



CCQ Level 3 Part 2 - Record Care Plan

Notes on Care Control Mobile (Part 1)

This section is about recording care in the **Record Care Plan Information Screen**.



- Click on **Record Care Plan Information**
- And this brings you into the **Common Options Screen**. We're going to look at **Activities** first:



- Click on **Activities**
- Here you will see photographs of all your residents or service users
- Click on the service users to select them for this activity
- Because we are clicking on more than one resident or service user, they all need to have the same outcome
- On this occasion they have taken part without assistance
- We can take a photograph of them doing the activity

CCM - Version 4.25

Current User: Lorna Atlas

Stage 1 - Select When:
Activity Date: Friday 2 November 2018

Stage 2 - Select Affected Service Users:

Ground Floor 1 - Alice Laaks ☒
Ground Floor 2 - Amanda Langhorn ☒
Ground Floor 3 - Betty Hazel ☒
Ground Floor 4 - Bonnie Himmerk ☒
Ground Floor 5 - Doreen Hache ☒
Ground Floor 6 - Isabel Jackson ☒
Ground Floor 7 - Frank Jones ☒
First Floor 8 - Emma Smith ☒
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Stage 3 - Add or Build Activity Comment:

Add up to two images:

Touch to take a Picture

- Click the **Build Button**
- Select the users' response and
- Select the **Activity**
- Click **Continue** and
- Save the **Activity**
- This will put a note onto each of their individual **Care Plans**
- You can easily enter information for the whole of the care home with a few clicks
- It is good to add a note on when somebody has actually declined the main activity

Build your activity comment:

Select Service Users response:

Select the activities that were completed / observed / attempted:

Activity planning ☐

Afternoon exercise ☐

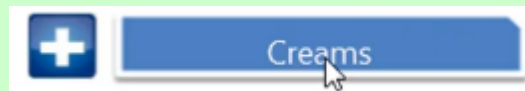
- Click that they have declined the activity
- Click **Continue** and
- Click on the **Edit Button**
- Click **OK** and **Save** the entry


We're now going to click on **Bath or Shower**:

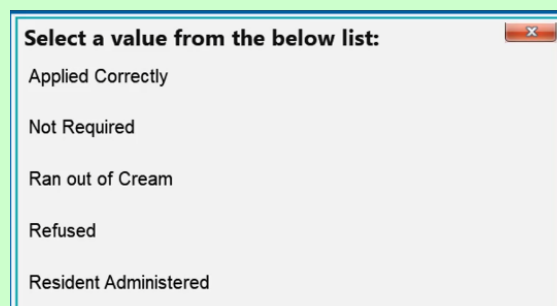
- Select the resident
- Click **Build**

- Click the resident's response from the list
- Select the action that's been completed, observed or attempted
- Click on **Build** to enter some further information and personalise the note
- Once you're happy with the note click **OK**
- Save the **Changes** and click **OK** and
- Click on the **Back Button**

We're now going to look at **Creams**:



- Click on **Creams**
- Select the resident you're going to look after and apply the creams to
- If you're unsure where and how to apply the creams click on the  icon and this will give you further information
- Once you're happy that you've got all the information you can apply the creams
- Once you've applied the creams click on the cream and from the drop-down list select the option:

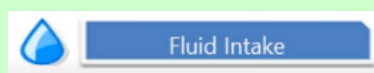


- Click **Save Changes** and that has entered the cream onto the system

As you can see, we still have an outstanding cream for Amanda. This is because there is a different comment to enter:

- Select the cream and
- Click on the drop-down list and select the different comment and
- **Save** the Change and
- **Click OK**
- Click on the **Back Button** to take you back to the **Common Options** page

We're now going to look at **Fluid Intake**:



- Select the resident

- On this screen you'll be able to see when she was last given fluids, how much she's had since 7 o'clock this morning and what she's had over a 24 hour period:

For Information
Last Fluid Intake Recorded by: Tracy Jones - 08/11/2018 00:34:44
Total Fluid Intake since 7am today: 0ml
Total Fluid Intake in last 24 hours: 1340ml

- Click anywhere in the beaker and this will enter an amount into the **Total Intake** box:

- Should you need to amend the intake, then click on the **Intake Box** and change the amount - click anywhere on the screen and that will confirm the amount
- It's good practice to enter what you've actually given them - in this case orange juice
- Once you're happy with the note click **OK** and this will enter the information
- Click **Save Intake** and this will take you back out

This information is available for any of your colleagues as soon as you click **Save**. They can see that you've last given the fluids and what they've had since 7 o'clock and over a 24 hour period.

Question 1 - Which of the following could you NOT add to a resident's Care Plan during an Activities session?

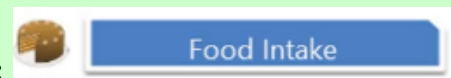
- A) Whether or not they took part.
- B) What activity they took part in.
- C) A comment about how the activity went.
- D) 6 photos of them doing the activity.

Question 2 - When you click on Save Activity, what will happen?

- A) A note will be put on the individual Care Plans of residents you selected.
- B) A note will automatically be added to the Care Review.
- C) The Activities Co-ordinator will get a message in his/her inbox.
- D) The Manager will get a message in his/her inbox.

Question 3 - Which of the following would you NOT find listed automatically under Common Options?

- A) Fluid Intake
- B) Resident Summary of Key Information
- C) Resident Transfer
- D) Bowel Movements



We're now going to have a look at **Food Intake**:

- Click the **Food Intake Button** and
- Select the resident
- Click **Add a Record**
- Select the **Type** of **Meal** and enter the information of the meal - this one is bacon and eggs
- Click **OK** and
- Either use the drop-down list to enter the amount they've taken or
- Use the slide
- Click **Update** and that information has been stored against Betty
- Now click on any other residents that you're providing a meal to and record how much they've eaten - this is easily done by staying on the same screen:

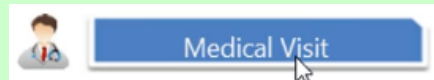
- Click the red box at the top to come out - this will show you in figures how much they have eaten:

Record Food Intake...								
Date:	08 November 2018							
Service User	Breakfast	Mid/Morn	Lunch	Mid/After	Dinner	Supper	Other	Total
Ground Floor 3 - Betty Hasel	1.5	Missing	Missing	Missing	Missing	Missing		1.5
Ground Floor 4 - Bonnie Hinnerk	3	Missing	Missing	Missing	Missing	Missing		3
Ground Floor 5 - Doreen Hache	Missing	Missing	Missing	Missing	Missing	Missing		0
Ground Floor 6 - Issabel Jackson	Missing	Missing	Missing	Missing	Missing	Missing		0

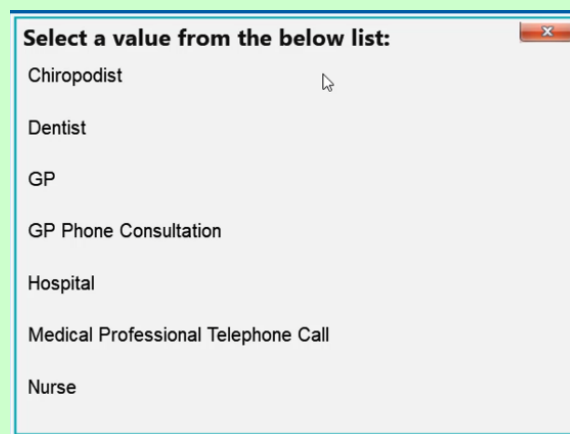
- If you want to have a look at a previous day, select the previous day from the drop-down list

- To view Betty's details, click on Betty
- View the **Details** and this is what Betty had on this date to eat
- Click the red box at the top to get out of this screen
- Click the **Back Button** to get into the **Common Options Screen** again

We're now going to look at **Medical Visits**:

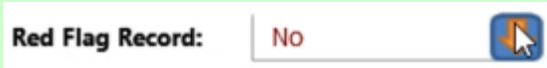


- Click on **Medical Visit** and select the resident
- Click **Continue** and this will take you into the **Medical Visit Screen**
- Decide what type of visit it is:

A screenshot of a software window with a title bar that says 'Select a value from the below list:'. The window has a list of options: 'Chiroprapist', 'Dentist', 'GP', 'GP Phone Consultation', 'Hospital', 'Medical Professional Telephone Call', and 'Nurse'. A mouse cursor is pointing at 'Chiroprapist'.

- Enter whether it was in the home or out of the home
- Now enter the name of the medical professional
- Now you can **Associate it with a Health Issue** - if any
- Click on the drop-down list and select the **Health Issue**
- Now enter the reason for the visit
- Once happy with the note click **OK** and this will enter the information into the box
- Now enter any information into the **Resultant Actions** by clicking the **Edit Button**
- Type in the information given to you by the medical professional
- Click **OK** and this will save the information into this box

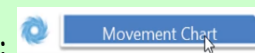
We want to add this information into the handovers:

- Click on **Red Flag**  and
- Select the number of days that you want the note to stay on the handovers as a red note - this option is not always available, however, if you think you want to record something, then go into the **General Note** to record it and record it as a **Red Flag**, and it's key information such as changing medication, dressings, health - whatever your concern may be

We can now record this note in the **Care Review** as a reference:

- Click on **Flag Note**
- Select the appropriate Sections and click **Confirm**
- This note will now be available for the Management Team or the Senior Team to write the new **Care Plan**
- Click **Save** to Save the **Medical Record** and everything that you have ticked to be done will automatically be done for you

We're now going to record a **Movement Chart** or **Turn Chart**:



- Select the resident
- Click the **Starting Position** and choose from the box and
- Click the **Movement again** and click from the box - this is the end position
- **Save the Changes** and that's your **Turn Chart** completed

Question 4 - When you click on the Food Intake Button, which of the following statements is TRUE about adding HOW MUCH of a meal has been eaten?

- A) You need to type in the information in the Meal Description box.
- B) You can't add this information here and need to make a separate note in the Care Plan.
- C) You can only use the slide to show how much has been eaten.
- D) You can click on the drop-down menu and choose the relevant statement or you can use the slide.

Question 5 - When you click on Medical Visit, what are you NOT required to record?

- A) Food Intake prior to visit
- B) Date
- C) Visit Location
- D) Visit Type

Question 6 - When you record a residents' Movements, which of the following is NOT an option for the Starting Position?

- A) In Bed on Right Side
- B) From Toilet
- C) On Sofa in Lounge
- D) In Bed on Back