



All about quality (l-r): Jo Croft, Cleo Jackson, Lisa Barnes-Metcalf and Lindsay Rees

## All About Me – focusing on the resident in all we do

**We take a systematic approach to maintaining, measuring and improving how we care for our residents. It's the responsibility of our Quality Managers Joanne Croft and Cleo Jackson to apply audit and clinical governance to ensure quality standards flourish.**

Jo and Cleo work alongside our Clinical Managers Lindsay Rees and Lisa Barnes-Metcalf, as well as other Operations Managers and the 20 individual Home Managers and Clinical Leads. The aim is to embed good practice, share learning and identify and act on areas for improvement. Jo and Cleo spend three or four days a week visiting the homes they are responsible for, working closely with clinical and non-clinical colleagues.

"Quality and clinical governance doesn't work in isolation," said Cleo. "Everything we do is about the residents. We are monitoring the quality of their experience, looking at every aspect that impacts on

their day. It's about the holistic care of the resident and providing the reassurance that what each department is doing for them is being done well.

"Jo and I plan a lot, set the standards, discuss policy revisions and regulatory change and how we cascade that for compliance. We review quality outcomes and decide what quality recommendations we want to make for strategic planning."

Jo added: "Audit is very much more than ticking boxes on a form. It really helps to ensure we deliver on our 'Cherishing You' Promise and Values.

"As well as monitoring and helping to evolve clinical care standards, we are cherishing residents by, for example, making sure their carpet is clean, that lunchtime is something they look forward to, that they enjoy their trip to the hairdressing salon, and so on.

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## The essential role of audit

**Elaine Farrer,  
Operations  
Director**



Welcome to Talking Care, our twice-yearly publication looking at the clinical care side of our work. This time we discuss how clinical quality audits and governance have a direct impact on our residents' quality of life.

Far from being remote 'management-speak' or simply a requirement of our regulator CQC, audit is part and parcel of our everyday language. We audit to demonstrate how well we are doing and, where we are not doing as well as we had thought, to show up our shortcomings.

In this way, audit helps us focus on where we need to spend our energies, answering the common question that while we can think we are doing well, how do we really know?

Thanks to the expertise and commitment of our Quality Managers Joanne Croft and Cleo Jackson, and their close working relationships with our Operations, Clinical and home-based colleagues, audit has been embedded in the road map of our 'good-to-great' journey. It's all about getting under the skin of a resident's daily experience, so we can be reassured we are doing well, points for improvement are quickly

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## The role of audit

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identified and acted on, and good practice is shared.

In this edition, we explain how our Quality, Operations and Clinical managers work together to support an eco-system of high-quality care centred around each of our residents – our 'All About Me' philosophy. It's not only clinical outcomes that are informed by the input of this support network. We give managers in different departments across Colten Care a framework to develop and implement audit tools for all areas of activity.

Among the examples we give are how co-operation with Hotel Service managers has strengthened the link with health, nutrition and appetite, and has specifically improved the dining experience for residents living with dementia.

We also highlight a successful quality improvement plan for one of our dementia care homes, Fernhill, involving a whole-team approach. This first-hand case study serves to show that, while the CQC takes a snapshot of life in a home during an inspection, we make sure we do the best we can every single day.

**I hope you enjoy Talking Care. If you have any feedback, or would like to suggest an article, please tell us at [ContactUs@ColtenCare.co.uk](mailto:ContactUs@ColtenCare.co.uk)**

## All About Me

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You cannot divide someone into bits. They either have a good day worth living or they don't. Every team member can make a positive difference. That's what drives us. That's why Cleo and I love what we do."

● **Reflective practice is an important element of a quality management system. Recently, Jo had an article published in 'Nursing and Residential Care' explaining how to combine qualitative and quantitative statistical data to help measure care home performance. It's available to read in Volume 19 Issue 2 at the Mark Allen Group online library, [www.magonlinelibrary.com](http://www.magonlinelibrary.com)**

# Quality Managers support a 'one team' approach

**There are many layers of work involved in quality audit and clinical governance.**

As well as continual communication with clinical care colleagues, our Quality Managers discuss and agree audit frameworks for activities such as Learning and Development, Human Resources, Health and Safety, Maintenance, Hotel Services and Housekeeping. All of these frameworks impact directly on our residents' daily experience.

Here are just some examples:

● **Joint working between Chefs, Clinical Leads and the Quality team** helps to link nutrition audits with the wider monitoring of people's health. Weight loss, chronic wounds, constipation and problems with swallowing can all be impacted by diet.

A resident with chronic leg ulcers, for example, will tend to need enhanced vitamin C and zinc, so regular fruit smoothies may well help. Likewise, high-calorie protein milkshakes can help people to put on more weight. When it comes to help with swallowing, Quality audits have helped to ensure our Chefs have the skills to modify meal texture and still ensure food is nutritious and pleasant.

● **At Kingfishers in New Milton, team members** developed a more therapeutic and pleasant dining experience for



Quality Manager Jo Croft (left) with Clare Worsfold, Clinical Lead at Brook View in West Moors and, above, checking a resident's file

residents living with dementia. It involved the use of appropriate bright colours for mats, non-slip tablecloths and condiments.

A key aim is to signal the end of morning activity and the arrival of lunchtime. It helps build a sense of routine and encourage a safe, appropriate level of self-serving. The ideas have been rolled out to other homes following a Quality audit.

● **Close work between Quality and Hotel Services managers** has resulted in more attention to detail being given to how meals are presented on trays during room service. The enhanced

approach has helped to promote independence, dignity and appetite for those residents who eat in their rooms.

Service, presentation and how meals are arranged have all been observed as part of Quality improvements.

● **A focus on improved documentation** has ensured that accident reports correlate more exactly with CQC notifications and safeguarding requirements.

● **Best practice in end-of-life care,** developed from audit guidance under the Gold Standards Framework, has been shared across all homes. Likewise,



a suite of short-term care plans for acute conditions has been rolled out after Quality Managers identified and shared good practice ideas.

"What we do as Quality Managers, and what the Clinical Managers do, does have a direct impact," said Jo Croft. "We monitor and discuss all kinds of issues with team members. We don't want to give people extra work or interfere with job functions, but we do link it all up, pull the threads together and ultimately empower our colleagues to be the very best they can be. We tend to find that Home Managers quickly realise we are all on the same team. We know they are

the registered manager for their home, but what we do actually helps and enables them to be focused on their residents and families. That understanding percolates through to other team members.

"By providing oversight of good audit practice, identifying areas for improvement and removing any blind spots, we support everyone."

Home Managers and Clinical Leads agree that audit has a direct role in driving forward quality in the homes and helping to make sure residents have the best experience of care.

Janie Pearman, Home Manager at two New Forest homes, Woodpeckers and Belmore Lodge, said: "Audit is the absolute backbone of everything we do. It underpins all our clinical care, giving us the guidelines to work in, evidencing delivery and signposting us to potential problems. It can be a sign that things are going well, giving confidence that we are doing a great job.

"On the other hand, it can be a warning that something could be about to go wrong which means we can put interventions in place to prevent or minimise the impact. That's the beauty of audit and governance in action."

## Audit oversight in practice: How a malnourishment risk was averted

Audit played a crucial role at one of our Hampshire homes recently.

It was noted that some residents were declining milk-based supplements on the regular drinks rounds when they could opt for a cup of tea instead. At the same time, monthly nutritional audit forms, based on weight and observation, were beginning to confirm a rise in MUST scores (malnutrition universal screening tool).

The Clinical Lead and Chef reviewed the use of supplements and introduced two changes: a wider choice of protein snacks, shakes and smoothies based on fruit, vegetable and savoury ingredients in addition to milk; and an extra drinks round focused solely on the nutritional supplement list.

As a result, the MUST scores immediately came down in the Clinical Lead's monthly audits, confirming that the risk of anyone

becoming malnourished had reduced.

Our Quality Managers also help non-clinical colleagues across Colten Care to develop a framework for their own auditing tools. A housekeeping audit form, for example, details 38 points to check on the furnishings and cleanliness of a resident's bedroom.

There is similar detail regarding oversight of Hotel Services on everything from residents' nutrition records

and the logging of their allergy and food preferences, to the display of menu information and the stocking of foyer coffee machines.

Hotel Services Manager Fergus Davitt said: "We have an in-depth audit system across all our areas of operation. It's deliberately resident-focused, it guides us with our daily activities and it helps provide evidence of compliance when it comes to external inspections."

# Fernhill's CQC success a true 'team effort'

**Team members working closely together have achieved an improved CQC rating for one of our dementia care homes, Fernhill, in Longham, Dorset.**

The home has been rated 'Good' across all key lines of enquiry, following an inspection by the regulator in January.

The success is down to an action plan involving everyone at the home, guided by a policy of continual communication between Home Manager Gina Smith, colleagues at the home and our Quality, Operations and Clinical Managers.

Gina took up her post after an April 2015 inspection report – while praising some aspects of care – had identified a need for better staffing arrangements, training, documentation, reporting and service monitoring.

We began by openly sharing and discussing the inspectors' findings with families and colleagues. We spoke to people individually and in group meetings.

While we accepted there was work to be done, the overall feedback on our standards of care had been very supportive and positive. Some people could not understand how the inspectors' 'snapshot' report squared with the care they had actually seen being given every day.

This view has since been



Residents and team members at Fernhill celebrate the latest CQC rating

reinforced by Fernhill's continually high score, currently 9.7, on the independent review site Carehome.co.uk.

Our action plan, shared with CQC, involved changing the mix of staff skills at each of the four small house groups that residents live in. The new approach reflects more directly the needs of residents at different points on the dementia journey. It is backed by continual evaluation of the appropriate care level as an individual changes, however gradually that happens.

Another example of a practical benefit of increased staffing may be seen at meal times. Having more team members physically present means we spend more time supporting people who need assistance. By splitting up mealtime sittings, we are enabling carers to spend longer with each resident, which is important as people with dementia often need to eat slowly.

To complement the changes in how we go about staffing, we provided a huge amount

of dementia care training. The focus was designed to ensure that all team members take a person-centred, rather than task-driven, approach to residents. We had been very strong on training already but we recognised that, at times, learning could have been better implemented.

We also put more focus on written evidence for the care we provide, another of the 2015 findings. Our action plans were forwarded to CQC and updates were fully backed by documentation such as attendance sheets, care plans, training notes and minutes of meetings.

To oversee the improvement work, Gina held monthly face-to-face meetings with our Quality, Operations and Clinical Managers as part of their ongoing dialogue.

Gina said: "As well as continuing to strengthen the way we care for residents and their families, we've put in place better processes to monitor and evidence what we do. Training plays a crucial role given that professional

thinking about the dementia journey, and knowledge of how best to care for people at different stages, is evolving all the time."

Cleo Jackson, Quality Manager, said: "As part of our continual communications around Fernhill's improvement plan, we did a 'mock CQC inspection' involving a team of support people. It helped to identify where the home needed to be and gave a measure of reassurance that everyone's energies were going in the right direction. It was just one of many steps we took to help the home improve."

As a result of Fernhill's success, we can now proudly say that all 19 of our established homes have a 'Good' rating from the CQC. This is especially pleasing given that each of our homes is registered for both residential and nursing care. To put this 100% achievement in context, across all the care homes registered in the UK to deliver nursing care, less than 66% have been rated 'Good' by the CQC.