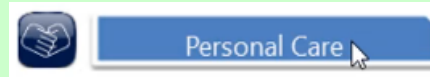




Care Control Academy - CCQ Level 3 Part 3

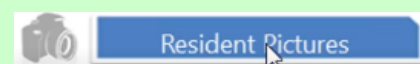
Record Care Plan Notes on Care Control Mobile (Part 2)

We're now going to look at **Personal Care**:

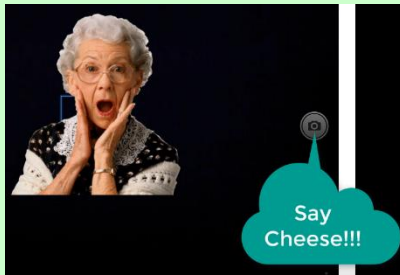


- Select the resident
- Click on **Build**
- Select the response - this one is the resident has accepted
- Brush their hair, choose their clothes, clean their dentures and get them dressed
- Whichever you're doing, you need to record that care for
- We can then personalise the care by clicking on **Edit** and type in a personalised note
- Click **OK** and
- **Save the Changes**
- This note will now be added onto the **Care Plan**

You can update or take a resident picture by clicking on **Resident Pictures**:



- Select the resident
- Click **Continue**
- Here we've got one that's got a picture already
- Click on the picture and click **Take Photo**
- This will open up the camera on the tablet



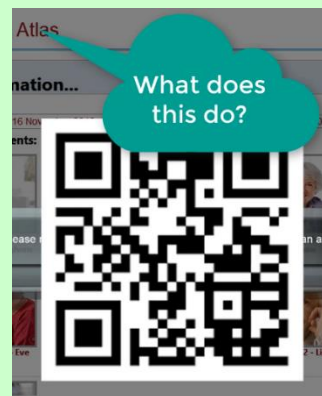
- SAY CHEESE!
- Take the image and it will appear on the next screen
- Click **Save this Picture** and the image will be saved against that resident's profile

Now we're going to look at **Sleep Information**:

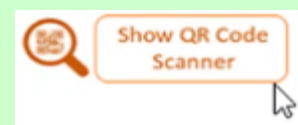


- Click the **Sleep Information** Button
- On our system we have decided to use QR codes

- Here is an example of a QR code



- If your home is using a QR code for recording sleep you need to scan it in to allow you to enter the note against that relevant resident:



- If your home is not using QR codes then you simply just select the resident
- Enter the resident's response and
- Select the care that you have provided:

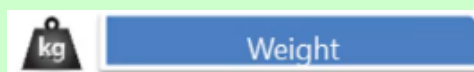
Build your comment:

Select residents response:

Select the actions that were completed / observed / attempted:

No Action	<input type="radio"/>
Assisted back to bed	<input type="radio"/>
Changed bedding	<input type="radio"/>
Changed Pad	<input checked="" type="radio"/>
Repositioned on back	<input type="radio"/>
Repositioned on side	<input type="radio"/>
Sat until settled.	<input checked="" type="radio"/>

- Click **Continue** and the information is entered into the box
- You can personalise the note if you wish, on this occasion we are not
- Click **Save the Change** and the note will be added onto the **Care Plan**
- Click the back arrow to go onto the next screen and...



- Here we've got **Weights**
- Select the resident
- Click **Continue**

CCM - Version 4.25

Current User: Lorna Atlas

Record Weight for Ground Floor 3 - Betty Hasel

Date Recorded Friday 16 November 2018	<table border="1"> <thead> <tr> <th>Recorded Date</th> <th>Weight KG</th> <th>Weight Stone(nearest pound)</th> </tr> </thead> <tbody> <tr> <td>08/11/2018</td> <td>84.5</td> <td>13 Stone 4 Pound</td> </tr> <tr> <td>01/11/2018</td> <td>84</td> <td>13 Stone 3 Pound</td> </tr> <tr> <td>01/11/2018</td> <td>84</td> <td>13 Stone 3 Pound</td> </tr> <tr> <td>24/10/2018</td> <td>84.7</td> <td>13 Stone 5 Pound</td> </tr> <tr> <td>17/10/2018</td> <td>86.2</td> <td>13 Stone 8 Pound</td> </tr> <tr> <td>10/10/2018</td> <td>86</td> <td>13 Stone 8 Pound</td> </tr> <tr> <td>03/10/2018</td> <td>87.1</td> <td>13 Stone 10 Pound</td> </tr> </tbody> </table>	Recorded Date	Weight KG	Weight Stone(nearest pound)	08/11/2018	84.5	13 Stone 4 Pound	01/11/2018	84	13 Stone 3 Pound	01/11/2018	84	13 Stone 3 Pound	24/10/2018	84.7	13 Stone 5 Pound	17/10/2018	86.2	13 Stone 8 Pound	10/10/2018	86	13 Stone 8 Pound	03/10/2018	87.1	13 Stone 10 Pound
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10/10/2018	86	13 Stone 8 Pound																							
03/10/2018	87.1	13 Stone 10 Pound																							

Measurement Type
 Stone & Pounds (Imperial):
 Kilograms & Grams (Metric):

Input weight

4 Stone	0 pound
5 Stone	1 pound
6 Stone	2 pound

Associate with Health Issue:

- Have a look at what the previous weight was and

- Enter the relevant information once you've taken the weight
- If you wanted to **Associate it with a Health Issue** you can, but
- **Save the Changes**

We're now going to look at **Wellbeing Checks**:



- Click on the resident
- Click on **Build** and
- Select the information:

Select the comment(s) that best describe the resident on this check:

Resident agitated, care staff alerted.	<input type="radio"/>
Resident asleep	<input type="radio"/>
Resident observed, no issues.	<input type="radio"/>

- This is particularly important when a resident has had a health issue or has had an incident
- We want to document that we've checked that the resident is ok and if not, what have we done about it?
- Once we're happy with the information click **Save the Changes**
- Click **OK** and
- Click the **Back Button**

Question 1 - When recording Personal Care, which of the following is NOT a standard action which needs to be logged?

- A) Have a bath
- B) Remove Dentures
- C) Clean shoes
- D) Have a wash

Question 2 - Which of the following statements is FALSE?

- A) If your home is using a QR code for recording sleep you need to scan it in to allow you to enter the note against that relevant resident.
- B) When you click on Build when recording sleep, one of the options for recording is Fetched Drink from Kitchen.
- C) You can personalise Sleep notes.
- D) When you click Save the Change when recording Sleep Information, the note will be added onto the Care Plan automatically.

Question 3 - Which of the following is NOT a pre-loaded option when you click on Build when doing a Wellbeing Check?

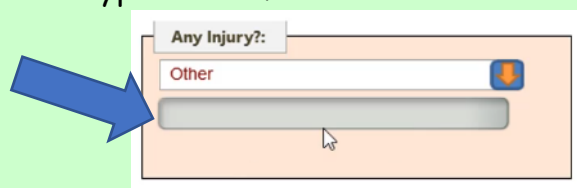
- A) Resident asleep.
- B) Resident agitated, care staff alerted.
- C) Resident observed, no issues.
- D) Resident in their room.

We're now going to look at **Recording an Incident**:



- Any member of staff can record an incident
- Staff need to be aware that any incidents that are recorded and saved cannot be deleted
- This is an electronic version of the Accident Report Book
- Click on **Record an Incident**:

- And select from the **Summary Box** the relevant information - if it's not there, then you can click on **Other**
- This should be a summary only and not the full description of what has actually happened
- Select the **Incident Type** from the list
- Select the type of **Injury** - if you click **Other** it opens up a box at the bottom and you can type that information in:



- If you don't want to use that information as **Other**, then select the injury from the list:

- Select the **Location** and
- The time and the date - obviously you're not going to record it there and then, you will record it as soon as you possibly can after you've looked after the resident

- You can record it for yourself, a staff member, a resident or a member of the public:

Step 2 - Who was involved?:

Who are you recording this incident for:

Myself

Staff Member

Resident or Service User

Other (e.g. Member of Public)

Was anyone else involved in this incident:

No

Staff Member

Resident or Service User

Other (e.g. Member of Public)

Flag Note

Red Flag this Incident: No

Save Incident

- Please note this is the person that's actually been injured or has had the issue
- Record if anybody else has been involved in the incident and if anybody has witnessed it
- To enter the information into the **Describe What Happened** box, click **Edit** - ensure that you type in as much information as possible regarding the incident as this will be key when the investigation into the incident happens
- Check your spelling, check your grammar and when you're happy with the information you've put on the system, click **OK**
- The following fields are optional, so they don't have to be completed, but if you do want to, you can
- Tick in the box any actions you would like anybody to take

Provide any recommendations to avoid similar incidents in the future (Optional):

Initial Employer Notes (these can be added to later if required) (Optional):

Mark any follow up action you would like staff to take:

Contact emergency services:

Place resident on 30 minute Wellbeing check:

Notify Family Members:

Flag Risk Assessments to be reviewed:

- The left hand buttons are non-care tasks - these tasks can be found in the **Home Status** under **Other Tasks** - the person that has completed that task needs to sign it off
- The buttons on the right hand side are about the resident - any buttons that are ticked on this side will either set up automatically the monitoring that needs to be done, or open up the **Review** or **Assessments** that need to be completed
- If you click on a **Health Issue** it will automatically ask you if you want to complete it there and then, once you've completed the **Saved Incident**
- Clicking on the **Flag Note Button** will open up for you to enter the relevant areas within the Care Review that you wish to put this reference:

Flag Note for Next Care Review:

General - Communication

Health - Breathing

Health - Continenence

Health - End of Life

Health - Foot Care

Health - Hearing

Please note, the Care Review Sections you mark above will be add for review the next time the Care Review Sections are updated.

Confirm

- Click **Confirm** and the information will be available for the Management or Senior Team at the next **Care Review**
- You can **Red Flag** this note so that it's on the **Handover Notes** as a **Red Note** for the number of days you've selected
- Once you're happy with the information, click **Save Incident** and if you've ticked **Raise a Health Issue** it will take you directly into the **Health Issue Screen** for you to record the information
- Complete the **Health Issue** - indicate on the body map where the injury is
- If there is more than one injury you will need to do more than one **Health Issue**
- Type in a short description of the injury
- Select how often you want to review the **Health Issue** and
- Type in a detailed description of the issue

- When you're happy that you've entered enough information, click **OK** and that will save that information into the box:

CCM - Version 4.25

Current User: Lorna Atlas

Home Finish

Create New Health Issue for Ground Floor 3 - Betty Hasel

Issue Start Date: Friday 16 November 2018

Short Description: Cut to R Hand

Review Frequency: Once a week

Description of Issue: Betty cut her hand on the table when she fell. The cut is approx 2 cm long and is not deep.

Initial Treatment Plan:

Add Image 1 (Optional): Touch to take a Picture

Add Image 2 (Optional): Touch to take a Picture

Add Image 3 (Optional): Touch to take a Picture

Save Changes

Mark on the Body Map Location of Issue:

- Enter the information on the **Initial Treatment Plan** box
- Happy with the information? **Click OK**
- You can take up to 3 images of the injury or health issue - this will let others know what it looked like at the beginning
- **Click Save the Changes**
- Once you've completed the **Health Issue** the system will take you back to the **Home Screen** automatically
- If you've no further information to record you can now click **Finish** - this will free up the device for another member of staff to enter further information onto the system

Question 4 - Which of the following statements is NOT correct when referring to Recording an Incident?

- A) Incidents that are recorded and saved cannot be deleted.
- B) There is no drop-down box for the location of the incident and you will need to type in where it happened.
- C) There is a drop-down box for the type of incident.
- D) There is a drop-down box for any injury sustained.

Question 5 - When you Create a New Health Issue for a resident, how many photos can you upload of the injury/issue?

- A) 3
- B) 2
- C) 1
- D) 4

Question 6 - Why would you click on Finish?

- A) Because you want to save the New Health Issue information.
- B) Because you want to sign out of the device so that another member of staff can use it.
- C) Because you want to get back to the Home Page.
- D) Because you want to record another incident.