life, Opioids, Rapid Discharge, Bereavement support and 'What to do after a death'	Ask staff / review leaflets			CQC FS 09, 10, 19 care, compassion, communication, competence
Staff can describe the process of how to access and refer to services: Bereavement Support, Specialist Palliative Care, Chaplaincy including how to access advice and support 24 hours day / 7 days a week (including website)	Ask staff			CQC FS 09, 12 care, communication, compassion
Staff can describe when and how to access and complete the Rapid discharge plan (including location of patient leaflet, and flowchart guidance for staff)	Ask staff			CQC FS 09, 10, 19 care, compassion, communication, competence
Element: Care				
Staff can explain the location and purpose of a Communicate My Care record in EPR or other appropriate Advance Care Planning documents (e.g. planning my future care)	Ask staff			CQC FS 10, 12,19, care, communication
Staff can describe where to access the End of Life Care Plan in EPR	Ask staff			CQC FS 10, 12, 19, communication, commitment, compassion, care
Staff can explain where to access the Care after Death and Verification of Death policies on EPR and can describe how families / carers can be involved in the care of the deceased person, and have an understanding of the importance of the completion of care after death document (as this initiates a referral to the NHSBT for choice of tissue donation for every patient every time)	Ask staff			CQC FS 10, 12, 19, communication, commitment, compassion, care
Staff can describe how to manage common symptoms at the end of life i.e. nausea/vomiting, pain, agitation, respiratory secretions / breathlessness, including how to access specialist advice and support where to access online resources	Ask staff			CQC FS 10, 12, 19, compassion, competence, care
Staff can describe how to access guidance and manage mouth care, nutrition and hydration in dying	Ask staff			CQC FS 10, 14, 19, care,

patients and where to seek advice or find online resources				communication
Element: Leadership				
Staff are aware of the unified-DNACPR policy and can describe the process for creating and reviewing Ceilings of Care/ CPR status orders (including the audit process)	Ask staff			CQC FS 09, 12, 19, care, compassion
Ward Manager / Matron can provide up to date documentary evidence (i.e. medical equipment competence file) that qualified nursing staff are locally assessed as competent to use the T34 subcutaneous infusion pump in palliative / end of life care and staff can demonstrate the location of the clinical guidelines and how to complete the 24 hour infusion record	Ask staff			CQC FS 12, 15, 19 , communication, care, competence
Ward Manager / Matron can describe and evidence the process for regularly reviewing deaths on the ward and provide evidence of actions taken in response	Ask Ward Matron / Manager			CQC FS 09,16, 17, care, compassion, courage, communication
Ward has Palliative & Bereavement Care Link Nurse(s) who have attended a minimum of two SPLASH events in the last 12 months and maintains an up to date EoLC resource folder Following attendance at Palliative Care Link meetings (SPLASH) he / she demonstrates evidence of dissemination of Palliative & End of Life information / learning (i.e. newsletter distribution, emailing key messages) The Link Nurse has attended or is booked to attend the identified courses as listed in EoLC Training passport as appropriate to role(s) have attended / booked to attend N.B. Qualified Link Nurses should be prioritised to receive additional communication skills training within 1 year of commencing the link nurse role	Ask staff Ask Ward Matron / Ward Manager			CQC FS 12, 19, care, communication, competence, compassion
Ward manager can evidence that staff have attended or are booked to attend the identified courses as listed in EoLC Training passport dependant on role	Ask staff			CQC FS 12, 19, care, courage, compassion, competence
Scores				
1 'no' in each element / 50% 'no' / 8 no's in total	Red			
2 'no' in total / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest 'yes' / 100% 'yes'	Green			
Best Practice/Comments				

Nursing Core Standard: Medicines Management Safe

Standard: Avoidable patient harm in relation to medicines management will be eliminated

Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6c's
All medicines are stored in locked patient medication lockers, designated locked cupboards / trolley or a locked fridge	Observe ward			CQC FS 12, 15, 17, care, commitment
Staff are aware of the ' Steroid and High Glucose Levels' leaflet for appropriate patients and the ward has adequate stock	Review leaflets Ask staff			CQC FS 12, 19, communication, competence
The medication fridge has a current temperature log sheet which is completed daily	Observe fridge			CQC FS 15, 19, competence
All IV infusions are stored in their original boxes or in appropriately labelled containers, with potassium-containing solutions kept separately from other solutions	Observe ward			CQC FS 12, 15, care, communication
Element: Care				
Patients medication is taken when administered and not left on bedside table, or locker	Observe ward Ask patients			CQC FS 12, 13, 19, competence, care, commitment
Medicine trolleys are locked and secured when not in use	Ask staff / observe ward			CQC FS 19, competence, care
In all cases where medicines have been omitted the reason for omission has been documented on EPMAR	Review EPMAR			CQC FS 12, 18,19, care, competence, communication
There is a record of staff trained on the use of PDGs relevant to their area	Ask Ward Manager			
Element: Leadership				
Controlled drugs keys are held by the nurse in charge	Ask Staff			CQC FS 12, communication
Staff comply with standards for controlled drug administration	Ask staff / observe			CQC FS 12, 19, communication, care, competence
All patients have their allergy status documented on EPR	Review EPR			CQC FS 12, care, communication
Ward records confirm that stock checks of controlled drugs are carried out once a day	Ward CD register			CQC FS 17, CD legislation, competence, care
Scores				
1 'no' in each element / 50% 'no' /5 no's in total	Red			
2 'no' in total 's / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest ' yes' / 100% 'yes'	Green			

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Best Practice/Comments

Nursing Core Standard: Person centred care Personal

Standard: Every patient is treated as an individual, with compassion all of the time

Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6c's
Patients are not bothered by noise at night from hospital staff	Ask patients			CQC FS 09, 10, 13, care, compassion, commitment,
Patients are not bothered by light at night	Ask patients			CQC FS 09, 10, 13 care, compassion, commitment
Patient privacy is maintained by the use of curtains, screens, and appropriate clothing. Curtain clips are in use	Ask patients Observe practice			CQC FS 09, 10, care, compassion, commitment
Permission is obtained before entering any private areas i.e. curtains, bathrooms, cubicles	Ask patient Observe practice			CQC FS 09, 10, care, compassion, commitment, communication
Staff are aware of the content of the Last 1000 days/ End PJ Paralysis Change Package	Ask staff			CQC FS 09, 10, 12 care, communication, compassion
Element: Care				
Dignity and modesty is maintained for those patients moving between care settings	Observe ward Ask patients			CQC FS 09, 10, 12 care, compassion, commitment, communication
Staff can name outcomes following their Patient, Family and Carer Experience Collaborative Learning Sessions, tests of changes 'you said. We did'	Ask staff Observe changes implemented			CQC FS 09, 10, care, compassion, commitment, communication
Patients are asked 'What matters most to me'...and this is documented on the patient behind the bed board	Observe bed board / ask patients			CQC FS 09, 10, 12, care, compassion, communication, courage
The nurse call systems are within the patient's reach	Observe ward Ask patients			CQC FS 10, 12, care, compassion, communication
Staff introduce themselves to patients and their relatives	Ask patients / observe			CQC FS 09, 10, 19, communication, compassion
Element: Leadership				
The Disclaimer on the HMR1 form is signed by the patient / relative and is witnessed by staff	Review HMR1 form			CQC FS 17, communication
Staff are aware of how to access support for patient's spiritual needs	Ask staff Ask patients			CQC FS 09, 10,13, compassion, care, commitment

Staff can discuss their local interpretations to the Trust's Always Events contained in the Patient Family and Carer Experience Collaborative Change Package - What we have learnt so far	Ask staff / observe			CQC FS 09,10,12, compassion, communication, care
As part of End PJ Paralysis collaborative – patients that can get out of bed are out of bed	Observe patients			CQC FS 09,10, 12 Care, Communication
Patients are encouraged to be involved in their own care and contribute to care planning	Ask patients			CQC FS 09,10, 12, care, commitment, courage, communication
Patients, carers and relatives have access to appropriate information and leaflets within the ward area	Observe wards Ask patients			CQC FS 09, 10,11, 12, 16, 17 communication, care
Scores				
1 'no' in each element / 50% 'no' / 7 no's	Red			
2 'no' in total 's / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest ' yes' / 100% 'yes'	Green			
Best Practice/Comments				

Nursing Core Standard: Pressure Ulcers Safe

Standard: The condition of the patients' skin will be maintained or improved

Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6c's
The electric profiling beds are clean and do not have stickers, cellotape, surgical tape on the bed frame	Observe beds			CQC FS 12, 15, care, commitment
The pressure relieving equipment (including seating) is used appropriately to meet individual patient needs	Observe ward Ask staff			CQC FS 12, 15, care, compassion, commitment
Mattress covers are opened up after every patient discharge to check for signs of impermeability / damage	Ask patient / staff observe			CQC FS 12, 15, care, competence
Staff aware that a RCA needs completing for acquired Category 2 and above pressure ulcers	Ask staff			CQC FS 12, 19, Trust Policy, competence, care, communication
Element: Care				
On admission an appropriate pressure ulcer risk assessment tool (Waterlow) is completed on EPR	Observe documentation			CQC FS 09, 12, 19, competence, care,
The pressure ulcer risk assessment completed weekly (at a minimum)	Observe documentation			CQC FS 09, 12, 19, competence, care
If the patient is at risk of / or has a pressure ulcer there is documented evidence that the patient has been repositioned regularly	Observe documentation			CQC FS 09, 12, communication, compassion, care, commitment, courage, competence
Staff need to complete body charts on EPR and Intentional Rounding, documenting any marks including bruises on the patient's body	Observe documentation			CQC FS 09, 12, 13 communication, compassion, care, commitment, courage, competence
Patients that are deemed high risk of tissue damage are given the Trusts 'Pressure Ulcer Prevention – A guide for patients and carers'	Ask staff / patients Observe ward			CQC FS 09, 11, 12, Trust Policy, communication, care
Element: Leadership				
Staff are aware that Category 2 and above pressure ulcers are recorded as an Adverse Incidence Report (AIR)	Ask staff			CQC FS 17, 19, competence, communication
Staff are aware of any patients who have a pressure ulcer and they have an electronic wound assessment completed	Ask staff Observe documentation			CQC FS 12, 17, 19, competence, care, communication
Staff are aware all Category 2 - 4 pressure ulcers must be photographed by medical illustration within 24hours	Ask staff			CQCFS 12, 17, Trust Policy, communication, competence,
Staff are aware that a safeguarding referral is required for Category 3	Ask staff			CQC FS 12, 13, 19 Trust Policy,

and 4 pressure ulcers				competence, care
Scores				
1 'no' in each element / 50% 'no'	Red			
2 'no' in total 's / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest ' yes' / 100% 'yes'	Green			
Best Practice/Comments				

Nursing Core Standard: Elimination Personal, Clean

Standard: Patient's bladder and bowel needs are met

Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6c's
Nurses comply with infection control guidelines i.e. hand washing, emptying catheter bags, disposal of body waste products	Observe practice			CQC FS 12, 19, competence, care
Hand cleaning facilities are available to all patients after toileting (hand wipes, soap and water)	Observe practice Ask patients			CQC FS 10, 12, compassion, care, commitment
Staff are aware of the Incontinence Associated Dermatitis Protocol and have the poster on display	Observe ward / ask staff			CQC FS 19, competence, care
Staff are aware of how long the patient's urinary catheter has been in place	Ask staff			CQC FS 12, 17, 19, care, competence
Element: Care				
Patient's catheters are appropriately secured	Observe Ask staff / patients			CQC FS 09, 10, 12, compassion, care, competence, commitment, communication
Rationale for insertion of a urinary catheter is documented as well as date, time, type, batch number, amount of water in the balloon and size in the catheter insertion structured note on appropriate patients	Ask staff Observe documentation			CQC FS 11, 12, competence, communication, care
Patients with a catheter have the urinary catheter care structured note completed three times in 24 hours for consecutive days	Observe documentation			CQC FS 12, 19, communication, care
The urinary catheter care structured note is edited 24, 48 and 72 hours post catheter removal	Observe documentation			CQC FS 12, 19, care, communication, competence
The rationale for catheter insertion is in line with TRAPP and is included on the catheterisation audit sheet	Observe documentation			CQC FS 12, care, communication
Element: Leadership				
The ward has a continence link nurse who attends 10/12 link nurse meetings or ensures a deputy attends	Ask staff			CQC FS 19, competence, communication
Continence link nurse folder contains up to date information i.e. audits, link nurse meeting minutes, roles and responsibilities	Ask staff / review link nurse folder			CQC FS09, 12, 19, competence, communication
Link nurse audits practice and generates action plans to ensure improvements in	Ask staff / Review			CQC FS 12,19, competence,

practice	Link Nurse Folder			communication, care
Staff are aware of how to access continence / specialist services (during in patient episodes and on discharge)	Ask staff			CQC FS 12, 19, competence, care
Scores				
1 'no' in each element / 50% 'no' / 6 no's	Red			
2 'no' in total 's / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest ' yes' / 100% 'yes'	Green			
Best Practice/Comments				

Nursing Core Standard: Communication Safe, Personal

Standard: Patient and carers experience effective communication, sensitive to their individual needs and preferences, which promote high quality care for the patient. This includes written communication

Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6c's
Any aids used by the patient are within easy reach, i.e. spectacles, hearing aids	Observe ward			CQC FS 09, 10, care, compassion, commitment, communication
There is evidence that the day staff check the EPR downtime report on a monthly basis (first Tuesday of the month)	Ask staff / reports from EPR			CQC FS 12, 19, communication, competence
There is evidence that the night staff check the EPR downtime report on a monthly basis (first Tuesday of the month)	Ask staff / reports from EPR			CQC FS 12, 19, communication, competence
There is evidence that the EPR Downtime folder is stocked with required paperwork for the ward / area	Review Downtime Folder			CQC FS 12, 19, communication, competence
Element: Care				
Patients admission and assessment documentation is completed on EPR	Observe EPR			CQC FS 09, 10, 12, 13, care, compassion, communication, commitment
Care plans (either paper versions or on EPR) are individualised	Observe documentation			CQC FS 09, 10, 12, 13, compassion, care, competence, commitment, courage, communication
All patient documentation includes the patient's name, unit number, NHS number, ward and full date	Observe documentation			CQC FS 12, communication
Staff are aware of patients who are prescribed long term anticoagulants	Ask staff			CQC FS 09, 12, communication, care
Patients are informed of their clinical progress and discharge plans	Ask patients			CQC FS 10, 12, 13, care compassion, communication
Element: Leadership				
Staff are aware of the Trusts complaints procedure and the PALs service	Ask staff			CQC FS 16, 17, 20, care, communication, care, competence
Staff are completing the nursing documentation audit on a rolling programme (3 case notes per RN per year)	Ask staff Review quarterly reports			CQC FS 12, 19, communication, competence
Support workers, HCAs and student nurses' EPR documentation is validated by an RN	Review documentation			CQC FS 19, care, competence, communication

Staff are aware of Locum Nurse (NHSP) EPR access arrangements	Ask Ward Manager / staff			CQC17, 18,19, communication, competence
Hospedia / Picker Patient Experience monthly ward survey results are highlighted to staff on the Quality and Safety Board	Observe / ask staff			CQC FS 12, 16,19, communication, care, compassion
Scores				
1 'no' in each element / 50% 'no'	Red			
2 'no' in total 's / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest ' yes' / 100% 'yes'	Green			
Best Practice/Comments				

Nursing Core Standard: Infection Control Safe, Clean

Standard: Patients are cared for in an environment where the risk of cross infection is minimised

Element: Environment	Source	Yes	No	CQC Fundamental Standards, 6c's
Hand washing at the ward entrance is adhered to by patients, visitors and staff	Observe ward			CQC FS 09, 10, 12, Infection Control Policy, care, commitment, competence
Alcohol rub is directly accessible at the point of care (dispenser by each bed) and with staff wearing personal dispensers	Observe ward / staff			CQC FS 12, care, commitment
Staff are aware of the procedure for decontamination of commonly used equipment i.e. commodes, I.V. stands, mattresses	Ask staff Observe practice			CQC FS 12, 15,19, competence, care
Clean equipment is appropriately labelled	Observe equipment			CQC FS 12, care, commitment, communication
The Infection Control link nurse file is up to date, tidy and in Trust format	Observe ward folder Corporate notice boards			CQC FS 12,19 competence, care, communication
Ward cleaning rotas are evident and are completed	Observe ward Ask staff			CQC FS 09, 12, 19,care, competence, communication
Empty beds are identified as being clean by appropriate signage	Ask staff / Observe ward			CQC FS 09, 12, 19 care, commitment, competence, communication
Element: Care				
All nursing staff clean their hands before and after any patient contact	Observe ward Ask patients			CQC FS 09, 10, 12, 19 Infection Control Policy, care, commitment
Disposable gloves are removed between tasks on the same patient and hands cleaned, i.e. giving personal care and changing I.V. fluids	Observe practice Ask patients			CQC FS 12, care, compassion, competence, commitment,
The ward has achieved 95% of all aspects of IV care over the last 12 months according to the ward IV audit report	Observe IV Team audit reports			CQC FS 12, 19 care, competence
When undertaking ANTT practices sharps are disposed of at the point of use	Observe staff			CQC FS 12, 19 care, competence
Patients with an infection are isolated / cohorted appropriately with precautions as per policy	Observe ward Ask patients / staff			CQC FS 09, 12, 17 Infection Control Policy, competence, care, compassion, commitment, communication
Patients with an infection are provided with an Infection Control leaflet	Ask patients			CQC FS 09, 10, 12, communication

Patients with an infection wear orange wristbands	Observe			CQC FS 12, care
Element: Leadership				
The ward has an Infection Control Link Nurse and an IV Link Nurse	Ask Ward Manager Ask staff			CQC FS 12, 19, competence, care,
The ward has a current IV resource folder demonstrating that staff are compliant with IV training and PGDs	Annual assessment form for all relevant staff Staff are compliant in Trust IV flush PGDs			CQC FS 12, 19 competence, care
The ward infection control monthly audits and subsequent action plans are displayed in the link nurse folder	Ask Ward Manager Observe link folder			CQC FS 12, 19, communication, commitment
Infection Control link meeting minutes are disseminated to ward staff by the ward's Infection Control Link Nurse	Link nurse folder Ward meeting minutes			CQC FS12, 19, communication, care
Staff are aware of the ward performance with regard to MRSA / Clostridium difficile / HII / Audit results	Ask Ward Manager Observe Corporate notice board			CQC FS12, 19 communication, care,
All staff are compliant with ANTT competency and display the sticker on their ID badge	Observe / ask staff			CQC FS 12, 19, competence, care, communication
Scores				
1 'no' in each element / 50% 'no'	Red			
2 'no' in total 's' / less than 50% in total and the rest 'yes'	Amber			
1 'no' in total and the rest ' yes' / 100% 'yes'	Green			
Best Practice/Comments				