

Self-Evaluation tool

Name of service:

Name of manager:

Date of self-evaluation:

Quality Indicator 7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

1. People's rights are respected, and they are treated with dignity and respect.

How are we doing?

Unsatisfactory	Weak	Adequate	Good	Very Good	Excellent
			X		

How do we know?

What did we do?

We asked staff views – 30 questionnaires

We asked 15 relatives views using a questionnaire

We asked 4 visiting professionals to complete a short questionnaire

We audited 10 risk assessments in personal plans to make sure that restrictions were proportionate, reviewed regularly and updated.

We observed staff practice and interactions at different times of the day (including mealtimes), on 5 occasions over a four week period.

We asked people who live at the care home what their views were – 20 questionnaires and 2 focus groups

What did we find?

We found that **4 out of 10 risk assessments didn't include the signature** of the person's representative when they lacked capacity to consent.

Our observations showed us that:

Relationships between staff and people living here are warm & genuine, and staff knew people very well, including their individual histories and what was important to them. This is also recorded in people's personal plans in the "what is important to me" section.

In the focus group, residents told us that what they especially appreciated was that **staff took extra time to help people feel at ease when staff were wearing**

masks. Residents commented that seeing staff **carrying out regular cleaning helped them feel safe.** Residents greatly valued being helped to use facetime to **keep in contact with relatives.**

Whilst all people using the service reported feeling involved in their care, 5 staff and 8 family members said that **people and their families were not sufficiently involved in decisions** about people's care.

We observed that:

Staff used their knowledge of people and their personal preferences to adapt the way they provided care to suit each individual. We observed staff sensitively **overcoming communication difficulties** that were exacerbated by the need to wear masks. **Staff were imaginative**, using a range of ways to ensure that people recognised them as familiar and friendly (eg laminated photo, showing their face prior to approaching and then adding mask, keep smiling), **and explaining why they were wearing a mask** at each interaction.

18/20 people living here said their care and support was 'very good' or 'excellent'. For people who had difficulty expressing their views, we used talking mats and symbols to gauge their views, and included our observations.

12/15 relatives said that their relatives' care and support was 'very good or excellent'

15 Staff told us they valued the people who live here and were encouraged to develop strong bonds and relationships with people.

12 family members rated us 'adequate' for question 5 about communication during the pandemic. However, **family members praised the staff team** and the way their relatives were cared for. **20 out of 25 said the care was very good or excellent.**

4 visiting professionals said that the care provided was compassionate and staff were always available.

What are we going to do now?

We will repeat this in 2 months and continue to ask staff to look to good practice to help guide what they do.

We will send out a fortnightly COVID-19 update to relatives so that people are clearer about the reasons for any restrictions on residents' movement or activities, and what we will do to reduce the impact of these. We aim to increase to 15 the number of 'good' or above relatives' grades for question 5 (from our baseline of 8). All staff, including non-direct care staff will complete Unit 3 of the NES Key Considerations for supporting people with dementia by end December.

All care staff will complete all 5 units of the NES Key Considerations units.



Next steps: developing your improvement plan

The manager retains overall responsibility for completing and reviewing the improvement plan. This should be in a format you can share. Aim to review this plan regularly and make the information accessible so you can share it with the people who experience your care, their families, staff and others involved with your service. It is essential that they can be part of the review process.

Outcome What do we want to achieve?	Actions How are we going to do it?	Timeframe When do we want this to be completed or next reviewed?	Person responsible Who is doing each action or responsible for ensuring it gets completed?	Where are we now? What have we achieved, and what has prevented us from doing what we wanted?
Improve communication with family members. Increase the number of 'good' or better evaluations for question 5.	Send a fortnightly COVID update to family members and carers. Encourage staff and people using the service to provide updates to share with families.	Review in 8 weeks – repeat the questionnaires.	Manager to collate content. Admin to send out via email. Consider options for contacting those without email access.	