of service patients and service users have the right to expect;

● Developmental standards: these provide a framework for NHS bodies to plan the delivery of services that continue to improve in line with increasing patient expectations.

The directorate of nursing and clinical quality developed an audit tool using six clinical domains (Box 2). These were chosen because of their links to Standards for Better Health. The domains were also areas requiring improvements in some care homes that had been identified through monitoring patterns in complaints.

A stakeholder day was arranged with the local authority, which was supportive of this process. The aim was to inform the care home managers and owners of the proposed contracts and quality schedule that would be introduced by the PCT.

Following the event, a small group of care home managers representing the care home community attended a meeting to agree and finalise the schedule and discuss the audit.

We wrote to home managers informing them they would be contacted by a member of the team to arrange a convenient date for the audit to take place.

In June 2009, the audit began its pilot phase. Following some adjustments to the audit tool, the full study took place between July and October 2009. It involved a visit to 86 homes by a clinical member of staff from the clinical quality or continuing care team.

Five randomly selected sets of nursing notes were audited per home, as well as one set of notes from an admission to the home that had happened in the previous three months. Data was then collected, recorded and entered into a database.

The audit questions were designed to identify whether appropriate risk assessment tools were in use, if care was being correctly planned, implemented and evaluated on a regular basis, and whether correct referrals to specialist services were being carried out for each clinical domain.

The results were scored and weighted and a target of 80% assigned to each domain as a pass mark. We felt this was a fair target to meet within this first year and we could then stretch to 90% in subsequent years.

AUDIT FINDINGS

All home visits were completed by October 2009 and the results were also entered into a database for analysis.

Overall, 21.7% of homes achieved a score of greater than 80% in each of the seven clinical domains, with 78.3% failing to meet a minimum standard on all seven clinical areas.

Of the homes that failed to achieve a pass in all seven domains, 35% passed six domains, 21.4% passed five domains, 10.7% four domains, 14.2% three domains, 10.7% two domains, 3.5% one domain and a further 3.5% failed on all seven domains.

Fig 1 illustrates the variation in the numbers of clinical domains passed by care homes across the county. This ranges from 21% of homes achieving a pass score of 80% or more in all seven clinical standards to 3% of homes not managing to score 80% or above in any clinical area.

Homes were most successful in achieving standards relating to nutrition and hydration (80%), tissue viability (73%), end of life care (78%) and infection control (76%). Over 44% achieved standards relating to dementia and mental wellbeing, 55% achieved standards for prevention of falls and 58% met minimum standards relating to clinical assessments on admission (Fig 2).

STAR RATINGS

The Care Quality Commission rates care homes into four categories with star ratings: 0 is poor; one star is adequate; two are good; and three stars equal excellent.

The audit tool captured the data relating to the star ratings of each home to identify any relationship between the ratings and the clinical standards achieved within each home.

The results identified that, on average, the 0 and one star homes failed to achieve the overall pass rate of 80%, with 0 star homes achieving an average of 67.5% and one star homes achieving 73.3% across all standards. The two and three star homes achieved the 80% score collectively across the county, with two star homes achieving 82.6% and three star homes 80.7%.

TISSUE VIABILITY

Across Derbyshire, 73% of homes achieved the 80% pass mark for standards relating to tissue viability, with those caring for older people and people with learning disabilities performing best overall.

Where a resident did have a wound, there was generally evidence of a care plan in place that met their needs, and a recognised, validated assessment tool had been used. Homes that did not perform well in this area failed to do so because of a lack of regular evaluation of both assessment and care plans.

END OF LIFE CARE

The majority – 78% – of homes achieved the 80% pass mark in end of life care, which required an end of life pathway to be in use. Homes registered to provide care for older people and those with dementia and mental health beds performed best within this domain.

Overall, 91% of homes in the south of the county achieved this standard, which reflects the success of the greater level of support available to them historically through dedicated facilitator posts.

This support is now mirrored in the north areas and, already, homes in Chesterfield can be seen to be benefiting, with a 93% pass rate.

PREVENTION OF FALLS

More than half of homes – 55.5% – achieved the pass mark in falls prevention.

Those for people with learning and physical disabilities performed best overall,