



Basic Health Observations (BHO)

Exceeded
Assured
Partially Met
Not Met

Exceeded
Assured
Partially Met
Not Met

Topic	Statements	Indicators	Original Rating	Evidence	Actions	Deadline	Post Action Rating
Leadership and culture	Evidence of strong, visible leadership on basic health observations and exemplary role modelling from managers and team leaders. This fosters an open and transparent culture that empowers staff to speak up.	Nominated BHO Lead in place (registered provider/registered manager or another with knowledge base)					
		Lead is visible, leads by example and communicates with staff in a supportive way and does not miss an opportunity to promote good practice Escalation pathways in place so that if staff are unsure they can speak to senior colleagues All staff are made aware of and understand individual responsibilities and accountability for BHO Annual statement is made which includes no. of episodes of care; audits undertaken and actions completed; training uptake for staff and programme in place; review and update of policies, procedures and guidance so they remain in date according to national guidance Systems are in place to address poor BHO practice promptly and engage with staff to ensure appropriate BHO practices are adhered to. The nominated individual for the care provider is regularly supervising the BHO lead and ensuring that quality care is implemented Restore 2 workbook or user guide is available in all units and easily accessible to staff Team meetings include BHO on the agenda and evidence of shared learning from incidents					
Training	Staff training, practices and deployment show the provider provides staff with the necessary awareness to detect early deterioration and facilitate appropriate hospital admissions	Registered care managers or nominated individual has attended basic health observation governance for care managers training					
		Nominated staff (recommend 2 per unit if applicable) have had training in BHO and Restore 2 tool Care workers are aware of and discharge their responsibilities in the process of monitoring BHO Manager maintains a record of training uptake and promotes attendance of training within their organisation					
Audit & Surveillance	Audit plan in place with minimum monthly audit of BHO, this includes safe and appropriate use of BHO equipment, utilisation of the Restore 2 tool and following the guidance of the Hertfordshire Escalation tool.	Manager has evidence of audit plan in place against key policies Evidence is available on sustained improvements in BHO practices - What changes have been made following the most recent audit? Do you have a process in place to record and report untoward incidents in relation to monitoring BHO?					
		Manager has an awareness and engages in local incident investigation or post serious incident reviews to enable shared learning					
Policies	Policies are in date and reflect national guidance on BHO and include reference to the management of a patient with COVID-19	BHO relevant policies are available with date issued and review date on document					
		List of policies (not exhaustive) Supervision and maintaining high standards of care Baseline observations on resident admission to care home Routine monitoring of observations of resident Responding to an unwell resident Maintenance of basic health observations equipment					
Maintenance of equipment	Basic health observations kit is maintained correctly.	Basic health observation equipment is stored in a safe and secure manner Basic health observation equipment is cleaned after each use with appropriate detergent Cleaning schedules are evidenced and include all pieces of equipment					
		During outbreaks or for individual case of infection there are procedures for decontaminating the equipment with appropriate products (are products compliant with national guidance) Areas are well ventilated and where possible windows are opened to assist with air changes. Staff understand the safe use of fans in the care setting					
BHO practices	Basic health observations practiced are carried out at a high standard throughout the care provider	Are care staff taking a baseline set of observations on a resident when they are newly admitted to the care home? Are baseline observations and the resident's usual behaviour clearly documented and easily accessible? Are care staff monitoring observations on a regular basis (i.e. monthly)					
		Are care staff utilising the restore 2 tool correctly, and documenting their input appropriately? Are care staff striving to obtain consent and maintain resident's dignity and privacy while Are staff aware of the Hertfordshire Escalation framework and confident using it? Is it easily accessible within the home? Are staff confident and proficient at escalating their concerns to health professionals? Are they able to use the SBARD tool appropriately? Are any issues arising from communication with health professionals recorded and actioned by the BHO lead?					
Staff Health and well being	Processes in place to manage the occupational health needs and obligations of staff in relation to BHO.	Is there a regular supervision timetable in place to make sure that staff are able to raise any concerns regarding BHO? Is there access to a debrief if required for staff in the event of a distressing or adverse event? Are supervisions and debriefs recorded and accessible for both staff and managers? Do staff have access to an Employee Assistance Programme to discuss any concerns externally?					

