CASE STUDY

A case study on the implementation of easyLog's carer record and administration system at a residential care home

The origins of the Queensbridge residential care home in Cheltenham, Gloucestershire came from a personal desire to provide a quality of care that could not be found elsewhere in the local area. As founder and owner Julia Saunders recalls it was an aging relative that led her to take a defining career choice, "After making the difficult decision about the options for her future care, looking for a suitable care home became a huge challenge. Frankly, we were dismayed by the quality of care that we saw on offer at the time."

Individualised Care

With seemingly no suitable facilities available Julia took a bold step and decided to open her own care home. Although having no background in running a care enterprise, the underlying principle that she took into the venture has remained with her and been passed to her staff ever since as Julia explains, "My grandmother became our first resident and I wanted the level of individualised care that I would provide to my relative to be replicated to every other resident that came into the home."

Interestingly, this key person-centred care principle has also been applied to the care plan and care record documentation used at the home. It also had a large impact on the subsequent selection of a care management software package when the decision was taken to computerise this process. Although "person-centred" care has been championed by the various regulatory bodies that have existed since the Care Standards Act was first published in 2000, Queensbridge care home has always structured its care documentation using this approach.

Care Plan Structure

All residents have a minimum of eight care plans. One provides an overview of the person and their main care needs together with a summary of the basic individual care that the person requires. This overview is accompanied by seven individualised care plans that explain in detail the identified care needs, desired outcomes and care interventions required for each defined period of the day; getting up, morning, lunchtime, afternoon, supper/evening, getting ready for bed and overnight. These care plans provide specific instruction on the resident's key requirements at each period such as mobility, activities, nutrition, communication, medication, toileting and personal hygiene. These documents are supplemented by any additional health or condition-specific care plans such as for wandering, social interaction and any medical conditions. These are generated following identification through completion of the initial and regular re-assessment processes.

"For me the main purpose of a care plan is to convey in plain, simple language to any carer exactly who the resident is and how they should be cared for. In this way both a new carer on their first day and an experienced senior know equally how to provide care to any resident at Queensbridge", explains Julia Saunders. "So when we explored computerising our care documentation it was essential that we could replicate this. Disappointingly many fell short and seemed to focus more on financial then care management and just didn't offer the flexibility I sought."

Flexible Care Documentation

One supplier however warranted further investigation. easyLog's Care Studio software combined care document management with staff scheduling and displayed the vital elements that Queensbridge wanted. "Although the system was supplied with many examples, the software gave us the functionality to change every main care document within Care Studio to fit with our standards if we wished. We understood that this was not an instant solution and would require significant work on our part but the end result would produce efficiencies, increased accuracy and easier access to the style of care recording that I wanted to retain and build upon for the future", explains Julia.

The system was implemented with a hand scanner terminal to record staff attendance and link with the rota management application to provide an automated payroll analysis output. Additionally Queensbridge installed a number of tablet PCs integrated with the Care Studio software running easyLog's care-Logger software. These provided both fixed and mobile access to the care recording software through a simple touch screen interface. The care team is then able to record their notes and view care plans and assessments at several points in the home. As business partner Peter Grayson explains, these were seen as essential to the success of the project, "A few of the care staff were genuinely nervous about the introduction of a computerised system. Some had little experience of using a keyboard and felt it would be slow to operate. When we showed them the tablet devices and the simplicity of completing their shift notes they were sold!"

Daily Care Plan Reviews

Queensbridge has created its own sets of shift notes to link with each care plan period for each resident. These comprise of prompts on various items such as mood, toileting, medication, activity, etc. Touching on a prompt then presents a dropdown list of responses from which the carer selects and can also add additional comments if relevant. For example, medication has options for 'Given and signed' and 'Refused'. If the latter is selected an alarm is automatically flagged in the software and will also appear in the Shift Handover report. "This works really well", enthuses Peter, "as effectively each of our resident's care plans is being reviewed every day using a structured and personalised record."

As a specialist dementia care home, Queensbridge care has adopted the University of Bradford's Dementia Care Mapping model since 2008. This tool provides an objective method of recording the behaviour of a person with dementia over regular intervals and analytically graphs the results to measure their response to the care provided. This information is then used to draw up an action plan to bring about change and improvements. As part of the sales contract, easyLog agreed to add this functionality into their software. "With this facility on the tablet PCs, my aim is to map each resident on a monthly basis which I could never have achieved prior to computerisation", relays Julia Saunders. "Added to this I also have the option to access my care records via the internet whenever I require. The efficiencies and accuracy I wanted to see from implementing the system are really beginning to appear."

Benefits for all

Julia Saunders adds that the increased efficiency created by the system does not just benefit managers, "It used to take my staff around one and a half hours to write up client progress sheets before handover but now, because each member of staff notes down their actions real time, they can handover from the screen, saving huge amounts of time. And they can spend this time with the clients, which is what they are paid to do," she says. "Yet all the information is there for a CQC inspection report and in so much more detail than we could ever have had the time to do before."

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