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Achievable standards of care for the elderly patient cared for in the acute assessment wards, continuing care wards, nursing homes and day hospitals within the City & Hackney Health Authority

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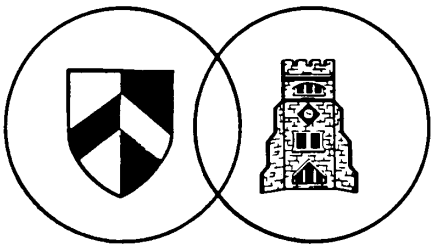

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CONTENTS

Achievable Standards of Care for the Elderly Patient Cared for in the Acute Assessment Wards, the Continuing Care Wards, Nursing Homes and Day Hospitals within the City & Hackney Health Authority

INTRODUCTION

A comprehensive health service for elderly people embraces many disciplines and has many components. The elderly are a priority care group. Their large numbers mean that those responsible for their care and for the planning and provision of their services must have the vision to see what is possible. The elderly require a service that reflects their special needs. They also must be able to have information and be able to be consulted in the provision of services for them. Many professional organisations and special interest groups offer guidance on facilities and standards of care for the elderly. These have been included within this document.

This document defines the standard of care we all wish to aim for in all our facilities for elderly patients. We have all agreed that these standards are achievable. It may not be this year, or next, but there must be progress and commitment towards achieving these standards. This Health Authority has already recognised the significance of the physical environment, not only for the elderly patients themselves, but for their relatives and the staff working within the units. This Authority aims to have within ten years all facilities for elderly patients housed in modern, purpose built accommodation, or accommodation converted to a high standard, designed with the need for rehabilitation, dignity and privacy in mind.

Achieving standards should be seen as an incremental process. When we have achieved these standards in all our facilities then we will meet again and redefine our standards, so advancing our care into new frontiers.

Miss P. J. Hibbs,
Chief Nursing Officer,
23rd March 1987

GUIDELINES FOR USE

A regular annual review period should be set for each ward or nursing home. Two copies of the document will be completed, one for the managers and one to be left on the ward. The assessment and documentation will be completed by a Senior Nurse, Physician and Administrator, together with the Sister/Charge Nurse for each ward/nursing home.

SECTION A

Section A comprises the specification of achievable standards for each ward/nursing home in the District.

SECTION B

Section B should be completed for each ward/nursing home. Each criterion within each section has a negative parameter and a positive parameter. A minimum rating of D would indicate a deficient standard of care and a rating of A would indicate an ideal standard of care or performance.

SECTION C

When senior managers are rating each ward they can refer to Section C which offers guidelines for each rating A-D of each criterion within the specification of standards. If standards fall somewhere between two parameters the most frequently occurring parameter should be scored.

SECTION D

The ratings for each specification can be plotted on the graphs in this section (see graphs 1-7). If the plotted marks on the graph are joined together a clear picture can be seen of the deficient or ideal standards for each specification.

SECTION E

An action plan for the improvement of deficient standards will be completed by the individuals concerned who will be responsible for its implementation. A six month review period will be set to monitor progress.

SECTION A

1. SPECIFICATION OF STANDARDS FOR PHYSICAL ENVIRONMENT OF WARDS/NURSING HOMES

1.1 Structure of the Building

1.1.1 The physical environment should conform to Health Building Note 37:

1.1.2 The environment should be acceptable to patients, relatives and staff.

1.1.3 Colour coding of walls and paintwork will be used to convey function and identity to the different ward areas and bedrooms so helping to personalise different parts of the ward so that they are more easily recognisable.

1.1.4 Daylight and sunlight are important for patients, but excessive glare will be controlled by screens on windows. Patients should be able to see out of the windows, both from a chair and from their beds. Individual reading lamps are required for each bed. Those elderly patients with failing vision will require brighter illumination than normal.

1.1.5 A nurse call system is required for every patient.

1.1.6 Each patient needs their own personal space. The minimum critical dimension of each individual bed within a multi-bed area is 2500mm x 2900mm. Each patient will require their own wardrobe or wardrobe locker. A drawer or cupboard should have a lock. There should also be an individual mirror. Wall shelves where possible will provide more personalisation of bed spaces. Each elderly patient must have immediate and constant access to their belongings. Within the nursing homes furniture may be stored and replaced with their own as required.

1.1.7 Toilets need to be located so that patients have to walk no more than 12 metres from bed or day space to the toilet. The recommended minimum number of toilets is 1:3 patients. Each toilet needs to allow access for staff to assist patients. A hand wash basin should be provided near each toilet. Toilets should also be available for the elderly in each bathroom. Commodes should be available for every patient who requires one at night. Each facility should have a functioning bed pan washer.

1.1.8 Bathrooms should be able to accommodate staff and all aids required, such as, wheelchairs and hoists. There will be an alternative sitting bath or shower for those unable to tolerate a lying bath.

1.1.9 Each ward or nursing home will require a kitchen for the making of beverages and snacks as required. The kitchen will require storage space, both with refrigeration and dry storage, for patients own food if required. Within the nursing homes beverage points will be required for patients and their visitors.

1.1.10 Each facility will require an adequate dirty utility room. There will need to be adequate storage areas for stores and supplies in order that the facility does not become cluttered and reduce the

space available for the movement of patients.

1.1.11 On each ward there will need to be a nurses station situated where the nurses may observe those patients requiring observation. Light and noise from this station should not affect patients.

1.2 Living Conditions

1.2.1 The facility should be kept in good decorative order with a programmed plan for painting and maintenance every four years.

1.2.2 Natural ventilation should be used whenever possible, but every effort should be made to reduce draughts.

1.2.3 Temperature control should be monitored with wall thermometers. Heat should be available outside the heating season, for example, on a cool summer day. Radiators should be suitably protected with a surface temperature not exceeding 50°C. The hot water distribution should be controlled at a temperature of 52°C. Each bath and shower will require a locally adjustable mixing valve to provide a blended water temperature, not exceeding 43°C.

1.2.4 Each facility will require items such as pictures, plants, large clocks and ornaments, and if requested, fish tanks, to make the facility more homely and to stimulate interest.

1.2.5 There will be an agreed satisfactory cleaning schedule that is regularly monitored with the domestic supervisor and the sister in charge. There will be a garden contract for maintenance of well kept gardens. The windows will be cleaned every two months.

1.2.6 Noise levels will be carefully monitored. The television will not be switched on permanently. Living rooms will require sound to be wired for loop reception by hearing aids. A quiet room or corner will be provided for those patients who wish to be quiet.

1.3 Equipment

1.3.1 Each elderly patient will have a high/low variable height bed. All mattresses will be renewed every five years and they should contain flame retardant materials.

1.3.2 Elderly patients require chairs of domestic appearance in a wide variety of chair to feet height. Styles should also show a range, such as, some high backed and winged, some with padded arms and filled in sides. There may be instances when a patient may require a chair to their own specification.

1.3.3 Each ward or nursing home will have its own hoist to be used for heavy patients. The staff need to be trained in the use of the hoist in order to maximise its effectiveness.

1.3.4. Patients who require walking aids and wheelchairs will need these aids measured and supplied to their own specifications. Wheelchair foam cushions will need to be replaced every 1 - 2 years as the foam will distort and disintegrate with constant use and the pressure relieving properties will be lost. Patients will require these

aids for their mobility and independence to be kept within their own personal space.

1.3.5. Each patient will have access to their own radio appliance. Television and videos for the replaying of old films will be available. There should be a television lounge, with small portable televisions for those patients in bed.

2. SPECIFICATION OF STANDARDS FOR PERSONAL SERVICES

2.1 Social Activities

2.1.1 There will be a planned programme of culturally relevant social activities for all continuing care wards and nursing homes which will be organised by an organiser appointed for this specific role. Every continuing care patient will have some event to look forward to. These and other events will be required to overcome boredom and to act as a substitute for activities that may no longer be possible.

The organiser will be responsible for arranging films, live entertainments, bingo, outings and Christmas parties and other special occasion parties.

There will be the opportunity to pursue interests, such as listening to the radio, painting, music and craftwork. Adult education teachers will be required to supervise and encourage this work.

2.1.2 Patients will have control of their own money, which they will need to pay for any additional items and services they require.

2.1.3 Newspapers and periodicals will be delivered daily to all the facilities, and should include mother tongue publications for those patients from ethnic minorities who request them.

2.2 Personal Grooming

2.2.1 Full personalised clothing including underclothes will be available for all resident elderly patients. Recognising that the residents from this Health Authority come from many different racial and cultural groups, clothing will reflect the need for patient choice and preferences. Manufacturers will be requested to bring collections to the wards or nursing homes.

2.2.2 All patients will require shoes.

2.2.3 All patient will be able to use the hospital hairdresser for regular appointments. Patients residing in the nursing homes may be able to use a local hairdresser if wheelchair access is available.

2.3 Ancillary Personal Services

2.3.1 Full dental services will be available for all patients in our

care. Patients who do not possess dentures or whose dentures do not fit will be offered new ones. Repairs will be completed within three weeks.

2.3.2 The ophthalmic services will provide patients with new glasses when required. Patients' vision and the effectiveness of their glasses will need a review at three yearly intervals. Otherwise problems should be sorted out at the time reported. Broken glasses will be repaired and returned to the patient within two weeks.

2.3.3 All deaf patients who wish for a hearing aid will be supplied with one. Spare batteries will be available within the facilities, including the nursing homes.

2.3.4 Chiropody services will be available within all the continuing care wards and nursing homes. The acute patients will use the clinic facilities and the continuing care wards will have within them a clinical room equipped with a chiropody chair for regular and effective treatment. The importance of chiropody to aid rehabilitation will be recognised.

2.4 Religious and Cultural Beliefs

2.4.1 The rich variety of religious and cultural beliefs within City & Hackney will be recognised and respected. Representatives of all religions will be welcomed and every assistance will be given to facilitate all cultural and religious practices.

2.5 Language

2.5.1 Some ethnic minority elderly whose command of English was never very good find themselves, as they grow older and more frail, thinking and speaking in their mother tongue. The availability of staff and health workers who speak their language and who are able to help the patient communicate must be known and written on the patients care plan.

3. SPECIFICATION OF STANDARDS FOR NUTRITIONAL SERVICE

3.1 Meeting Nutritional Requirements of the Elderly

3.1.1 The importance of nutrition, not only to the maintenance of health, but also to add interest to the patients' day is recognised. The food will be nourishing and will meet the recommended daily amounts for nutrients and be in line with the District food and health policy.

3.1.2 A high fibre diet with a good fluid intake of one to one and a half litres per day will be offered to prevent constipation and dehydration.

3.1.3 Special consideration will be given to meet the requirements for nutrients which tend to be deficient in the elderly in continuing care.

These nutrients are:

3.1.3.1 Vitamin C. Fresh fruit juice and fresh fruit will be available. Every effort will be made to ensure that vegetables are not over-cooked. These measures will also ensure a good folate and potassium intake.

3.1.3.2 Vitamin D. In line with DHSS recommendations this vitamin may need to be given as a supplement to patients who do not get out into sunlight.

3.1.3.3 B Vitamins. It is important that a good B vitamin intake is given to help maintain sound mental health. In some cases supplementation will be necessary as some drugs raise the requirements for these nutrients.

3.2 Choice of Food

3.2.1 There will be a choice of food available. It will be recognised that not all elderly patients require a soft or bland diet.

3.2.2 There will be available a full range of ethnic meals to all patients who require them. Vegetarian diets should provide all the nutrients listed above. Types of food that certain cultural groups wish to avoid should be known by staff and the replacement meals that are acceptable to these patients must be adequate in nutritional value as stated above. (For example, Muslims do not eat pork and may prefer Halal meat or vegetarian food. Their preferences should be sought in all cases.)

3.3 Presentation of Food

3.3.1 Food will be served at the correct temperature, i.e. hot food must be served hot. Patients should be encouraged to return food that has not been served at the correct temperature.

3.3.2 A full range of condiments will be available at every meal.

3.3.3 Care will be taken in the presentation of food. Tablecloths and napkins will be available. Trays will be used for patients in bed.

3.3.4 Specially adapted cutlery, aids and drinking utensils will be available for all patients who require them.

3.4 Meal Times as a Social Activity

3.4.1 Meals should be served in an unhurried manner in order that the elderly patient may take their time and enjoy their meals. There will be no pressure placed on any patient to take meals in any one particular place. The evening meal should never be served earlier than 1800 hours.

3.4.2 Special teas, birthday cakes and treats will be available.

3.5 Provision of Alcohol/Special Drinks

3.5.1 Alcohol will be available if required. Beer and Guiness, sherry for those with poor appetites. Brandy and hot milk for those who wish instead of sleeping tablets. Some alcohol may be prescribed, some obtained from social funds or purchased by patients and relatives themselves.

4. SPECIFICATION OF STANDARDS FOR NURSING SERVICES

4.1 Objectives of Nurses Caring for the Elderly

4.1.1 The elderly patients of this Health Authority are entitled to expert and skilled nursing care by nurses who understand and fulfil the special needs of the elderly.

4.1.2 During the acute phase nurses will assist the individual in activities contributing to recovery and health.

4.1.3 The nurse caring for the elderly patient during the rehabilitative phase will be concerned with improving the health of the individual, promoting and maintaining health and enabling the individual to maximise their independence and potential.

4.1.4 The nursing care for the elderly patient in the continuing care ward relates all nursing activities within the ward or nursing home towards assisting the individual to maximise their quality of life.

4.1.5 The nurse caring for the elderly patient during the terminal phase of the illness assists the individual towards a peaceful death by ensuring that all the necessary skill and support is given. The specialist nurse and the manual for the care of dying patients will provide support and information to the nurses caring for these patients.

4.2 Nurse Staffing Ratios

4.2.1 Nurse staffing ratios will be 1:1.3. Following calculation 21% further must be added on to cover annual leave, sickness, maternity leave and study leave.

4.2.2 There should be 60% trained staff.

4.2.3 There will be at least two nurses within each designated ward or nursing home for the elderly who have completed ENB Course 298 or 941, one of whom should be the nurse in charge.

4.3 Individualised Nursing Care Plans

4.3.1 Each elderly patient will have their own individualised care plan.

4.3.1.1 Each elderly patient within our care will be asked on admission what they wish to be called. This name will be recorded on their care plan and will be adhered to. Every effort will be made to maintain dignity and privacy.

4.3.1.2 Each care plan will have clear goals for each patient.

4.3.1.3 The nurse allocated for the delivery of care will always wear a name badge. The patient will be told who their nurse is. If this nurse is a student, a named registered nurse must be responsible for the care that the student gives.

4.3.1.4 The patient will be assessed on admission in order to ensure that goals are set. Patients and their relatives should also be considered and consulted when evaluating and revising care plans.

4.3.2 A care plan will be drawn up and revised by the designated nurse allocated for the patient. If this nurse is a student the care plan is the responsibility of the registered nurse responsible for supervising the student.

4.3.2.1 The care plan will need to be revised daily or as necessary during the acute phase and monthly in the continuing care facilities.

4.3.2.2 The importance of the full information exchange of all professionals caring for elderly patients is recognised. Multi-disciplinary assessments and evaluation will take place.

4.4 Incontinence

4.4.1 Incontinence will not be considered the inevitable consequence of aging. Every effort will be made to promote continence by diagnostic treatment as appropriate and a management policy relating to incontinence.

4.4.2 Support to patients who have difficulty in maintaining continence will be given by a Continence Adviser and by a full range of aids.

4.4.3 A record will be kept on the patients' record of progress and satisfaction with care, support and aids offered.

4.5 Prevention of Pressure Sores

4.5.1 The importance of preventive pressure area care and the elderly patients' particular vulnerability will be recognised. All attempts will be made to prevent pressure sores by assessment of every patient using the Norton Score on admission. The patient should be reassessed when any new illness occurs, such as chest or urinary tract infection.

4.5.2 For every at risk patient who has a score of 14 or below a plan for prevention will be made according to the nursing practice already agreed.

4.5.3 Pressure relieving aids and devices will be fully available at the time of need.

4.6 Freedom of Movement

4.6.1 Each patient will be able to return to bed and get up when they wish. No patient will ever be woken before 6.30 a.m.

4.7 Personal Hygiene

4.7.1 Each patient will be able to bathe when they wish, considering their lifetime's habits.

4.8 Eliciting Patients, Relatives and Others' Views on Services

4.8.1 Patients will be asked for their views of the services provided. These views may be obtained from structured interviews, individual assessments, residents' committees and completion of patient satisfaction studies.

Relatives will be encouraged to comment on the care offered and make suggestions for improvement.

4.8.2 The patient satisfaction studies and any other studies will be facilitated by the Senior Administrator and the Clinical Nurse Specialist. The Information Officer will collate the information which will be given to the manager and the Ward Sister or Charge Nurse for them to consider and act upon. The administrator will also attend the residents' committee or the unit at least once during the year.

4.8.3 The needs of the ethnic elderly who use the service will be monitored and planned for by the joint DHA,CHC and Voluntary Bodies Working Party on the health needs of ethnic minorities. Nurses will enquire from the ethnic elderly if they wish to be placed with members of their own group within the health care facilities. Small groups of ethnic elderly will be given the opportunity for a facility to reflect their own particular needs and cultural patterns.

5. SPECIFICATION OF STANDARDS FOR PARAMEDICAL AND THERAPEUTIC SERVICES

5.1 Every elderly patient within an acute ward will have a planned discharge. Where there are difficulties, the liaison nurse will be consulted and will help draw up the discharge plan in consultation with the patient and their carer. The transition from hospital to home and the services required will form the discharge plan.

5.2 The sister/charge nurse will investigate from the relatives and friends the need and desire for a relatives support group.

5.3 All relatives who have been bereaved will be offered support and help from bereavement counsellors or support from community staff. The addresses will be found in the District's manual.

5.4 Speech therapy will be available for patients who have severe communication problems.

5.5 Occupational therapists will be available for all patients requiring rehabilitation and, with the aid of a training flat, will prepare patients for home. Those patients who need to will be able to visit their home with their Occupational Therapist first.

5.6 Diversion therapy will be available for those patients who require it, but there will be no compulsion to join in activities.

5.7 Physiotherapy will be available in the acute and continuing care wards and nursing homes as required. There will be some provision for group therapy for those who enjoy exercising with others.

5.8 The dietician will be available for those requiring therapeutic diets and to advise on the nutrition of patients.

5.9 A clinical psychologist will be available when required.

6. SPECIFICATION OF STANDARDS FOR MEDICAL SERVICES

Elderly patients will have the same access to all health care facilities and services available as to any other patient.

6.1 Specialist Medical Care

6.1.1 The Health Authority will provide the specialist medical care for the elderly patients in the following.

6.1.1.1 The acute ward when required.

6.1.1.2 The trauma orthopaedic ward.

6.1.1.3 The confused elderly.

6.1.1.4 Designated wards and facilities for the elderly.

6.1.1.5 Nursing homes.

6.1.1.6 Day hospital and day centre provision.

6.1.1.7 Part III accommodation.

6.2 Medical Services

6.2.1 Elderly patients throughout this Health Authority's facilities will have access to the following services.

6.2.1.1 Diagnostic facilities for the investigation of incontinence.

6.2.1.2 The pain clinic.

6.2.1.3 The symptom control team.

6.3 Elderly patients and their relatives will be given adequate information relating to their care. It will also be recognised that they have a right to refuse services.

6.4 Patients on admission will be given a guide on the patients' complaints procedure. All complaints made by patients and their relatives will be thoroughly investigated by the managers and reviewed by the Quality of Care Unit.

7. SPECIFICATION OF STANDARDS FOR SOCIAL WORK

7.1 Elderly patients will have access to experienced and skilled hospital based social workers, and within the hospital there is a Senior Social Worker with special expertise in the needs of the elderly. The social workers will ensure that other workers in the community who know the patient will have the opportunity to be appropriately involved.

7.2 Early referral to a social worker should be made to ensure that the patient is freed from any anxiety about his/her home situation which might hinder recovery. This should be achieved through liaison with relatives, and the appropriate local authority will take responsibility when protection of property and other affairs cannot be undertaken by relatives.

7.3 The social worker should take part in multi-disciplinary discussions about the patient's future needs, and as soon as it is possible, also discuss these with the patient. It will be the social worker's task to make the return home possible through provision of home carer, meals on wheels, luncheon club, Crossroads or other form of support.

7.4 Assessment of resources needed in the community will often involve close co-operation with occupational therapy staff and, in some cases, joint homes visits.

7.5 If the patient is unable to be cared for at home even with maximum support, the social worker will discuss alternative care and when a decision has been reached with staff and patient, arrange the most appropriate available residential care.

7.6 The social worker will be responsible for involving relatives and other concerned people in the decision, and relatives will be offered support with any problems they may be experiencing as a result of the patient's illness. The social worker will offer counselling to patients and their relatives when they are experiencing emotional distress as a result of illness and loss.

7.7 It is not the social worker's function to deal with patients' financial and social security problems, but in certain circumstances the social worker will become involved in ensuring the patient receives those benefits to which he/she is entitled.

7.8 In long stay wards and nursing homes social work input should be maintained. Social workers should attend ward conferences and be alert of possibilities of taking part in programmes to improve the patient's situation. Relative should be offered support, and in some situations this could be achieved through relative support groups.

7.9 Since people in hospital sometimes find it difficult to voice their concerns to their direct carers, social workers should be available to take up some of their anxieties and discuss them with nursing and medical staff, and conversely be able to interpret Health Authority policies and problems.

SECTION B

CITY & HACKNEY HEALTH AUTHORITY

UNIT: WARD:

SECTION: Month: Year:

ACHIEVABLE STANDARDS OF CARE FOR THE ELDERLY

Please rate the following (✓)

A indicates Optimum Score (Excellent)
B indicates Less than Optimum Score (Good)
C indicates Better than Minimum Score (Fair)
D indicates Minimum score (Poor)

(Refer to Section C for guidelines to ratings)

1. SPECIFICATION OF STANDARDS FOR PHYSICAL ENVIRONMENT OF WARDS/NURSING HOMES

1.1 Structure of the Building

1.1.2	ACCEPTABILITY OF ENVIRONMENT TO PATIENTS AND STAFF	A	B	C	D
1.1.3	COLOUR CODING	A	B	C	D
1.1.4	LIGHTING	A	B	C	D
1.1.5	NURSE CALL SYSTEM	A	B	C	D
1.1.6	PERSONAL SPACE	A	B	C	D
1.1.7	TOILET FACILITIES	A	B	C	D
1.1.8	BATHROOMS	A	B	C	D
1.1.9	KITCHENS	A	B	C	D
1.1.10	DIRTY UTILITY ROOM	A	B	C	D
1.1.11	NURSES STATION	A	B	C	D

1.2 Living Conditions

1.2.1	DECORATION	A	B	C	D
1.2.2	NATURAL VENTILATION	A	B	C	D
1.2.3	HEATING	A	B	C	D
1.2.4	PICTURES, PLANTS, ETC.	A	B	C	D
1.2.5	CLEANING SCHEDULE	A	B	C	D
1.2.6	NOISE LEVELS	A	B	C	D

1.3 EQUIPMENT

1.3.1	BEDS	A	B	C	D
1.3.2	CHAIRS	A	B	C	D
1.3.3	HOISTS	A	B	C	D
1.3.4	WHEELCHAIRS AND WALKING AIDS	A	B	C	D
1.3.5	TELEVISION, RADIO AND VIDEO	A	B	C	D

2. SPECIFICATION OF STANDARDS FOR PERSONAL SERVICES

2.1 Social activities

2.1.1	SOCIAL ACTIVITIES ORGANISER, ENTERTAINMENTS AND HOBBIES	A	B	C	D
2.1.2	PATIENTS' OWN MONEY	A	B	C	D
2.1.3	NEWSPAPERS AND PERIODICALS	A	B	C	D

2.2 Personal Grooming

2.2.1	PERSONALISED CLOTHING	A	B	C	D
2.2.2	SHOES	A	B	C	D

2.2.3	HAIRDRESSING FACILITY	A B C D

2.3 Ancillary Personal Services

2.3.1	DENTAL SERVICES	A B C D
2.3.2	OPTHALMIC SERVICES	A B C D
2.3.3	AURAL SERVICES	A B C D
2.3.4	CHIROPODY SERVICES	A B C D

2.4 Religious and Cultural Beliefs

2.4.1	RECOGNITION AND PRACTICE OF RELIGIOUS AND CULTURAL BELIEFS	A B C D

3. SPECIFICATION OF STANDARDS FOR NUTRITIONAL SERVICES

3.1 Meeting Nutritional Requirements of the Elderly

3.1.1	FOOD	A B C D
3.1.2	FIBRE/FLUIDS	A B C D
3.1.3	VITAMIN CONTENT	A B C D

3.2 Choice of Food

3.2.1	CHOICE	A B C D
3.2.2	ETHNIC MEALS	A B C D

3.3 Presentation of Food

3.3.1	TEMPERATURE OF FOOD	A B C D
3.3.2	CONDIMENTS	A B C D

3.3.3	TABLECLOTH AND NAPKINS	A	B	C	D
3.3.4	MODIFIED AND ADAPTED CUTLERY AND DRINKING UTENSILS	A	B	C	D

3.4 Meal Times and Social Events

3.4.1	MEAL TIMES	A	B	C	D
3.4.2	SPECIAL TREATS AND BIRTHDAY CAKES	A	B	C	D

3.5 Provision of Alcohol/Special Drinks

3.5.1	FACILITY FOR ALCOHOL	A	B	C	D

4. SPECIFICATION OF STANDARDS FOR NURSING CARE

4.1 Objectives of Nurses Caring for the Elderly

4.1.1	OBJECTIVES OF CARE	A	B	C	D
4.1.2	ACUTE NURSING	A	B	C	D
4.1.3	REHABILITATION	A	B	C	D
4.1.4	CONTINUING CARE	A	B	C	D
4.1.5	TERMINAL CARE	A	B	C	D

4.2 Nurse Staffing Ratios

4.2.1	WHAT IS THE STAFF RATIO PER PATIENT?	Nurse	:	Patient	
4.2.2	WHAT IS THE RATIO OF TRAINED:UNTRAINED?	Trained	:	Untrained	% trained: untrained

4.2.3 HOW MANY NURSES HAVE COMPLETED END COURSE 298 or 941? WHAT IS THE %?	Course No.	Total No. of nurses in unit (estab.)	No. of nurses with ENB Cert.	% nurses with ENB Cert.
	298			
	941			

4.3 Individualised Nursing Care Plans

4.3.1	CARE PLANNING	A	B	C	D
4.3.1.1	ASSESSMENT CRITERIA	A	B	C	D
4.3.1.2	GOALS FOR EACH PATIENT	A	B	C	D
4.3.1.3	NURSES ALLOCATED FOR DELIVERY OF CARE	A	B	C	D
4.3.1.4	GOALS REACHED	A	B	C	D
4.3.2	CARE PLAN SUPERVISION	A	B	C	D
4.3.2.1	UPDATING CARE PLANS	A	B	C	D
4.3.2.2	CONSULTATION WITH OTHER PROFESSIONALS	A	B	C	D

4.4 Incontinence

4.4.1	INCONTINENCE POLICY	A	B	C	D
4.4.2	CONTINENCE ADVISER	A	B	C	D
4.4.3	RECORD OF PROGRESS	A	B	C	D

4.5 Prevention of Pressure Sores

4.5.1	NORTON SCORE	A	B	C	D

4.5.2	PLANNING PREVENTION	A B C D
4.5.3	PRESSURE RELIEVING AIDS	A B C D
4.6	Freedom of Movement	A B C D
4.7	Personal Hygiene	A B C D

4.8 Eliciting Patients, Relatives and Others' Views on Service

4.8.1	PATIENTS VIEWS SOUGHT FROM INTERVIEWS OR SATISFACTION STUDY	A B C D
4.8.2	ADMINISTRATOR AND CLINICAL NURSE SPECIALIST ATTENDANCE AT RESIDENTS COMMITTEE. PATIENTS' COMMENTS USED AS AN ACTION PLAN FOR MANAGERS	A B C D
4.8.3	ETHNIC ELDERLY	A B C D

5. SPECIFICATION OF STANDARDS FOR PARAMEDICAL AND THERAPEUTIC SERVICES

5.1	PLANNED DISCHARGE	A B C D
5.2	RELATIVE SUPPORT GROUP	A B C D
5.3	BEREAVEMENT COUNSELLOR	A B C D
5.4	SPEECH THERAPY	A B C D
5.5	OCCUPATIONAL THERAPY	A B C D
5.6	DIVERSION THERAPY	A B C D
5.7	PHYSIOTHERAPY WITHIN THE UNIT	A B C D
5.8	DIETICIAN	A B C D

5.9	CLINICAL PSYCHOLOGIST	A	B	C	D

6. SPECIFICATION OF STANDARDS FOR MEDICAL SERVICES

6.1 Specialist Medical Care

6.1.1.1	ACUTE WARD	A	B	C	D
6.1.1.2	ORTHOPAEDIC WARD	A	B	C	D
6.1.1.3	CONFUSED ELDERLY	A	B	C	D
6.1.1.4	DESIGNATED ELDERLY WARD	A	B	C	D
6.1.1.5	NURSING HOMES	A	B	C	D
6.1.1.6	DAY HOSPITALS/DAY CENTRE PROVISION	A	B	C	D
6.1.1.7	PART III ACCOMMODATION	A	B	C	D

6.2 Medical Services

6.2.1.1	DIAGNOSTIC FACILITIES FOR INVESTIGATION OF INCONTINENCE	A	B	C	D
6.2.1.2	PAIN CLINIC	A	B	C	D
6.2.1.3	SYMPTOM CONTROL TEAM	A	B	C	D
6.3	INFORMED CARE	A	B	C	D
6.4	COMPLAINTS PROCEDURE	A	B	C	D

7. SPECIFICATION OF STANDARDS FOR SOCIAL WORK SERVICES

7.1	ACCESS	A B C D
7.2	REFERRAL	A B C D
7.3	MULTI-DISCIPLINARY DISCUSSIONS	A B C D
7.4	LIAISON WITH OCCUPATIONAL THERAPY STAFF	A B C D
7.5	ALTERNATIVE CARE	A B C D
7.6	SUPPORT FOR PATIENTS AND RELATIVES	A B C D
7.7	FINANCIAL/SOCIAL SECURITY PROBLEMS	A B C D
7.8	LONG STAY WARDS AND NURSING HOMES	A B C D
7.9	ADVOCACY	A B C D

SECTION C

ACHIEVABLE STANDARDS OF CARE FOR THE ELDERLY

GUIDELINES FOR RATING STANDARDS

1. SPECIFICATION OF STANDARDS FOR PHYSICAL ENVIRONMENT OF WARDS/NURSING HOMES

1.1 Structure of the Building

1.1.2 ACCEPTABILITY OF ENVIRONMENT TO PATIENTS AND STAFF

A. Relatives, patients and staff consulted and their wishes acted upon

B. Consultation with patients as well as staff

C. Consultation with sister/charge nurse

D. No consultation with anyone

1.1.3 COLOUR CODING

A. Bays and parts of ward, plus doors and day room different colours

B. Dayroom and toilet doors different colours

C. Day room different colour

D. No difference in colour

1.1.4 LIGHTING

A. Screens at all windows, views from all windows, individual lights with adjustable illumination to brighter levels, lighting good in all areas

B. Screens at most windows, one or two areas are still without outside view, lighting satisfactory in most areas.

C. Partial view from windows, few screens, individual lights for some patients, light satisfactory in a few areas

D. No view from windows, no screens, no individual lights, dim lighting

1.1.5 NURSE CALL SYSTEM

A. Call system working at all beds and toilet areas

B. Call system working at all beds

C. Call system for few patients

D. No nurse call system

1.1.6 PERSONAL SPACE

A. All bed areas reach standards, wardrobes, mirrors and lockable drawers are present for all, all patients have constant access to belongings. Storage room present within nursing homes for furniture

B. Most beds reach standards, wardrobes, mirrors, lockers are present, patients have access to belongings most of the day

C. Few beds meet specified standard, wardrobes and lockers present, patients separated from belonging at times

D. No patient bed area reaches standard, no wardrobes, lockable drawer or mirror, patients separated from belongings

1.1.7 TOILET FACILITIES

A. Toilet ratio 1:2 - 1:1, wash basins and space for assistance in all toilets, commodes for all patients who require them, fully functioning bed pan washer

B. Toilet ratio 1:3, wash basins and space for assistance in most toilets, commodes for most patients, bed pan washer functioning

C. Toilet ratio 1:4 or below, wash basins and space for assistance in some toilets, commodes for 50% of patients, bed pan washer unreliable

D. Toilets more than 12m. from most patients, toilet ratio 1:6 or below, no wash basins or space for assistance, less than 10 commodes available, bed pan washer not functioning

1.1.8 BATHROOMS

A. Alternative baths available, adequate space, hoist present and used regularly

B. Alternative sitting bath available, space mostly adequate, hoist present and used occasionally

C. Two baths available, no alternative sitting bath or shower, some space for wheelchairs but remains inadequate, no hoist.

D. One bath only available, inadequate space, no hoist

1.1.9 KITCHENS

A. Well equipped kitchen, full storage for patients food, beverages available for patients and visitors who require them at all times

B. Well equipped kitchen, storage space for patient' own food

C. Well equipped kitchen, no room for patient's own food

D. Inadequate kitchen facilities, no snacks or beverages available between meals

1.1.10 DIRTY UTILITY ROOM

A. Adequate dirty utility room which copes with whole ward's supply

B. Fair size utility room, fair sized storage space but still inadequate for the ward

C. Dirty utility room but little space for storage

D. No dirty utility room available

1.1.11 NURSES STATION

A. Adequate nurses station from which most of the ward can be observed. Light and noise does not affect patients

B. Adequate nurses station from which most of the ward can be observed

C. Small nurses station but not well sited

D. No nurses station

1.2 Living Conditions

1.2.1 DECORATION

A. Excellent decorative order, facility still in forward planning programme for maintenance and decoration

B. Good decorative order, plan for decoration and maintenance known

C. Facility requires plan to decorate

D. Facility in poor decorative order

1.2.2 NATURAL VENTILATION

A. Ventilation satisfactory, draught free

B. Ventilation adequate, occasional draughts

C. Ventilation difficult to control, draughts present

D. Poor ventilation

1.2.3 HEATING

A. Temperature control monitored with wall thermometer, all radiators protected, not exceeding 50°C, hot water supply controlled at 52°C.

B. Wall thermometer present, additional heat present, most radiators protected, mixer valve present

C. No heat available outside heating season, some radiator protection, no mixer valve.

D. No control of temperature, radiator unprotected

1.2.4 PICTURES, PLANTS, ETC.

A. Facility homely with own personal effects, as well as pictures, fish tanks or birds, plants available

B. Pictures, plants and large clock present

C. A few pictures and plants

D. Facility bleak and bare

1.2.5 CLEANING SCHEDULE

A. Facility very clean, agreed schedule, regular monitoring and review, gardens well kept and windows clean

B. Facility clean most of the time, schedule agreed with sister and domestic superviser, gardens and windows mostly satisfactory

C. Facility sometimes fails to reach satisfactory standard

D. Facility dirty, no cleaning schedule available, garden and windows neglected

1.2.6 NOISE LEVELS

A. Noise levels well regulated, no complaints about noise, quiet room available, loop reception for hearing aids also available

B. Noise levels regulated and mostly satisfactory, quiet room available, no loop reception

C. Facility noisy at times, no quiet area

D. No consideration of noise levels, no identified quiet room

1.3 Equipment

1.3.1 BEDS

A. All patients have high/low beds, all mattresses renewed every 5 years or according to programme, flame retardant materials used

B. Most patients have high/low beds, mattresses renewal remains erratic and unplanned

C. Some patients have high/low beds, mattresses renewed occasionally

D. No high/low beds, mattresses not renewed

1.3.2 CHAIRS

A. Full range of chairs available, individual's needs catered for, restraining chairs never used

B. Wide range of chairs avaiable, restraining chairs never used

C. Some variety of chairs available, restraining chairs occasionally used

D. No range of chairs available, restraining chairs used

1.3.3 HOISTS

A. Hoist used whenever indicated, all staff trained in use

B. Hoist used frequently, most staff trained in use

C. Hoist available but seldom used

D. No hoist available or the need considered

1.3.4 WHEELCHAIRS AND WALKING AIDS

A. All patients who require aids and wheelchairs have their own which may be kept in their own personal space, foam cushions replaced at least every 2 years.

B. Most patients have individual aids and wheelchairs within their own space, foam cushions replaced as required

C. Some patients have own aids and wheelchairs, foam cushions not regularly replaced

D. Wheelchairs and aids are not identified for individual use

1.3.5 TELEVISION, RADIO AND VIDEO

A. Television available with video in a T.V. lounge, all patients have access to their own radio appliances, portable televisions are available

B. Television available, most patients have access to their own radios

C. One television, some patients have access to their own radios

D. No television

2. SPECIFICATION OF STANDARDS FOR PERSONAL SERVICES

2.1 Social Activities

2.1.1 SOCIAL ACTIVITIES ORGANISER, ENTERTAINMENTS, HOBBIES

A. A full programme of activities in which all patients can take part organised by a full-time organiser, opportunity to pursue own interests, education teachers available

B. A full programme of activities planned, full-time organiser in post

C. A limited range of activities planned, part-time organiser in post

D. No social activities planned, no organiser in post

2.1.2 PATIENTS' OWN MONEY

A. Patients have full control of their own money and there is a full range of items for them to purchase what they require

B. Patients have their own money but there are limited items on which to spend it

C. Patients are given money when they ask for it

D. Patients do not have their own money

2.1.3 NEWSPAPERS AND PERIODICALS

A. Newspapers and periodicals delivered daily to all patients who require them including mother tongue publications

B. Newspapers and periodicals delivered daily

C. Some patients receive newspapers or periodicals from relatives

D. No newspapers or periodicals ever ordered

2.2 Personal Grooming

2.2.1 PERSONALISED CLOTHING

A. All patients have their own personal clothes, including underclothes, and are able to choose from a full selection of styles and colours, including patients from the different cultural groups

B. Most patients have some clothing that is personal to them

C. Some patients are clothed from a pool of clothing

D. All patients are clothed from a pool of clothing

2.2.2 SHOES

A. All patients have shoes and wear them

B. Most patient have shoes

C. A few patients have shoes

D. No patients have their own shoes

2.2.3 HAIRDRESSING FACILITY

A. Hospital hairdresser is present and able to meet demand, patients in nursing homes are able to visit a local hairdresser

B. A hairdresser is available for regular appointments but is unable to meet the demand

C. Some patients are able to have a hairdresser

D. No hairdressing arrangements ever made

2.3 Ancillary Personal Services

2.3.1 DENTAL SERVICES

A. All patients who require them possess dentures that fit well, repairs are completed within 3 weeks

B. All patients who require them possess fitting dentures, repairs take longer than 3 weeks

C. A limited dental service is available but unable to meet the demand

D. No dental service available

2.3.2 OPHTHALMIC SERVICES

A. All patients have glasses, long-stay patients' vision is reviewed at 3 yearly intervals, repairs are returned within two weeks

B. Most patients have their own glasses, repairs take longer than 2 weeks

C. Glasses are available for some patients

D. No ophthalmic services available

2.3.3 AURAL SERVICES

A. All patients who are deaf have an effective hearing aid, spare batteries always available

B. Most of the deaf patients who wish for one are supplied with a hearing aid, spare batteries not always available

C. Some patients have a hearing aid, supply of batteries poor

D. Deaf patients are not offered hearing aids

2.3.4 CHIROPODY FACILITIES

A. Chiropody service available to all patients who need it and there will be a clinical room available for shared use containing a chiropody chair

B. Chiropody service available to all patients but unable to meet the demand

C. Chiropody service available to some patients

D. No chiropody service available

2.4 Religious and Cultural Beliefs

2.4.1 RECOGNITION AND PRACTICE OF RELIGIOUS AND CULTURAL BELIEFS

A. All religious and cultural groups beliefs are recognised and respected and representatives from all religions are welcomed and assistance given to facilitate practice

B. The needs of all religious and cultural groups are recognised and respected

C. The needs of some religions and cultural groups are recognised

D. There is no recognition of religious and cultural beliefs

2.5 Language

2.5.1 ETHNIC MINORITY ELDERLY

A. Staff and health workers are available at all times to help the person to communicate and to help in the formation of the care plan

B. Staff and health workers who speak their languages are available

C. Effort is made in communicating with those whose command of English is poor

D. Communication problems are not considered

3. SPECIFICATION OF STANDARDS FOR NUTRITIONAL SERVICES

3.1 Meeting Nutritional Requirements of the Elderly

3.1.1 FOOD

A. Most meals are acceptable and appetising

B. Nutritional needs are known by the staff and are in line with the District Food Policy

C. Some meals are attractive and appetising, others are poor

D. Food is poor and unappetising, nutritional requirements not understood

3.1.2 FIBRE/FLUIDS

A. Fibre and fluid intake is known and recognised, all patients reach fibre and fluid targets

B. The importance of fibre and a good fluid intake is known by the staff and most patients reach these targets

C. The importance of fibre and a good fluid intake is known by the staff

D. Fluid and fibre content unknown

3.1.3 VITAMIN CONTENT

A. Vitamin requirements are known and recognised, all patients meet the recommendations, those who are unable to reach targets are given supplements

B. Vitamin requirements are known and recognised, all patients meet the recommendations, no supplements given

C. Vitamin requirements are known and recognised, some patients meet the recommendations, no supplements given

D. Vitamin requirements are not known and recognised

3.2 Choice of Food

3.2.1 CHOICE

A. Full choice available at all times and the patients always receive their choice

B. Full choice available

C. Choice at some meals

D. No choice

3.2.2 ETHNIC MEALS

A. Full range of meals, replacement meals are of acceptable nutritional value, preferences are sought at all times

B. There is a range of ethnic meals, including vegetarian, kosher, halal, the types of foods of certain cultural groups are known by all staff

C. Vegetarian diets are available

D. There is no choice of ethnic meals to patients

3.3 Presentation of Food

3.3.1 TEMPERATURE OF FOOD

A. Food is always served at the correct temperature

B. Hot food is served at the correct temperature most of the time, patients are asked and encouraged to return food that has not been served at the correct temperature

C. Some hot meals are not serve at the correct temperature, patients never asked

D. Food often served cold that is meant to be hot

3.3.2 CONDIMENTS

A. Full condiments obviously available and offered at all meals to patients

B. Salt and pepper available on every tray and table, sauces and pickles available on request

C. Salt and pepper in evidence but have to be asked for

D. No condiments available

3.3.3 TABLECLOTH AND NAPKIN

A. Tablecloths, napkins and trays always used

B. Tablecloths available for special occasions, trays used

C. Trays occasionally used

D. No tablecloths, napkins or trays

3.3.4 MODIFIED AND ADAPTED CUTLERY AND DRINKING UTENSILS

A. All patients who require them have fully adapted cutlery and drinking utensils

B. Some cutlery adapted by staff for patients

C. Most patients who require them have adapted cutlery and drinking utensils

D. No specially adapted cutlery available

3.4 Meal Times as a Social Event

3.4.1 MEAL TIMES

A. Meals served in a leisurely, relaxed manner, patients may eat meals wherever they wish, evening meal never served before 1800 hours

B. Most meals are served in a relaxed manner, no particular pressure placed on patients, evening meals occasionally served earlier than 1800 hours

C. Pressure still evident to serving meals at set times, evening meal often served earlier than 18.00 hours, nurses attempt to make meals enjoyable

D. Meals rushed, patients only allowed to take meals at particular places, no thought given to the long gap between supper and breakfast

3.4.2 SPECIAL TREATS AND BIRTHDAY CAKES

A. Special occasion meals are provided, birthday cakes and other treats are planned and available

B. Special occasions are marked by specialties, birthday cakes available for all patients

C. Birthday cakes are occasionally obtained

D. There is no recognition or provision

3.5 Provision of Alcohol/Special Drinks

A. Alcohol is available when required from various funds

B. Alcohol is available if prescribed, patients allowed to purchase their own

C. Alcohol is available if prescribed

D. No alcohol is ever available

4. SPECIFICATION OF STANDARDS FOR NURSING CARE

4.1 Objectives of Nurses Caring for the Elderly

4.1.1 OBJECTIVES OF CARE

A. All nurses are aware of the objectives of care, have read them and have been given their own copy

B. Most nurses are aware of the objectives of care and have read them

C. A few nurses are aware of the objectives of care

D. Nurses unaware of objectives of care

4.1.2 ACUTE NURSING

A. All nurses on the acute ward understand the specialist skills required.

B. Most nurses have the specialist skills essential for recovery and health

C. Some nurses have the specialist skills

D. Nurses do not understand the specialist requirements for the elderly

4.1.3 REHABILITATION

A. All of the nurses caring for the patient during the rehabilitative phase understand the objectives of care

B. Most of the nurses understand the aims of rehabilitation

C. The sister/charge nurse and a few senior nurses understand the aims of rehabilitation

D. Nurses do not understand the aims of rehabilitation

4.1.4 CONTINUING CARE

A. All nurses understand the objectives of care in continuing care facilities, are fully committed and practice them

B. Most nurses understand the objectives of care in continuing care facilities

C. The sister/charge nurse and a few senior nurses understand the objectives of care in continuing care facilities

D. Nurses do not understand the objectives of care in continuing care facilities

4.1.5 TERMINAL CARE

A. Full specialist provision and expertise given to all dying patients, the ward has a nurse who had completed the course on the care of the dying, the manual is known and used by all staff

B. Specialist care and expertise is usually asked for, some nurses on the ward have received this training themselves

C. Specialist care and expertise occasionally sought in patients with particular difficulty

D. No specialist care or expertise sought

4.3 Individualised Nursing Care Plans

4.3.1 CARE PLANNING

A. All patients have their own individualised care plan which is up to date

B. Most patients have their own care plan

C. A few patients have their own care plan

D. No patient has their own care plan

4.3.1.1 ASSESSMENT CRITERIA

A. Patients are always asked, their name recorded on their care plan and is always known and adhered to

B. Patients are usually asked and this is recorded as thought necessary

C. Patients are occasionally asked what they wish to be called but this is not recorded

D. Patients are never asked what they wish to be called

4.3.1.2 GOALS FOR EACH PATIENT

A. Clear goals known and recorded on care plan for each patient

B. Clear goals for most of the patients

C. Goals known for a few patients

D. No goals stated for any patient

4.3.1.3 NURSES ALLOCATED FOR DELIVERY OF CARE

A. All patients know who their nurse is. There is always a named registered nurse responsible for the care a student or an untrained member gives

B. Most patients can say who their nurse is

C. Patients are allocated but do not know who their nurse is

D. Patients are unaware of the nurses looking after them

4.3.1.4 GOALS REACHED

A. All patients have been assessed on admission, patients and any relatives present have been considered and consulted

B. Most patients have been assessed and are considered when care plans are evaluated

C. A few patients have an up-to-date assessment

D. No patients on the ward have been assessed on admission

4.3.2 CARE PLAN SUPERVISION

A. All patients individualised care plans have been drawn up by the nurse allocated to the patient. If this nurse is a student a known registered nurse is responsible for supervising

B. The majority of the patients care plans have been drawn up by the designated nurse. Students have been supervised.

C. A few of the individualised care plans will be drawn up by the designated nurse

D. The care plan has not been drawn up by the nurse allocated to the patient.

4.3.2.1 UPDATING CARE PLANS

A. All patients' care plans have been revised as recommended and are up-to-date.

B. Most patients have an up-to-date care plan

C. A few patients have an up-to-date care plan

D. No patients' care plan is up-to-date

4.3.2.2 CONSULTATION WITH OTHER PROFESSIONALS

A. Information exchange of all professionals with multi-disciplinary assessments and evaluation take place at regular known times

B. Multi-disciplinary meetings and assessments take place fairly frequently.

C. Information exchange takes place on certain occasions

D. There is no information exchange

4.4 Incontinence

4.4.1 INCONTINENCE POLICY

A. Incontinence is fully investigated, the management policy is known, understood and implemented

B. The number of incontinence patients are known and an effort is made to diagnose and treat

C. A few patients undergo diagnostic treatment

D. No policy or any action taken

4.4.2 CONTINENCE ADVISER

A. All patients have been able to have the specialist support and advice required, and there is a full range of aids available.

B. Most patients have been seen by Continence Adviser, individual aids acquired

C. Continence adviser asked to visit a few patients, aids still insufficient

D. No expert advice ever sought, pads only available

4.4.3 RECORD OF PROGRESS

A. All patients have a record of progress, their satisfaction of care known, support and aids used

B. Most patients have a record of progress with a note of their own satisfaction with care

C. Some patients have a record of progress noted

D. Patients' progress unknown

4.5 Prevention of Pressure Sores

4.5.1 NORTON SCORE

A. Every patient has Norton Score assessed on admission and is always reassessed when any new illness occurs

B. The majority of patients on the ward have a known score

C. A few patients have a Norton Score made on admission

D. No record of Norton Score on any patient's record

4.5.2 PLANNING PREVENTION

A. Every at-risk patient has a plan for prevention according to the nursing practice

B. Most patients have a plan for prevention

C. A prevention plan for a few patients

D. No prevention plan for any patient

4.5.3 PRESSURE RELIEVING AIDS

A. Every patient who is at-risk has pressure relieving aids which are always available

B. Most patients who are at-risk have pressure relieving aids but there still can be a problem with supply

C. A few at-risk patients possess pressure relieving aids

D. Pressure relieving aids unobtainable

4.6 Freedom of Movement

A. All patients are allowed to determine their own mobility and are never woken before 6.30 p.m.

B. Most patients are able to decide their movements for the day

C. Patients are occasionally able to return to bed when they wish

D. Patients have no freedom of movement

4.7 Personal Hygiene

A. Patients are always able to bathe when and how they wish

B. Patients are rarely bathed when they do not wish it

C. Patients preferences for bathing are occasionally sought

D. There is a rigid bathing schedule

4.8 Eliciting Patients, Relatives and Others' Views on the Service

4.8.1 PATIENTS VIEWS SOUGHT FROM INTERVIEWS OR SATISFACTION SURVEY

A. All patients' views have been incorporated into a study this year, relatives are encouraged to comment and make suggestions

B. Most patients' views are known, relatives have been asked to comment

C. A few patients have been asked their views

D. Patients are never asked for their views of the service

4.8.2 ADMINISTRATOR AND CLINICAL NURSE SPECIALIST ATTENDANCE AT RESIDENTS COMMITTEE. PATIENTS COMMENTS USED AS AN ACTION PLAN FOR MANAGERS

A. Patient satisfaction study and Residents Committee comments has been fed back to staff for them to consider and act upon

B. Administrator and Clinical Nurse Specialist have attended Residents Committee

C. A few specific comments received

D. No patients comments received by staff

4.8.3 ETHNIC ELDERLY

A. The needs of the ethnic elderly are monitored and planned for, nurses are alert and allow specific groups to reflect their own particular needs and cultural patterns

B. The needs of the ethnic elderly are known and fully considered

C. A few specific requirements of ethnic elderly are acted upon and planned for

D. Needs of the ethnic elderly unknown and unplanned for

5. SPECIFICATION OF STANDARDS FOR PARAMEDICAL AND THERAPEUTIC SERVICES

5.1 Planned Discharge

A. All patients have a discharge plan which has been drawn up in consultation with the patient and their carer

B. Most elderly patients in an acute ward have a plan for discharge

C. A discharge plan is made for those patients with particular difficulties

D. No discharge planning takes place

5.2 Relative Support Group

A. The need and desire for relatives support group is constantly monitored

B. Support groups occasionally formed when need becomes evident

C. Occasionally patients, relatives and friends receive support

D. Relatives and friends' needs never considered

5.3 Bereavement Counsellor

A. All relatives who have been bereaved are offered support from bereavement counsellors or community staff

B. Most bereaved relatives are offered support

C. Bereavement counselling occasionally offered

D. No bereavement counselling ever offered

5.4 Speech Therapy

A. Speech therapy always available for any patient with communication problems

B. Speech therapy usually available for patients with severe communication problems

C. Speech therapy occasionally available

D. No speech therapy ever available

5.5 Occupational Therapy

A. Occupational therapy available for all patients, training flat is available as are home visits before discharge

B. Most patients who require occupational therapy receive the service

C. Occupational therapy occasionally available, no training flat

D. No occupational therapy available

5.6 Diversion Therapy

A. Diversion therapy available for any patient who wishes it but no one is compelled to join in

B. Diversion therapy available for most patients who require it

C. Diversion therapy available on occasions

D. No diversion therapy ever available

5.7 Physiotherapy within the Unit

A. Physiotherapy available for all patients who require this service, group therapy also available

B. Physiotherapy available for most patients who require this service

C. Physiotherapy available for certain patients

D. No physiotherapy available

5.8 Dietician

A. Dietician available for all patients requiring therapeutic diets, able to advise on the nutrition of other patients

B. Dietician available for all patients requiring therapeutic diets

C. Dietician available for some patients requiring therapeutic diets

D. No dietician available

5.9 Clinical Psychologist

A. Clinical psychologist always available when required

B. Clinical psychologist available for most patients when required

C. Clinical psychologist available on occasions

D. Clinical psychologist never available

6. SPECIFICATION OF STANDARDS FOR MEDICAL SERVICES

6.1 Specialist Medical Care

6.1.1.1 ACUTE WARDS

A. Specialist medical services always available, if required

B. Specialist medical services usually available, if required

C. Specialist medical services occasionally available, if required

D. No specialist medical services available

6.1.1.2 ORTHOPAEDIC WARDS

A. Specialist medical services always available, if required

B. Specialist medical services usually available, if required

C. Specialist medical services occasionally available, if required

D. No specialist medical services available

6.1.1.3 CONFUSED ELDERLY

A. Specialist medical services always available, if required

B. Specialist medical services usually available, if required

C. Specialist medical services occasionally available, if required

D. No specialist medical services available

6.1.1.4 DESIGNATED ELDERLY WARDS

A. Specialist medical services always available, if required

B. Specialist medical services usually available, if required

C. Specialist medical services occasionally available, if required

D. No specialist medical services available

6.1.1.5 NURSING HOMES

A. Specialist medical services always available, if required

B. Specialist medical services usually available, if required

C. Specialist medical services occasionally available, if required

D. No specialist medical services available

6.1.1.6 DAY HOSPITALS/DAY CENTRE PROVISION

A. Specialist medical services always available, if required

B. Specialist medical services usually available, if required

C. Specialist medical services occasionally available, if required

D. No specialist medical services available

6.1.1.7 PART III ACCOMMODATION

A. Specialist medical services always available, if required

B. Specialist medical services usually available, if required

C. Specialist medical services occasionally available, if required

D. No specialist medical services available

6.2 Medical Services

6.2.1.1 DIAGNOSTIC FACILITIES

A. All cases of incontinence are fully investigated

B. Diagnostic facilities usually used for most incontinent patients

C. Diagnostic facilities occasionally used

D. No diagnostic facilities ever used for incontinence

6.2.1.2 PAIN CLINIC

A. Full access to specialist services when required

B. Specialist services usually requested when required

C. Specialist services are sought in extreme cases

D. There is no access to the pain clinic

6.2.1.3 SYMPTOM CONTROL TEAM

A. Full access to symptom control team which complements the ward team

B. Specialist services usually available when required

C. Specialist services requested on occasions

D. Specialist services never requested

6.3 Informed Care for Patients and Relatives

A. Information freely available and given by medical and nursing staff

B. Staff generally make themselves available to give information to their relatives

C. Information given whenever requested

D. Patients and their relatives receive inadequate information, unaware that they are able to refuse services

6.4 Complaints Procedure

A. All patients have a copy of the complaints procedure

B. Most patients have a copy of the complaints procedure

C. Complaints procedure received but patients and relatives have to ask who is responsible

D. Complaints procedure unknown by patients and relatives

7. SPECIFICATION OF STANDARDS FOR SOCIAL WORK

7.1 Access

A. Senior social worker and skilled social workers always available, they also liaise with other community workers

B. Senior social worker and skilled social workers usually available for the needs of the elderly

C. Skilled hospital based social workers occasionally available

D. No specialist social work expertise available

7.2 Referral

A. Social workers always able to accept early referrals for protection of property and other affairs

B. Social workers usually available to help with home situations

C. Social workers occasionally available to help with home situations

D. Social workers unavailable to help with home situations

7.3 Multi-disciplinary Discussions

A. Social workers always included in any multi-disciplinary discussions about patients

B. Social workers included with problem discharges

C. Social workers included in certain circumstances

D. Social workers not included in multi-disciplinary discussions

7.4 Liaison with Occupational Therapy Staff

A. Liaison always takes place and joint assessments made whenever necessary

B. Liaision usually available, some joint assessments made

C. Occasional liaison with occupational therapy staff

D. No liaison with occupational therapy staff

7.5 Alternative Care

A. Decisions about alternative care always happens after full discussion with staff, patients and relatives who will arrange the most appropriate care

B. Full discussion usually takes place

C. Discussion takes place with staff, patients and relatives in certain cases

D. No discussion ever takes place about alternative care

7.6 Support for Patients and Relatives

A. Counselling and support always available

B. Counselling and support usually available

C. Counselling and support occasionally available

D. No support is ever offered to patients or relatives

7.7 Financial/Social Security Problems

A. Whenever necessary social workers ensure patients benefits

B. Social workers usually involved

C. Social workers occasionally available

D. Social workers never involved in financial/social security problems

7.8 Long Stay Wards and Nursing Homes

A. Social worker in-put available for all multi-disciplinary meetings and conferences, in some situations maintains relatives support group

B. Social worker is often available and attends many ward conferences

C. Social worker in-put occasionally available

D. No social work in-put to continuing care wards or nursing homes

7.9 Advocacy

A. Social worker always available to act as patients' advocate

B. Social worker often acts as patients' advocate

C. Social worker occasionally available to act as an advocate

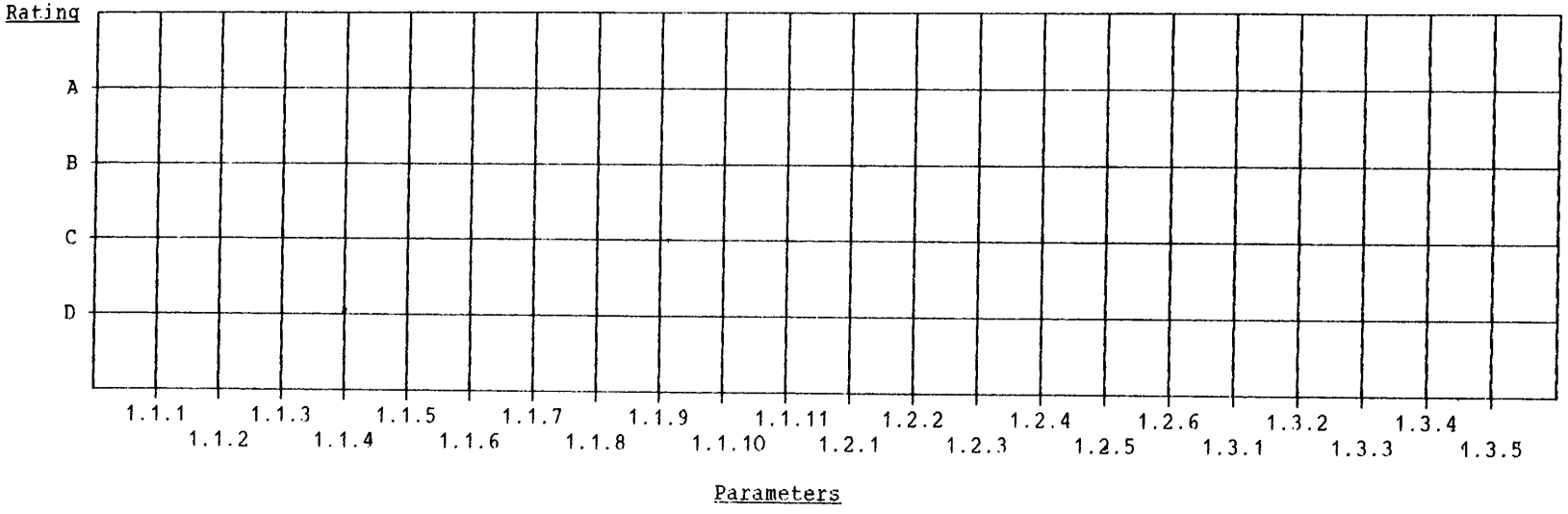
D. Social worker never available to act as an advocate

SECTION D

ACHIEVABLE STANDARDS OF CARE FOR THE ELDERLY

UNIT: WARD/NURSING HOME: MONTH: YEAR:

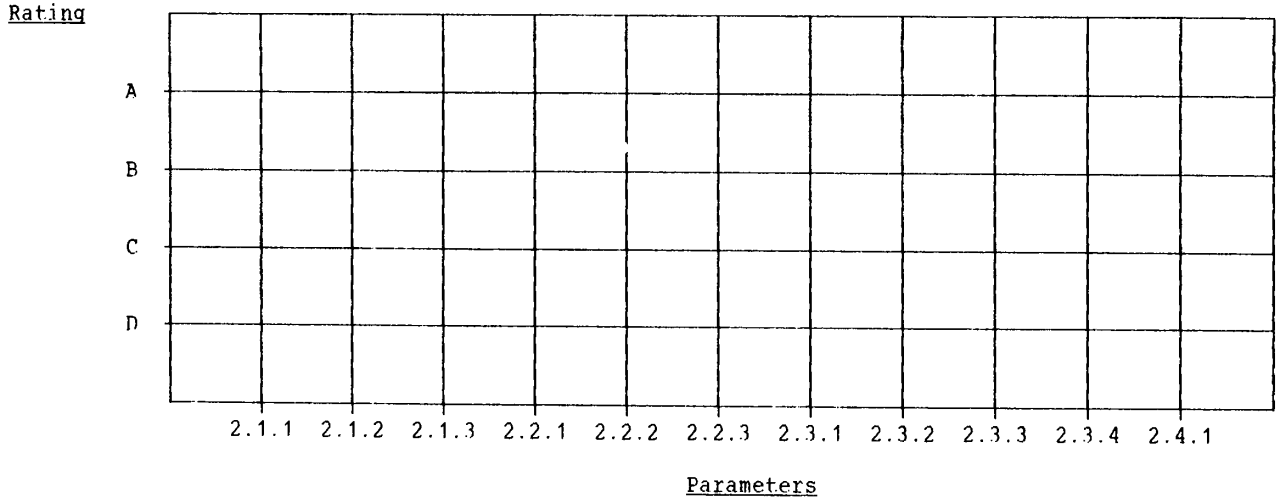
1. SPECIFICATION OF STANDARDS FOR PHYSICAL ENVIRONMENT OF WARDS/NURSING HOMES



ACHIEVABLE STANDARDS OF CARE FOR THE ELDERLY

UNIT: WARD/NURSING HOME: MONTH: YEAR:

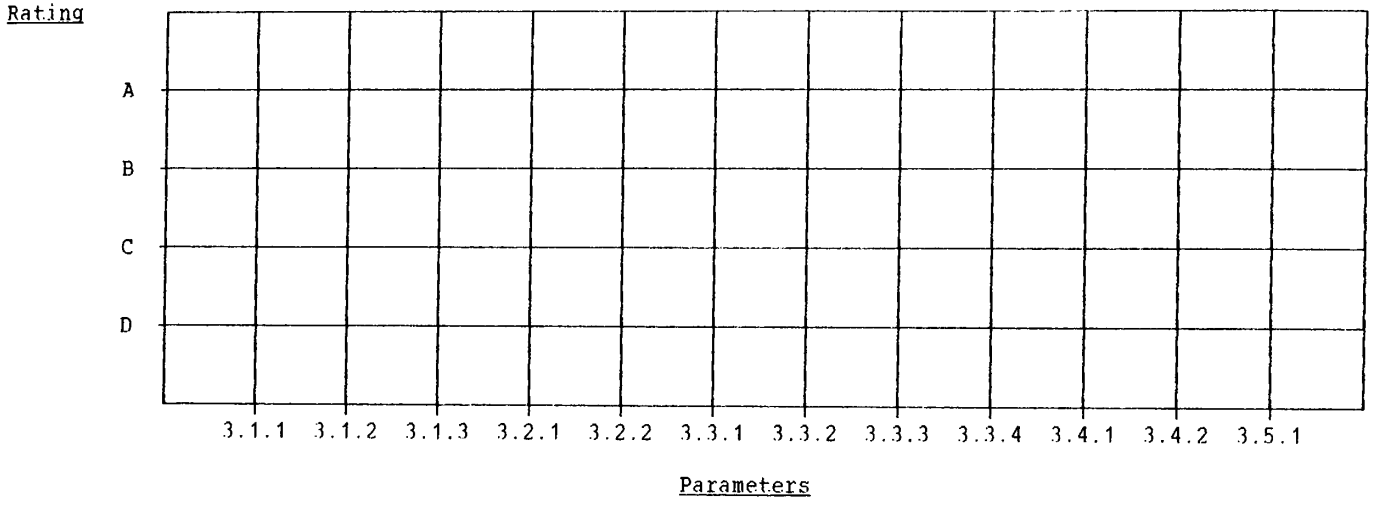
2. SPECIFICATION OF STANDARDS FOR PERSONAL SERVICES



ACHIEVABLE STANDARDS OF CARE FOR THE ELDERLY

UNIT: WARD/NURSING HOME: MONTH: YEAR:

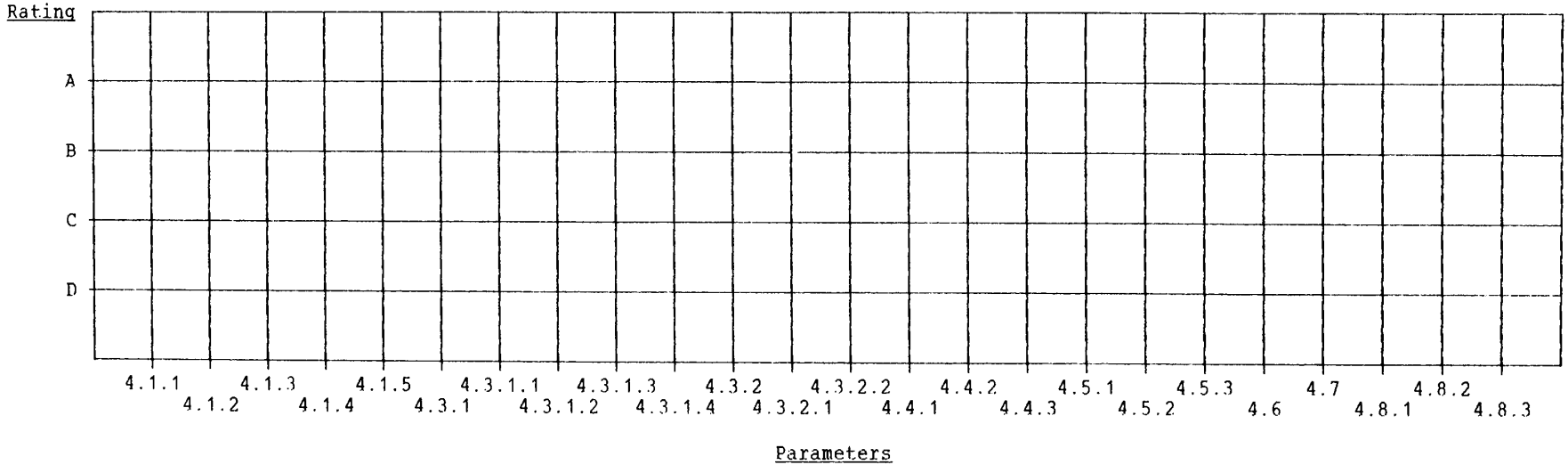
3. SPECIFICATION OF STANDARDS FOR NUTRITIONAL SERVICES



ACHIEVABLE STANDARDS OF CARE FOR THE ELDERLY

UNIT: WARD/NURSING HOME: MONTH: YEAR:

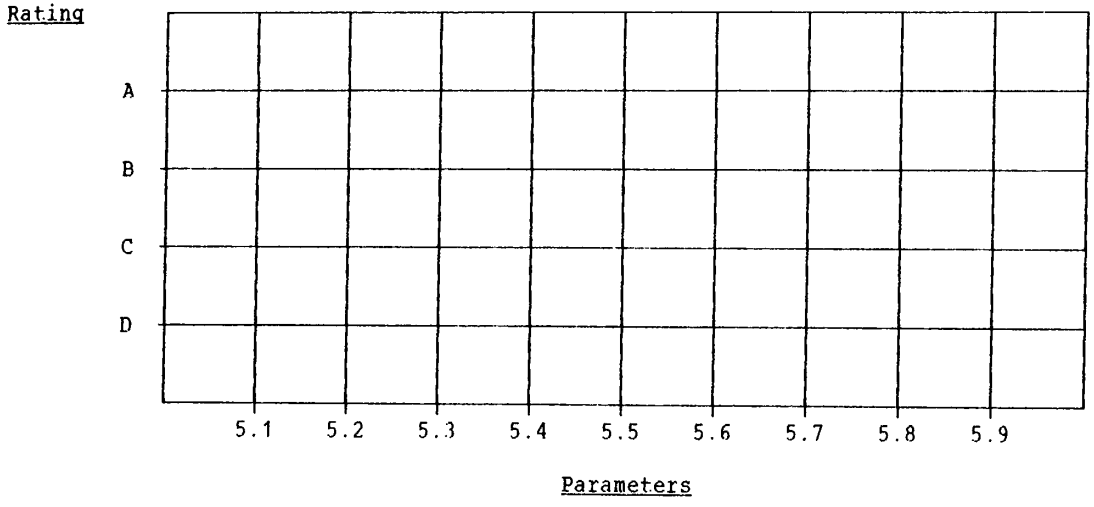
4. SPECIFICATION OF STANDARDS FOR NURSING CARE



ACHIEVABLE STANDARDS OF CARE FOR THE ELDERLY

UNIT: WARD/NURSING HOME: MONTH: YEAR:

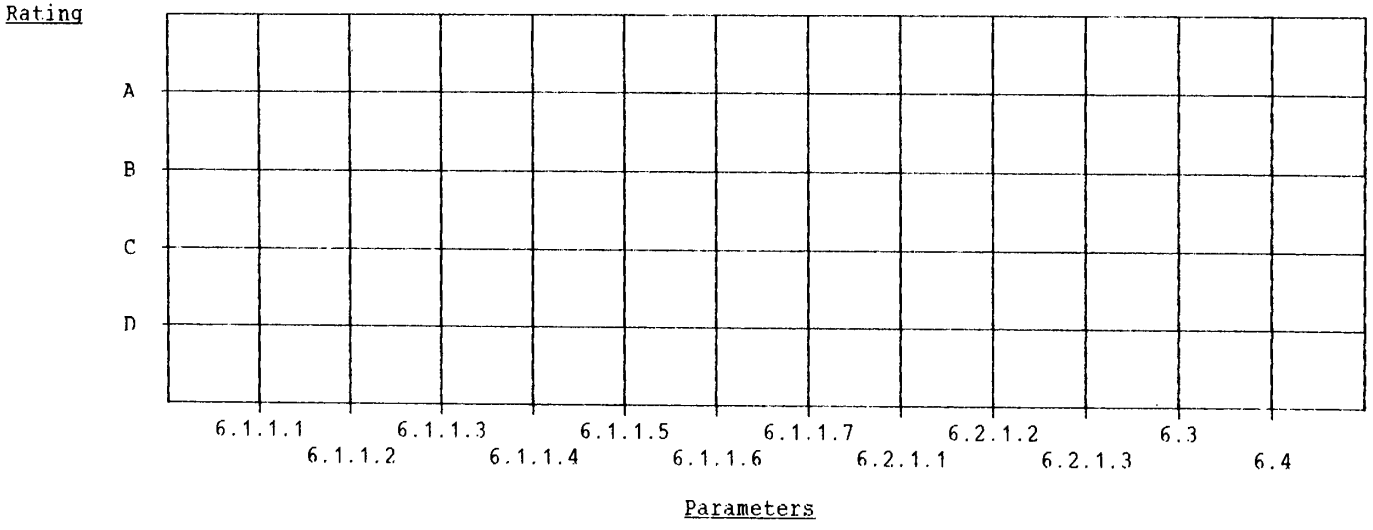
5. SPECIFICATION OF STANDARDS FOR PARAMEDICAL AND THERAPEUTIC SERVICES



ACHIEVABLE STANDARDS OF CARE FOR THE ELDERLY

UNIT: WARD/NURSING HOME: MONTH: YEAR:

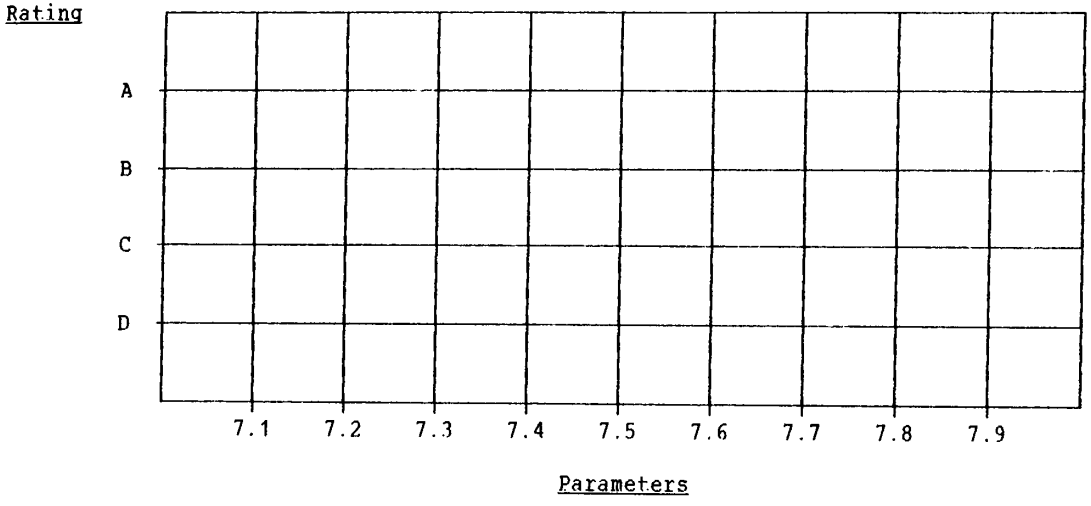
6. SPECIFICATION OF STANDARDS FOR MEDICAL SERVICES



ACHIEVABLE STANDARDS OF CARE FOR THE ELDERLY

UNIT: WARD/NURSING HOME: MONTH: YEAR:

7. SPECIFICATION OF STANDARDS FOR SOCIAL WORK SERVICES



SECTION E

ACTION PLAN WITH OBJECTIVES FOR THE FOLLOWING YEAR:

SENIOR DOCTOR SENIOR NURSE SENIOR ADMINISTRATOR

REVIEW PERIOD SIX MONTHS FROM ASSESSMENT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