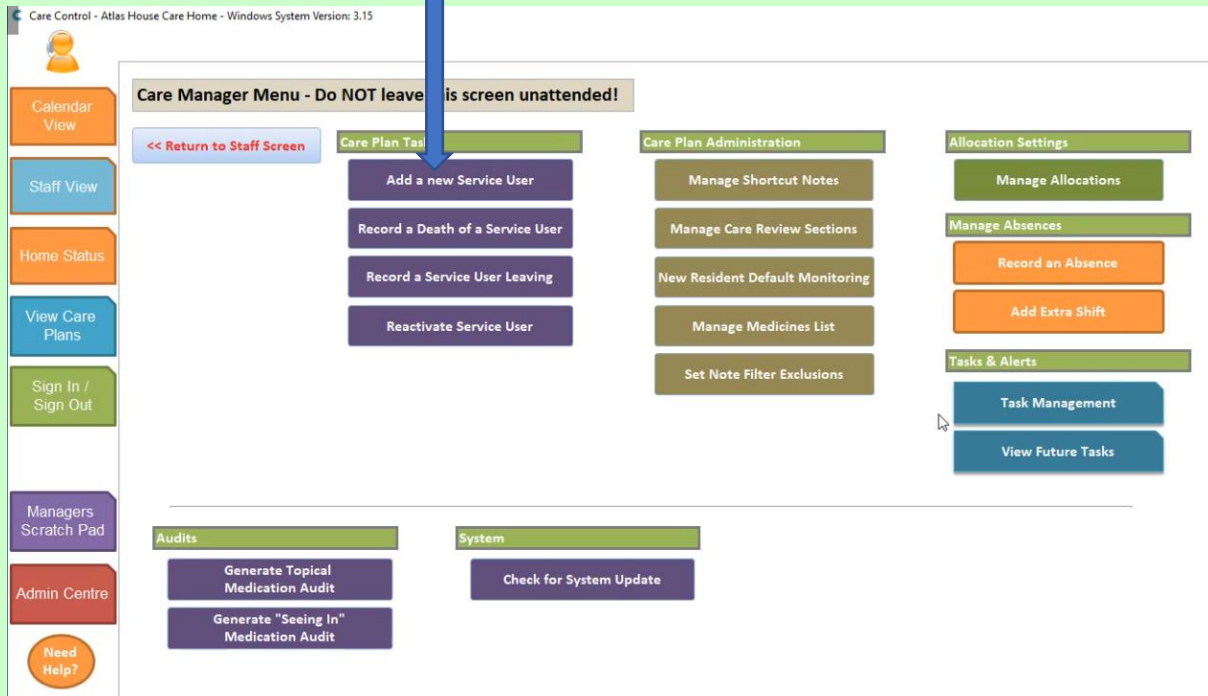# CCQ Level 5 Part 2 – Adding a new Service User/Resident using Care Control Windows


We're now going to add on a resident using Care Control Windows. Click on **Access Manager's Menu** and put in your PIN number. This opens up the menu for the Mangagement Screen. Click on **Add a new Service User**.
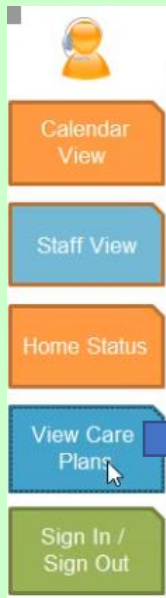
Enter the information in the drop-down lists and type in the information that is required:

Click **Add New Service User** and that service user has been entered into the system.
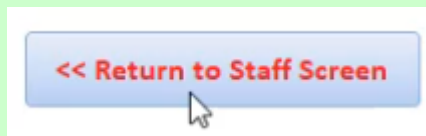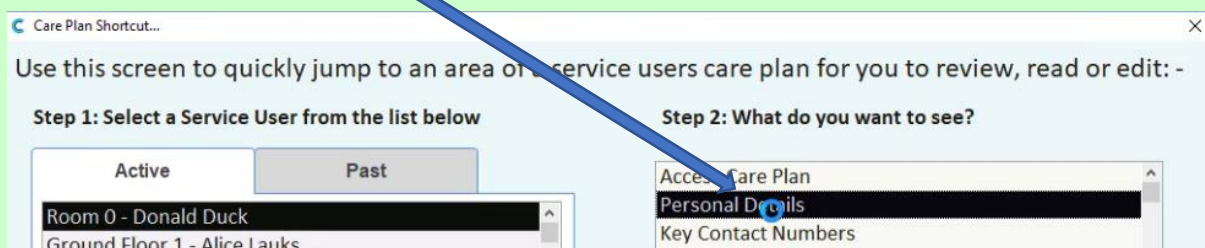
Click **Return to Staff Screen** to get into the **Home** Screen that you normally are in.

We're now going to view the **Care Plan**. Click on **View Care Plans** and enter your PIN number.

Select the name of the resident that you're going to look at. To enter the **Care Plan**, click **Personal Details** …

Use this screen to quickly jump to an area of service users care plan for you to review, read or edit: -

Step 1: Select a Service User from the list below   Step 2: What do you want to see?

Active	Past
Room 0 - Donald Duck	
Ground Floor 1 - Alice Lauks	

Access Care Plan
Personal Details
Key Contact Numbers

...and this will open up the **Personal Details** screen. To amend any information on this screen, click on **Click to Edit Care Plan** at the top of the screen and pop in your PIN number.

Click on **Click to Change Record** again because you cannot change it until you get to the yellow screen.

Now we are in the yellow screen we can add on the extra information. If there is already information in the drop-down box, use the drop-down box. If not, then you can add on extra information. Type in the box and the information will

be there the next time you go to use it. Better to put something in than nothing in any of the boxes, so here we've got **Allergies** as None Known, **Special Dietary Needs** – this is None for this resident, however it could be that they're on a vegetarian diet, a low calorie diet etc.

Select the **Religious Preference** from the drop-down list – again if it's not in there you can type it into the box and it will be there the next time you need to use it. The same with **After Death Preferences**.

In the **Marital Status** type in what their marital status is and if you know the date they're going to arrive you can put that information in there.

We're now going to talk about **Treatment Escalation Plan** because this is key – this is shown on all the summary screens throughout all the different formats of Care Control.
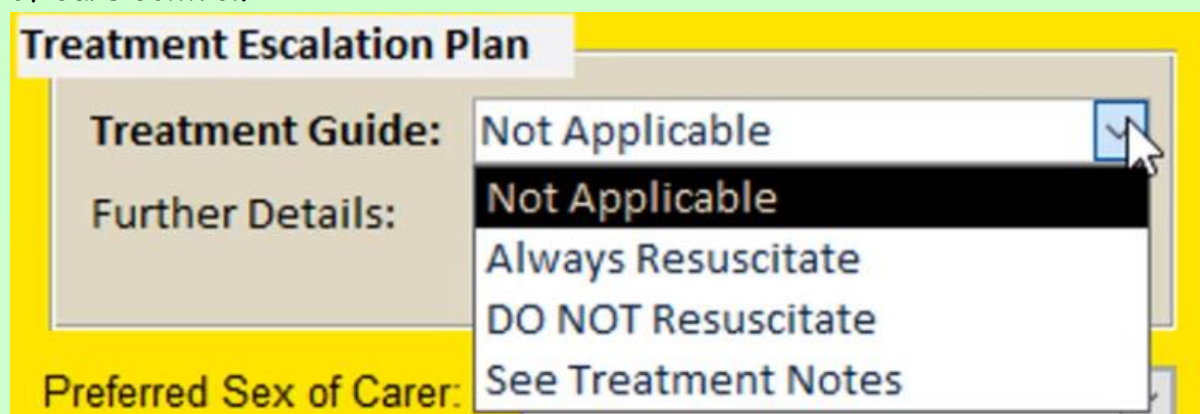
There are 4 options within the **Treatment Escalation Plan**:

- **Not Applicable**
- **Always Resuscitate**
- **DO NOT Resuscitate** or
- **See Treatment Notes**

Select the relevant outcome for that particular resident. Of course you may still have the **Treatment Escalation Plan** in writing. If that's the case, ensure that you have a copy of that **Treatment Escalation Plan** saved onto the system for that particular resident.

Select:

- the **Preferred Sex of Carer,** whether it's **Male**, **Female** or **No Preference**
- who the **Primary Carer** is or Key Worker

From the drop-down list select:

- the **Doctors Surgery** and
- select the **GP**

Any boxes with the telephone to the side of them can open up and you can get the telephone information. However, you will need to add them on as a contact first.

Select the **Mental Health Doctor** if appropriate and select the

Funeral Director if known. Also select the **Nationality.** If the nationality is not in there, simply type it in and it will be available for the next time you use the system. If you have an **Allocation Group**, set up the allocation and then we're going to have a look at height.

If you know what the height is in cm, add it in. If you don't, click on **By Ulna**

and this will tell you how to actually measure from the elbow to the wrist, and enter the cm into the system and it will calculate a height for you. **Save** the **Height** and the information is entered onto the system.

We're now going to work through the other drop-downs, so:

- **Eye Colour**
- **Hair Colour**

- **Build**
- **Hair Length**
- If they wear glasses or not (**Eye Wear**)
- If they have a **Hearing Aid** or not and whether it's one ear or both ears and
- What their **Weight** is **on Admission**

Enter their previous address. If they are domiciliary you will enter the address that they live in. If you are a domiciliary care company, the system will give you a map to show where the actual property is.

Enter the **Maiden Name** if applicable, if not put N/A. Where were they **Admitted From**? This could be from hospital or it could be directly from home. It could be from another care home. Enter who admitted them (**Admitted By**) and their **Previous Occupation**, if known.

We're now going to look at **Further Information.**

As a home or a business you will be able to set up this further information. There are 5 fields that you can use and you can put any information on that you deem necessary for your service user needs. This is something that is discussed at the initial implementation meeting.

Click to Save Any Changes

Once you're happy with the information, click to **Save the Changes**. This will lock the record up. As you can see the **Treatment Escalation Plan** has turned to red.

Question 1- When you add on a resident/service user using Care Control Windows, what should you click on first?

A – Admin Centre

B – View Care Plans

C – Access Managers Menu

D – Record Care Plan Information

Question 2 – In order for you to be able to add information to the Personal Details page, what colour MUST the background on the page be?

A – Green

B – Red

C – White

D – Yellow

Question 3 – Which of the following statements is FALSE?

A – Completing the fields in the Further Information section is something that is discussed at the initial implementation meeting.

B – If the required information is not in a drop-down box you can just type in the information you need to add.

C – Telephone information is available by clicking on any blue boxes, but you need to make sure that any telephone numbers have been added as a contact first.

D – The Weight that needs to be inputted needs to be done 10 to 14 days after the resident or service user has been added to the system.