

# Benchmarking Nursing and Residential Care Homes



Carrying out the **BENCHMARKING EXERCISE**

*Work through each of the ten factors of care and score your home against the indicative criteria. A scoring sheet can be found at the back of this document.*

## **Benchmarking** *Continence, The bladder and bowel care*

In order to promote best practice, it is important that individual nursing homes have the opportunity to compare their systems and procedures to a set of recognised standards or benchmarks. In the NHS, it is advocated that comparison groups are established so that health care managers can be actively involved in comparing their own performance and the performance of their colleagues against best practice statements. In this self assessment pack, the same process is used but it has been adapted to take account of the fact that nursing homes tend to work much more in isolation and do not have significant contact with other homes in the local area, many of whom are competitors.

The aim of the benchmarking exercise is to establish a resident/patient focused approach with accountable practitioners/professionals delivering care, which reflects the benchmarks of best practice. By carrying out the exercise, deficiencies will be highlighted and pointers will be given as to how they can be corrected.

Gompels HealthCare strives to provide you with the resources that you need to address many of the best practice requirements. As you progress, it will become apparent what work needs to be undertaken and what additional resources you need.

If you have any suggestions about how this pack can be improved or feel that it is inappropriate in any way we are always interested to hear from you. It has been developed in association with Home managers and healthcare professionals but we recognise that there is always room for improvement.

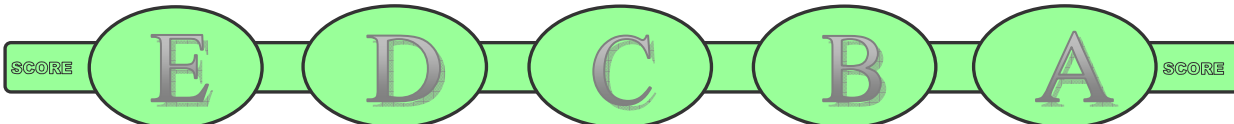
### **The ten factors of Care**

1. Information for residents/ patients/ carers
2. Residents/ patients/ carers access to professional advice re continence, and bladder and bowel care
3. Assessment of individual residents/ patients
4. Planning, implementation and evaluation of care based on the bladder and bowel assessment
5. Education for assessors and care planners
6. Promotion of continence and a healthy bladder and bowel
7. Residents/ patients access to continence supplies
8. Education of care deliverers
9. A physical and social environment conducive to continence and a healthy bladder and bowel
10. User involvement in service delivery

Carrying out the  
**BENCHMARKING  
EXERCISE**

*Work through each of the ten factors of care and score your home against the indicative criteria. A scoring sheet can be found at the back of this document.*

**Factor 1 – Information for residents/patients/carers**



Residents/ patients/ carers have <b>no evidence based information</b> about bowel and bladder care	Residents/ patients/ carers have <b>restricted access</b> or have to request evidence based information about bowel and bladder care	Residents/ patients/ carers have <b>free access to general evidence based information</b> and bowel and bladder care	Free access to evidence based information about bowel and bladder care that has been <b>adapted to suit individual patients needs</b> and/or those of their carers
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*Statements to help you establish your comparison with best practice*

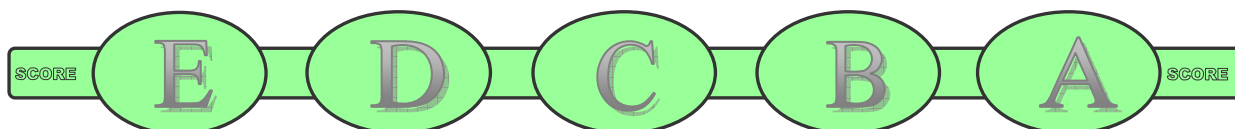
<i>Standard statement</i>	<i>Variance from standard</i>	<i>Possible actions</i>
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<i>There is a wide range of printed information available for residents and carers alike</i>		<input type="checkbox"/> Carers know where to find continence manual <input type="checkbox"/> Variety of continence leaflets available for residents and carers <input type="checkbox"/> Books for further reading available
<i>Information is adapted to the needs of the different user groups</i>		<input type="checkbox"/> Information is available in large type <input type="checkbox"/> Residents are aware that they will be read the information if required
<i>Measures are taken to ensure awareness and access of available information</i>		<input type="checkbox"/> Availability of leaflets in a prominent place
<i>Details of self help groups are readily available</i>		<input type="checkbox"/> Contact details on notice board and mentioned in patient welcome information
<i>Information is evidence based, up to date and consistent</i>		<input type="checkbox"/> Leaflets are periodically reviewed

*Resources available from Gompels HealthCare*

CD-ROM contains sample posters for printing  
 Range of leaflets available including Understanding urinary incontinence in adults  
 Continence manual  
 Training course in printed form  
 Fitting guides  
 Nursing for Continence 2<sup>nd</sup> edition Christine Norton ISBN:0-906584-42-6 Available from www.amazon.co.uk

**Factor 2 – Residents/patients access to Professional advice re continence, and bladder and bowel care**

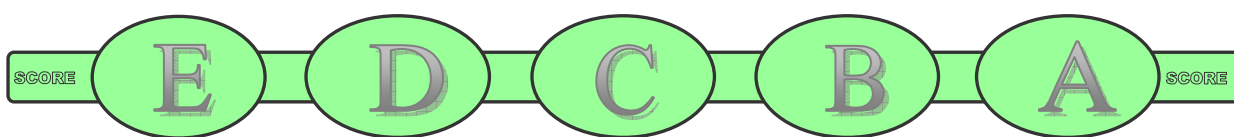


Residents/ patients/ carers <b>do not have access to professional advice</b> who can meet their continence needs	There are <b>barriers</b> to residents/ patients/ carers having access to professional whom can meet their continence needs.	Residents/ patients/ carers <b>have direct access</b> to professionals who can meet their continence needs but their services are <b>not actively promoted</b>	Residents/ patients/ carers <b>have direct access</b> to professionals who can meet their continence needs and their services <b>are actively promoted</b>
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*Statements to help you establish your comparison with best practice*

<b>Standard statement</b>	<b>Variance from standard</b>	<b>Possible actions</b>
<i>There is a range of access points for Residents/ Patients/ Carer to access advice directly</i>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Continence advice line numbers are displayed on notice boards</li> <li><input type="checkbox"/> At least one nurse is trained/training to be a continence specialist and wears a badge to indicate speciality</li> </ul>
<i>Residents/ Patients/ Carers know that they can request a re assessment of a patients/residents needs at any time</i>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Included in induction and mentioned in periodic reviews</li> </ul>
<i>Feed back is actively sought from night staff</i>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Continence is a key subject in handover meetings</li> <li><input type="checkbox"/> Continence specialist in the home work occasional night shifts</li> </ul>
<i>Resources available from Gompels HealthCare</i>	CD-ROM contains sample posters for printing Continence manual Training course in printed form	

**Factor 3 – Assessment of individual residents/ patients**



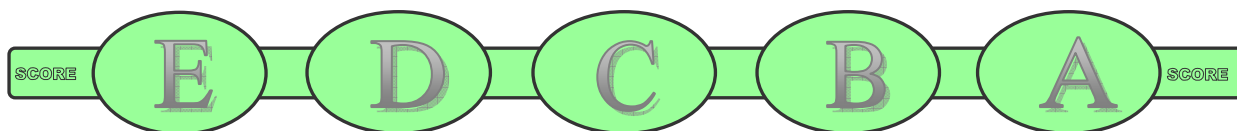
Residents/ patients are <b>not routinely assessed</b>	Some Residents/ patients <b>are assessed</b> in the home, assessments only updated if major cause for concern	Continence <b>assessments</b> are <b>available for all</b> residents	All residents/ patients are <b>routinely assessed</b> and there is a mechanism to initiate interim assessments if required
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*Statements to help you establish your comparison with best practice*

<b>Standard statement</b>	<b>Variance from standard</b>	<b>Possible actions</b>
<i>Residents/ Patients are asked if they would like to have their continence reassessed</i>		<input type="checkbox"/> When appropriate, carers ask Residents/ Patients if they would like a reassessment
<i>Residents/ Patients know that they can request a reassessment at any time</i>		<input type="checkbox"/> Availability of reassessments is discussed at residents meetings and individually
<i>Residents/ Patients have a continence assessment conducted prior to arriving in the home and then again within 3 weeks</i>		<input type="checkbox"/> Continence assessment is included in initial assessments
<i>Residents/ Patients advised of next review date</i>		<input type="checkbox"/> Date of next assessment is routinely logged and achieved
<i>Resources available from Gompels HealthCare</i>		Sample assessment forms both printed and on disk Guidance notes for completing assessment forms available in the continence manual Training available on conducting continence assessments

**Notes:**

**Factor 4 Planning, implementation and evaluation of care based on the bladder and bowel assessment**

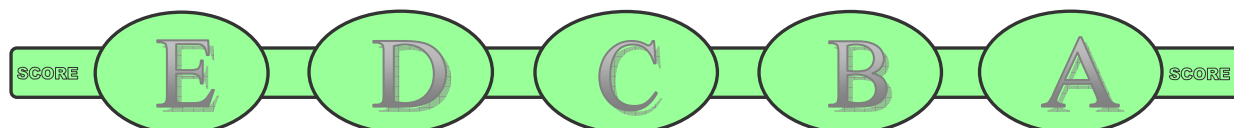


There are <b>no residents/ patients plans of care</b> to meet the bowel and bladder needs identified in the continence assessments	Residents/ patients care is planned but there is <b>no evidence of implementation</b>	Residents/ patients care is planned and implemented but there is <b>no evidence of evaluation</b>	The effectiveness of residents/ patients care is <b>continuously evaluated</b> and leads either to the residents/ patients needs being met or the modification of the care plan.
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*Statements to help you establish your comparison with best practice*

<i>Standard statement</i>	<i>Variance from standard</i>	<i>Possible actions</i>
<i>Care pathways are used</i>		<input type="checkbox"/> Forms are available and used for all residents
<i>Residents/ Patients have an input to the care plan and outcome measures are discussed</i>		<input type="checkbox"/> Forms contain section for recording patient feedback
<i>Protocols/evidence based guidelines are used for care interventions</i>		<input type="checkbox"/> Protocols available for inspection and staff know where to find them
<i>Record keeping is evaluated and audited</i>		<input type="checkbox"/> An “independent” person carries out a review of the records kept
<i>A clinical audit has been undertaken</i>		<input type="checkbox"/> Results have been disseminated
<i>Resources available from Gompels HealthCare</i>	CD-ROM contains sample protocols and Care pathways Carer leaflet mentions availability of protocols and use of the forms	

**Factor 5 Education for professional assessors and care planners**



Residents/ patients are **not assessed or do not have care planned by a health professional**

Residents/ patients are assessed and have care planned by **professionals with no specific continence training**

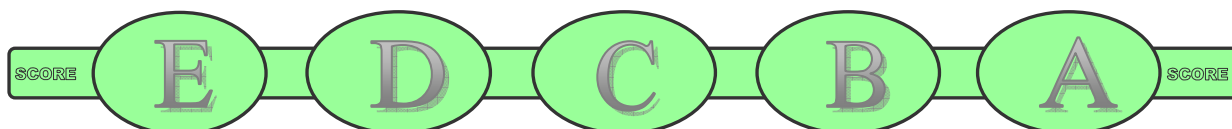
Residents/ patients are assessed and have care planned by **professionals with specific continence training**

Residents/ patients are assessed and have care planned by professionals who have received specific continence training and are **continuously updated**

*Statements to help you establish your comparison with best practice*

<b>Standard statement</b>	<b>Variance from standard</b>	<b>Possible actions</b>
<i>There is a written policy which details who assesses and plans care</i>		<input type="checkbox"/> Complete section in continence manual and keep it up to date
<i>There is an initial and ongoing training programme</i>		<input type="checkbox"/> Dates are set for lunchtime workshops and more formal training sessions. Staff are attending conferences and professional development continence care courses
<i>There are peer group reviews and personal development plans for the carers and health care professionals</i>		<input type="checkbox"/> Where appropriate, personal development plans include continence training
<i>Training programmes are available in the home</i>		<input type="checkbox"/> Training packs made available. Healthcare professionals run regular workshops
<i>Residents/ Patients feedback is incorporated into the training programmes</i>		<input type="checkbox"/> Summary results of residents/ patients survey are discussed in training session
<i>Effectiveness of training is assessed and evaluated</i>		<input type="checkbox"/> Carers are tested on their knowledge and training needs reviewed
<i>Resources available from Gompels HealthCare</i>		Training course in printed form Resident survey forms are available on the CD ROM Details of the next Continence advisor conference are available

**Factor 6 Promotion of a healthy bladder and bowel**



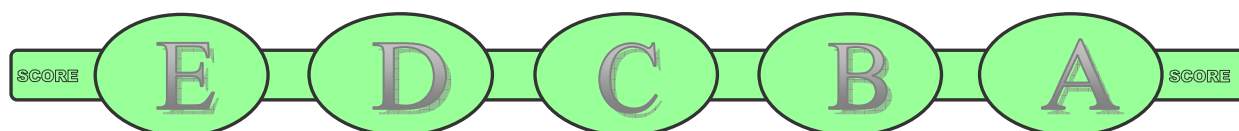
<p><b>There is no attempt</b> to promote residents/ patients continence and a healthy bladder and bowel</p>	<p><b>Some attempt is made</b> to promote residents/ patients continence and a healthy bladder and bowel</p>	<p><b>All opportunities are taken</b> to promote residents/ patients continence and a healthy bladder and bowel</p>	<p>All opportunities are taken to promote continence and a healthy bladder and bowel among residents/ patients <b>and the wider community</b></p>
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Statements to help you establish your comparison with best practice

<b>Standard statement</b>	<b>Variance from standard</b>	<b>Possible actions</b>
<i>This home actively promotes continence and does not accept incontinence as an inevitability of being a resident in a nursing home</i>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Carers well aware of the continence plan for each residents/ patients and they strive to encourage continence</li> </ul>
<i>Level of incontinence in the home is monitored</i>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Plot a graph of percentage incontinence</li> </ul>
<i>Resources available from Gompels HealthCare</i>	<p>Continence manual gives continence promotion guidelines</p> <p>Care management system monitors the absorbency, quantity and type of product being used</p> <p>It also shows the percentage of incontinent residents in the home as a percentage of total residents</p>	

**Notes:**

**Factor 7 Resident/patient have uninterrupted access to continence supplies**

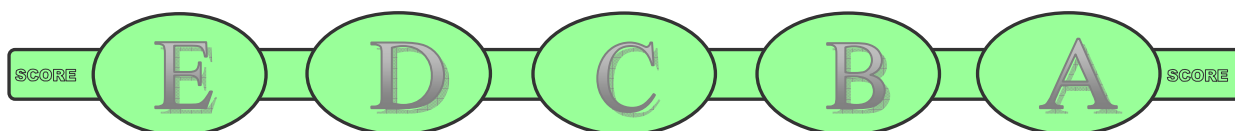


Residents/ patients/ carers <b>do not have uninterrupted access</b> to continence supplies.	Residents/ patients/ carers have access to supplies but there are <b>restrictions on usage</b>	Residents/ patients/ carers have <b>uninterrupted access</b> to continence supplies	Residents/ patients/ carers have access to appropriate needs specific supplies to assist in the management of incontinence on an <b>uninterrupted basis without rationing</b>
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*Statements to help you establish your comparison with best practice*

<b>Standard statement</b>	<b>Variance from standard</b>	<b>Possible actions</b>
<i>The home has a fail safe procedure for obtaining supplies appropriate to the residents/ patients needs</i>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Assessments form the basis of an order for supplies. In the event of a person responsible for ordering being away, there is a fall back mechanism</li> </ul>
<i>Usage of supplies is monitored</i>		<ul style="list-style-type: none"> <li><input type="checkbox"/> The accuracy of the assessments is monitored and usage/assessments adjusted accordingly</li> </ul>
<i>Home has access to emergency supplies (on-site) to cope with possible interruptions of supply</i>		<ul style="list-style-type: none"> <li><input type="checkbox"/> At least two to three days (preferably one week) of reserve supply is always available for emergencies Ensure that a next day delivery service is available</li> </ul>
<i>Resources available from Gompels HealthCare</i>	Computer program that adds the assessments, adjusts for stock levels and produces an order is available Order line staff will call if the designated order day has been missed Next working day delivery service is available Advice regarding the suitability of different products for patients/ residents is available by calling the advice line	

**Factor 8 Education of care deliverers**



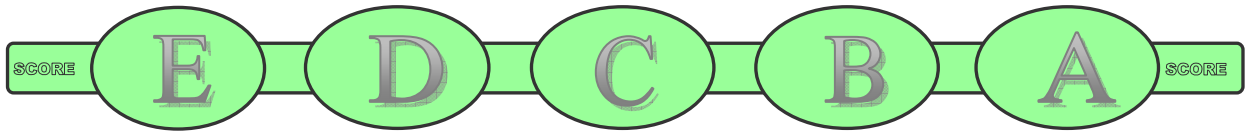
Residents/ patients/ are cared for by carers with <b>no continence training</b>	Residents/ patients/ are cared for by carers with training but <b>no evidence of updating</b>	Residents/ patients/ are cared for by carers who have undertaken continence care training which <b>includes ongoing updating.</b>
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*Statements to help you establish your comparison with best practice*

<b>Standard statement</b>	<b>Variance from standard</b>	<b>Possible actions</b>
<i>Training needs of carers are regularly assessed and this includes their continence care training</i>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Personnel function includes a training review</li> <li><input type="checkbox"/> Carers aware of information available in home (see Factor 1)</li> </ul>
<i>There are ongoing education and training programmes/ opportunities/ policies used</i>		<ul style="list-style-type: none"> <li><input type="checkbox"/> A schedule of dates is available</li> </ul>
<i>There are peer group reviews/ supervision and personal development plans</i>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Initiate with training co-ordinator</li> </ul>
<i>There is a record of NVQs obtained and in which specialities</i>		
<i>Resources available from Gompels HealthCare</i>	Training courses provided contribute to NVQ level II, Option group A, units Z11, Z11.1, Z11.2 and Z11.3	

**Notes:**

**Factor 9 A physical and social environment conducive to continence and a healthy bladder and bowel**



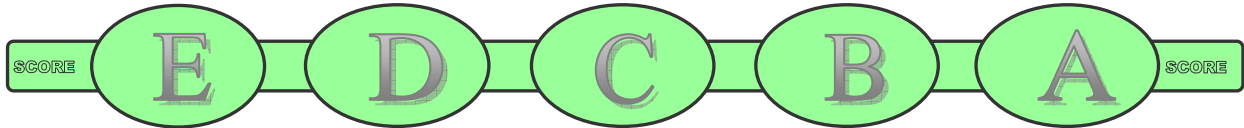
The environment <b>is not conducive</b> to the residents/ patients individual needs	Attempts have been made to make the <b>general</b> environment conducive	Attempts have been made to make the general environment conducive to <b>individual</b> needs	All bladder and bowel care is given in an <b>environment conducive to the residents/ patients individual needs</b>
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Statements to help you establish your comparison with best practice

<i>Standard statement</i>	<i>Variance from standard</i>	<i>Possible actions</i>
<i>Residents/ patients satisfaction is assessed and complaints addressed</i>		<input type="checkbox"/> Views of the residents/ patients and relatives is sought
<i>Consultation has taken place with continence professionals to assess and improve the environment</i>		<input type="checkbox"/> Continence advisors are engaged to visit the home to assist with reviews
<i>Provision has been made for patients with reduced mobility</i>		<input type="checkbox"/> Facilities are appropriate and convenient for the users
<i>Resources available from Gompels HealthCare</i>	User survey available on the CD ROM	

**Notes:**

**Factor 10 User involvement in service delivery**



No resident/ patient/ representative <b>feedback</b> or involvement is <b>sought</b>	Resident/ patient/ representative <b>feedback is sought</b> but not acted upon	Resident/ patient/ representative <b>feedback is always sought</b> and sometimes acted upon	Resident/ patient/ representative are always involved in planning and evaluating services and their <b>input is acted upon</b>
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*Statements to help you establish your comparison with best practice*

<i>Standard statement</i>	<i>Variance from standard</i>	<i>Possible actions</i>
<i>Resident/ patient/ representative views are sought</i>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Request that resident/ patient/ representative complete a questionnaire</li> </ul>
<i>Action plans are established, and progress monitored for changes that are made as a result of resident/ patient/ representative views</i>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Use formal planning, monitoring and control procedures in the home</li> </ul>
<i>Continence care is discussed at resident review meetings</i>		
<i>Resources available from Gompels HealthCare</i>	User satisfaction survey on CD ROM	

**Notes:**

## Scoring sheet

Continence, the bladder and bowel care

Home Name:-	Date scored:-
Scored by:-	Re-score date:-
Overall Score	

Score: A to E	<b>1. Information for residents/ patients/ carers</b> <b>Why score chosen/how justified ?</b>
Score: A to E	<b>2. Residents/ patients/ carers access to professional advice re continence, and bladder and bowel care</b> <b>Why score chosen/how justified ?</b>
Score: A to E	<b>3. Assessment of individual residents/ patients</b> <b>Why score chosen/how justified ?</b>
Score: A to E	<b>4. Planning, implementation and evaluation of care based on the bladder and bowel assessment</b> <b>Why score chosen/how justified ?</b>
Score: A to E	<b>5. Education for assessors and care planners</b> <b>Why score chosen/how justified ?</b>
Score: A to E	<b>6. Promotion of continence and a healthy bladder and bowel</b> <b>Why score chosen/how justified ?</b>

Score: A to E	<b>7. Residents/ patients access to continence supplies</b>	
	<b>Why score chosen/how justified ?</b>	
Score: A to E	<b>8. Education of care deliverers</b>	
	<b>Why score chosen/how justified ?</b>	
Score: A to E	<b>9. A physical and social environment conducive to continence and a healthy bladder and bowel</b>	
	<b>Why score chosen/how justified ?</b>	
Score: A to E	<b>10. User involvement in service delivery</b>	
	<b>Why score chosen/how justified ?</b>	

Notes: