

## **Older Person's Services Quality Care-Metrics**

Skin Integrity Quality Care-Metric

S	kin Integrity	1	2	3	4	5	6	7	8	9	10
1	A skin care inspection has been completed on admission, transfer and prior to discharge										
2	The skin integrity care plan identifies and manages the risk factors associated with impaired skin integrity										

Assessment and Management of Pressure Ulcers Quality Care-Metric

A	ssessment and Management of Pressure Ulcers	1	2	3	4	5	6	7	8	9	10
1	A full pressure ulcer risk assessment was completed on admission										
2	If a pressure ulcer is present, the grade is documented										
3	The pressure ulcer risk was re-assessed and documented in response to any changes in the individual's condition										
4	If identified at risk, the individual was commenced on S.S.K.I.N bundles for pressure ulcer prevention & management										
5	Pressure relieving devices and alternative pressure therapies are in use if indicated in the risk assessment										

## Optimizing Nutrition and Hydration Quality Care-Metric

Optimizing Nutrition and Hydration	1	2	3	4	5	6	7	8	9	10
The individual's risk of malnutrition has been screened on admission										
The individual's risk of malnutrition has been re-screened 4 monthly or more frequently if condition requires										





3	3 A plan of care has been developed based on the individual's risk of malnutrition						
4	4 The individual has access to fluids suited to their assessed needs						
4	5 The diet provided is varied and suited to the assessed needs of the individual						
6	6 The individual's oral health status has been screened on admission						
-	The individual's oral health status has been re-screened 4 monthly or more frequency condition requires	ently if					

Pain Assessment and Management Quality Care-Metric

P	ain Assessment and Management	1	2	3	4	5	6	7	8	9	10
1	On admission pain is assessed and documented using a validated tool										
2	The individual's pain is re-assessed as required										
3	If indicated by the assessment, a pain management care plan is in use and includes pharmacological and non-pharmacological interventions										

# Medicines Prescribing Quality Care-Metric

$\mathbf{N}$	Iedicines Prescribing	1	2	3	4	5	6	7	8	9	10
1	A medicines reconciliation was completed on admission, transfer or prior to discharge										
2	A 4 monthly review of medicines has taken place										
3	The prescription is legible with correct use of abbreviations										
4	The minimum dose interval and/or 24 hour maximum dose is specified for all <i>PRN</i> medicines										
5	Discontinued medicines are crossed off, dated and signed by person with prescriptive authority										
6	The generic name is used for each medicine prescribed unless the prescriber indicates a branded medicine and states "do not substitute"										





#### Medicines Administration Quality Care-Metric

$\mathbf{M}$	ledicines Administration	1	2	3	4	5	6	7	8	9	10
1	The medicine administration record provides details of the individual's legible name and health care record number										
2	The allergy status is clearly identifiable on the front page of the medicine administration record										
3	Prescribed medicines not administered have an omission code entered and appropriate action taken										
4	There are no unsecured prescribed medicinal products in the individual's environment										
5	The frequency of medicine administration is as prescribed										

## Infection Prevention and Control Quality Care-Metric

Infection Prevention and Control	1	2	3	4	5	6	7	8	9	10
All invasive medical devices are managed in accordance with local policy/care bundles										
2 Infection and sepsis alert /status are recorded in the nursing record										

### Activities of Daily Living Quality Care-Metric

A	ctivities of Daily Living	1	2	3	4	5	6	7	8	9	10
1	A full assessment of the activities of daily living has been completed on admission										
2	Activities of daily living have been re-assessed 4 monthly or more frequently if condition requires										





### Falls Risk Quality Care-Metric

F	Falls Risk	1	2	3	4	5	6	7	8	9	10
1	A falls risk assessment of the individual is completed within 24 hours of admission										
2	The individual is re-assessed at least every 4 months or earlier if indicated (e.g. following a change in status or a fall)										
3	A falls risk re-assessment is completed before person centred interventions are considered to minimise the risk of falls										

Falls Prevention Quality Care-Metric

F	Calls Prevention	1	2	3	4	5	6	7	8	9	10
1	A care plan has been initiated for the individual if identified as medium or high risk of falls										
2	Where the individual has fallen, there is documented evidence of a post falls review										

Continence Assessment, Promotion and Management Quality Care-Metric

C	ontinence Assessment, Promotion and Management	1	2	3	4	5	6	7	8	9	10
1	On admission, transfer and discharge, a continence assessment is completed										
2	A continence re-assessment has been completed 4 monthly or more frequently if condition requires										
3	A continence promotion care plan is in place - if indicated in the continence assessment										





Frailty Nursing Assessment Quality Care-Metric

F	railty Nursing Assessment	1	2	3	4	5	6	7	8	9	10
1	A frailty assessment has been completed on admission										
2	A frailty re-assessment has been completed 4 monthly or more frequently if condition										
	requires										1

End of Life and Palliative Care Quality Care-Metric

E	nd of Life and Palliative Care	1	2	3	4	5	6	7	8	9	10
1	The individual's end-of-life care preferences are identified and documented										
2	A holistic palliative care plan including spiritual needs, and symptom management is in use and updated accordingly										
3	The individual's resuscitation status is clearly documented										

Psychological Nursing Assessment Quality Care-Metric

1	Psychological Nursing Assessment	1	2	3	4	5	6	7	8	9	10
1	A psychological nursing assessment has been completed on admission										
2	A psychological nursing re-assessment has been completed 4 monthly or more frequently if condition requires										

Responsive Behaviour Support Quality Care-Metric

R	esponsive Behaviour Support	1	2	3	4	5	6	7	8	9	10
1	An assessment of responsive behaviours is completed on admission - if evidence of responsive behaviours is identified										





2	A responsive behaviours re-assessment has been completed 4 monthly or more frequently if required					
3	A responsive behaviours care plan is in place - if indicated in the assessment					
4	PRN psychotropic medicines are administered only following a review and employment of non-pharmaceutical interventions					
5	A record of all <i>PRN</i> psychotropic medicines administered to the individual is maintained					

Safeguarding Vulnerable Adults Quality Care-Metric

Sa	feguarding Vulnerable Adults	1	2	3	4	5	6	7	8	9	10
1	Safeguarding vulnerable adults procedures are well publicised, easy to access and at an appropriate level to promote understanding										
2	Easily accessible information is available to the individual on their rights to advocacy										

Social Assessment Quality Care-Metric

S	ocial Assessment	1	2	3	4	5	6	7	8	9	10
1	A social assessment has been completed on admission										
2	A social re-assessment has been completed 4 monthly or more frequently if condition										
	requires										İ

Activities (Holistic) / Social Engagement Quality Care-Metric

A	ctivities (Holistic) / Social Engagement	1	2	3	4	5	6	7	8	9	10
1	A social activity plan of the individual's interests and hobbies is completed on admission										
2	The social activity plan is re-assessed 4 monthly or more frequently if required										
3	The individual is involved in the development of their social activity plan										
4	The individual participates in the social activities identified in their plan										





## Person Centred Care Planning Quality Care-Metric

P	erson Centred Care Planning	1	2	3	4	5	6	7	8	9	10
1	After a comprehensive assessment, the care plan reflects person centred interventions including any record of specialist referrals										
2	The individual is involved in decision making regarding his/her care										
3	The individual is supported to care for him/herself										
4	Intimate personal care is planned in accordance with individual wishes										
5	The individual's preferences and choices are documented										

### MDA Medicines Quality Care-Metric

$\mathbf{M}$	TDA Medicines	1	2	3	4	5	6	7	8	9	10
1	Misuse Drugs Act (MDA) medicines are checked & signed at each changeover of shift by nursing staff (member of day staff & night staff)										
2	Two signatures are entered in the MDA medicines register for each administration of an MDA medicine										
3	The MDA medicines cupboard is locked										
4	A designated nurse holds the MDA medicine keys separate from other medicine keys										

Medicine Storage and Custody Quality Care-Metric

Medicine Storage and Custody	1	2	3	4	5	6	7	8	9	10
1 A registered nurse is in possession of the keys for medicinal pro-	luct storage									





2	All medicinal products are stored in a locked cupboard/room and trolleys are locked and secured as per local policy					
3	An up-to-date medicines formulary resource is available and accessible					

# Person Experience Quality Care-Metric

Person Experience		1	2	3	4	5	6	7	8	9	10
]	Ask resident: Are your preferences and choices maintained in your person centred care plan										
2	Ask resident: Do you have enough opportunity for privacy for example when you have visitors?										
3	Ask resident: When you ring the call bell, does it get answered quickly enough?										
4	A process is in place to capture the individual's experience of the service										

