

# Abyss Systems

Email: [support@ablyss.co.uk](mailto:support@ablyss.co.uk)

Website: [www.ablyss.co.uk](http://www.ablyss.co.uk)

# CMS Release 8.0

**Abyss Care Management System Release Notes**  
March 2021



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## Release Overview

Information regarding the health and safety of your residents and maintenance of your home is more important than ever.

This release is not just about the highly anticipated Facilities Management module, we have also been busy enhancing the current CMS system to ensure that information regarding your residents and their care is seamlessly provided.

Some of the new features include:

- Assessment Drafts – when recording either an employee or resident assessment a draft copy will be saved to prevent any loss of work.
- Highlighting on the banner whether a resident has allergies or other critical medical information.
- Information field for each question on an assessment. This allows you to explain to your staff why the question is being asked and what the appropriate response should be.
- Redesign of the Accident and Incident logging screen to allow improved follow ups and to restrict access to specific incidents.
- Ability to record to incidents or accidents on the tablet app
- Attachment of relevant documents to a complaint along with the ability to restrict access to certain complaints that are regarding an employee.
- Attachment of documents to the employee training and qualification section.
- New user creation to default lowest security user profile.

## CMS Facilities Management

We have developed a new CMS Facilities Management Module to assist you in organising and planning resources and maintenance tasks required within your facility.

This module covers a broad cross-section of areas. From assets, readings and repairs, through to Health & Safety and Governance all managed through an integrated dashboard.

### Assets

- Manage your asset register.
- Link assets to areas or rooms within your home, residents, or other related assets.

### Readings

- Record readings against your assets.
- From fridge temperatures, to vehicle mileage and meter readings, Aplyss CMS allows you to record and monitor your assets.

### Logbook

- Document ongoing actions around your home.
- From risk management, asset maintenance, and health & safety compliance, the logbook allows you to record entries against a group or specific categories, such as assets or rooms.
- Making use of our bespoke assessments to create templates such as cleaning schedules and maintenance jobs means that you can spot trends and obtain a greater overall insight.

### Repairs

- Record and plan repairs jobs within your home
- A facility to monitor and control repairs from detected faults, maintenance observations, and remedial actions.
- Schedule and assign repairs to a person responsible and, if required, a supplier.

- Provides a workflow from initial job, diagnosis, estimates, scheduling, and job completion.

## COSHH

- Control of substances hazardous to health.
- Provides a clear, comprehensive picture of your COSHH compliance. Schedule reviews of your risk assessments and upload manufacturer safety data sheets.

## Inspections & compliance

- Manage your health and safety inspections.
- Track legal or other compliance related tasks and assign follow-up activities. Attach certificates to seamlessly connect all of your data.

## Suppliers

- Manage your supplier address book and find your approved suppliers easily.
- Linking suppliers to industry categories ensures that you assign the correct supplier to repairs and compliance.

## Tasks

- Schedule and track readings and logbook activities.
- Aplyss CMS allows you to set review dates or create maintenance routines to ensure that important actions, such as cleaning routines, fire safety, and fridge temperatures are never missed.
- With alerts prompting you and showing missed routines, keeping on top of your documentation has never been easier.



### Important Information

- Rather than cover the complete Facilities Management documentation within these release notes a more detailed document has been created covering full use and setup. [View](#)

## Accident and Incidents

The current Accident and Incident wizard has been redesigned. This cuts down on the number of pages of input and groups details into a logical order.



### Key Points

- Label for Witness can now be modified
- Security access rights to limit who may view the incident
- Mandatory body map entry on certain categories
- Simplified review system

## Accident Wizard Redesign

The initial screen will now contain more information relevant to the incident including details. The Security button will allow you select which users can view the incident – See more on [page 11](#).

The screenshot shows the 'New Accident / Incident' form with the following fields and options:

- Report Type:** ACCIDENT
- Category:** Burn
- Recorded For:** Resident
- Resident Name:** Dolly Flowers
- Departure Reason:**  Death,  Transfer / Discharge
- Date Occurred:** 23/03/2021, **Time:** 09:00
- Incident No.:** (blank), with a note: "If blank, a value will be automatically assigned"
- Status Level:** Medium
- Reported By:** Joanne Carter
- Location:** Dining Room
- In Attendance:** John Doe
- Incident Details:** Dolly burnt her and when pouring a cup of tea.
- Security:** Set / Change access rights, Users that can access this record: Everyone

Buttons at the bottom: Cancel, Next, Finish.

Screen 1

Edit Accident / Incident

**Incident Details**

Action Taken:

Cleaned Dolly's hand and assessed if first aid was required

**Medical Details**

Emergency Services Called ?      Time Called:

Admitted to Hospital ?      Date Discharged from Hospital:

Doctor Involved ?

Harborough Field Medical Centre  
GP  
Harborough Field Medical Centre  
Newton Road  
Rushden

Did an injury occur ?

     Details of Injury: burn to hand

1 Body Maps Linked

Screen 2

If you have confirmed that an injury has occurred, you must enter a body map entry. This entry will be linked back to this incident so that when you are reviewing the body map entry you can see where it was added from.



**Edit Accident / Incident**

**Incident Details**

CQC notified      Date:

RIDDOR issued      Date:

Police Involved

Social Services Involved

Relatives Informed

**Equipment Involved:**

**Discharge Details**

Reason for Discharge:       Contact No:

Date of Discharge:       New Address:

Authorised By:

Screen 3

The bottom section of Screen 3 will only be displayed if the resident has been discharged or there has been a death (different information is requested for a death)

**New Accident / Incident**

**Incident Summary**

Name:       Incident Date:       Incident:

Incident Description, Action Taken & injury description

**Future Actions**

**Future / Preventative Action:**

**Follow Up / Final Notes:**

Review Date:       Confirm no further actions required       If this record doesn't require a review, please tick the confirmation box.

Add record to Daily Care        Send summary in a message

(A note will be added to the Resident's daily care notes)

Screen 4 - Final Screen

The Final page contains a short summary of the incident. From here you can set a review date. Only one review date can now be set but every time the incident is reviewed a new date can be set until no further action is required.

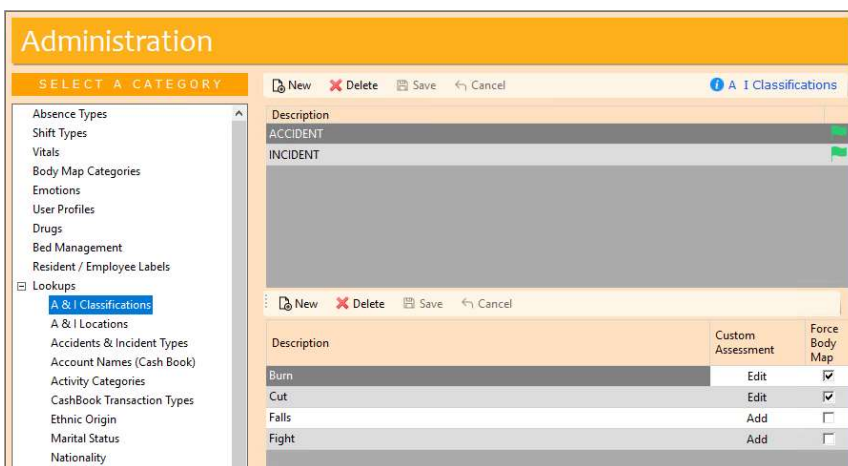
When a review is no longer required, check *“Confirm No Further Actions Required”*

Reviews will appear in the diary and shift handover screen as before, but now the incident record will be loaded, displaying the final screen by default. From here you will be able to view the whole incident, record follow up notes and set a new review date or finalise the record.

## Accidents and Incidents – Link to Body Map

Ability to enforce that a body map is captured when a particular A&I Category is chosen. For example, Burn or Cut.

To enforce a body map entry, go to Admin > Admin then choose Lookups > A & I Classification



While in accidents and incidents if the user does not select *“Did an injury occur”* or add a body map entry they will get the following error message




## Assessment Drafts

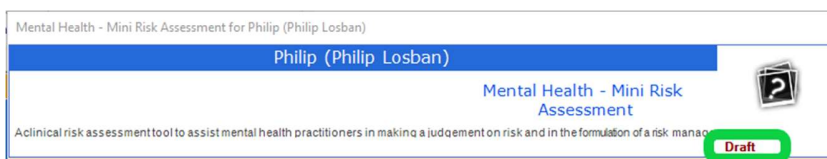
We have added a new feature to the Resident and Employee Assessments, namely Assessment Drafts. A draft assessment is created automatically when you create a new assessment or review an existing assessment. This functionality applies to:

- Employee Review Assessments
- Resident Custom Assessments
- Resident About Me Assessments

As you are capturing an assessment it will automatically be saved as a draft every 2 minutes. This will enable you to exit and continue the assessment at a later stage.

 **Key Points**

- As you are capturing an assessment it will automatically be saved
- An assessment may NOT have more than one draft
- Draft assessments will not be displayed on the Touch or Tablet applications.



When you first go into the assessment the top right hand will display that the assessment is in draft mode.

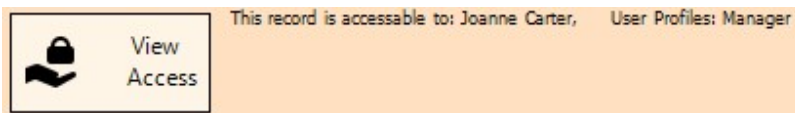
You can exit the assessment at any time and the draft version will be available to continue at a later stage. Any assessments that have a draft will be prefixed with *\*Draft\** before the assessment name.

	Model	Date Tested
	Waterlow	13/05/2011
	FRASE - Falls Risk Assessments	05/02/2019
	Initial Care Plan Assessment	13/05/2011
	<i>*Draft*</i> Mental Health - Mini Risk Assessment	28/04/2021
	Client Moving And Handling	13/05/2011

## Specific Record Permissions

In some sections, additional security can be added to limit the users that can view the record. Traditionally this could only be done at the User Profile level allowing only users within a given profile(s) to view a record.

This feature has been extended to new sections and has also been improved to allow you to specify access at both the individual level and / or a user profile level



### Key Points

- Security Record Permissions work in conjunction with the user's access to the system. A user's access to a module takes precedent over the record permissions. So, if a user does not have access to the Employee Reviews module the record permissions are redundant for that user.

This security feature has been included in the following:

#### **Employee Reviews**

The default access is Manager and the Employee.

#### **Employee Assessments**

New option. The default access is Everyone.

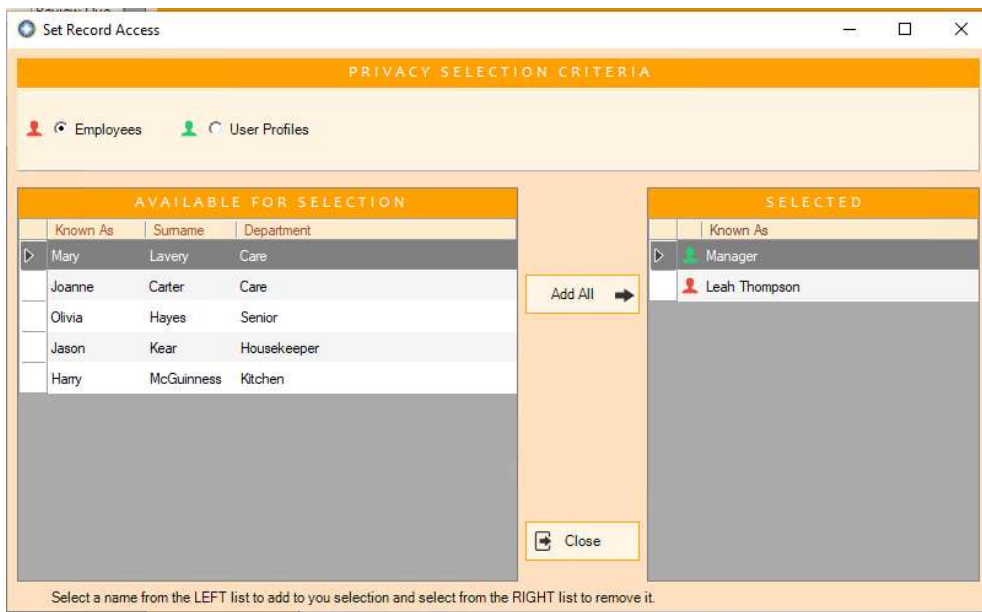
#### **Accidents and Incidents**

New option. The default access is Everyone.

#### **Home Complaints & Suggestions**

New option. The default access is Everyone.

To amend the access, click on View Access. You can then select multiple employees and user profiles that may view the record.



After selecting who can view the record, their names / user profile will be displayed against the record.

## Reports

### **Admin Resident Reports**

Previously the reports were set to print in surname order. This has been amended to print in the same order that you have specified for the resident module

### **Size 16 Font Reports**

The review date size has been increased

### **Bradford Scores Report**

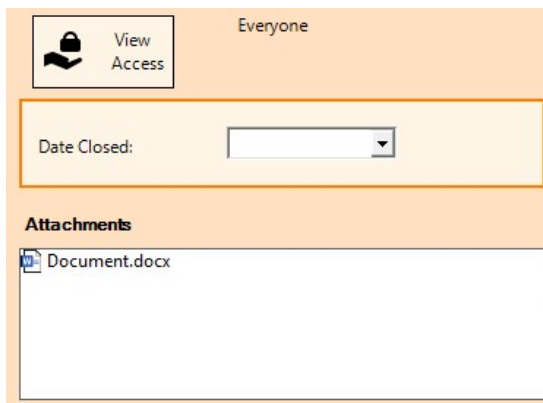
The report for all employees now prints all employees instead of only those that have had absences during the period. This enables a complete picture of absences within the home.

## CMS Desktop Changes

We have made the following changes, which originated from your suggestions on improving the CMS system. Your requests enable us to continually evolve the CMS system, thereby ensuring that your needs are always met.

### Complaints

- You can now attach documents to a complaint.
- Restrict the view access of a complaint (see [Specific Record Permissions](#))



### Observations

You will be warned when adding a note to a resident when a resident is absent from the home (e.g. in hospital)

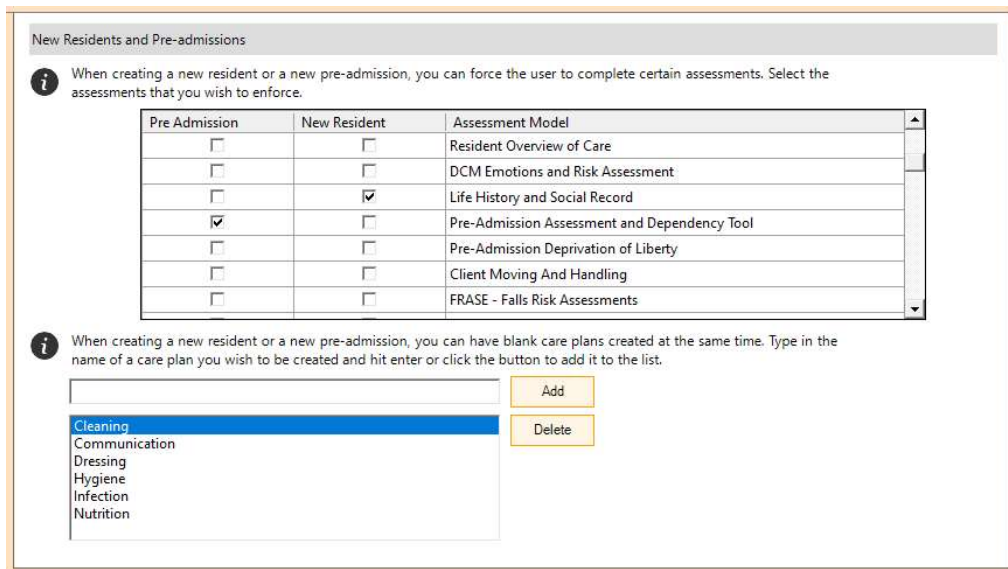
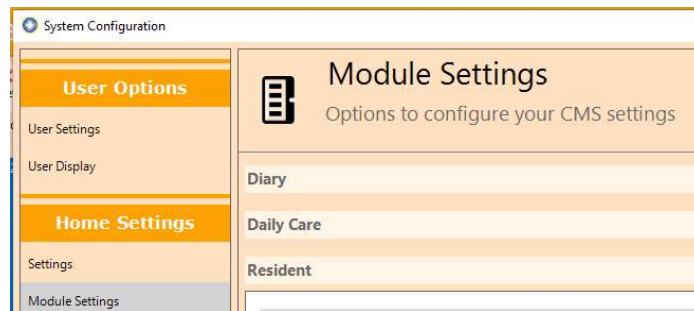
### Additional Attachments

Including attaching to the complaints we have added the ability to attach documents to Employee training area and their qualifications.

### Care Plans

When creating a new resident or pre admission, you can have blank care plans created at the same time.

In Tools > Settings then choose the Resident module in the Module Settings



## Security


When creating a new user, the default user profile will be set to the lowest access rights if not otherwise specified.

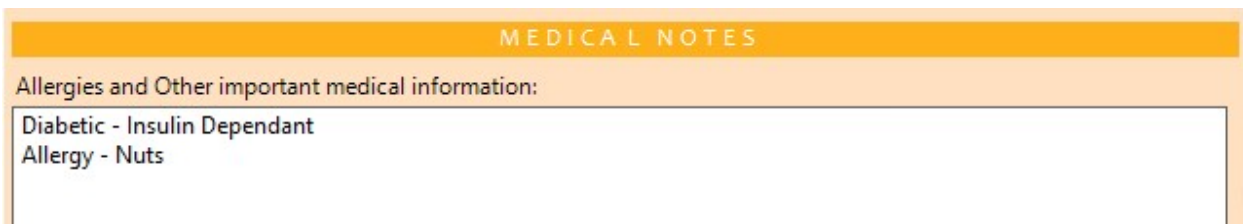
## Employee Logbook

Ability to add an attachment to the logbook area



## Resident Banner

Display red cross  icon on the resident banner to highlight that a resident has allergies and/or other important medical information as entered in residents' medical notes.

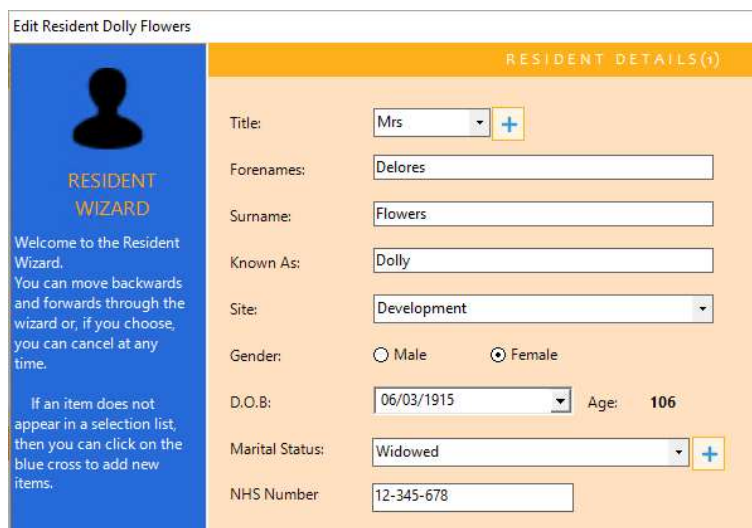


The details of the medical notes will display when you hover your pointer over the red cross icon.



## Resident Details - NHS Number

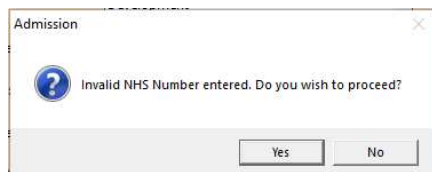
An additional field for NHS Number has been added to the resident details. This can be captured on the first screen of the resident details when editing an existing record or capturing a new record.



The screenshot shows the 'Edit Resident Dolly Flowers' form. On the left is a blue sidebar with a 'RESIDENT WIZARD' logo and a welcome message. The main form area is titled 'RESIDENT DETAILS (1)'. It contains the following fields:

- Title: Mrs (dropdown with a blue cross icon)
- Forenames: Delores (text input)
- Surname: Flowers (text input)
- Known As: Dolly (text input)
- Site: Development (dropdown)
- Gender:  Male  Female
- D.O.B: 06/03/1915 (dropdown) Age: 106
- Marital Status: Widowed (dropdown with a blue cross icon)
- NHS Number: 12-345-678 (text input)

The NHS Number has a validation as per NHS specifications. The user will be warned if an incorrect NHS number has been input, but it will allow you to continue.



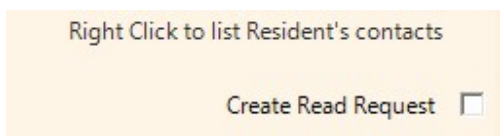
## Please Note

- Older NHS Numbers may not conform to the new NHS number validation.

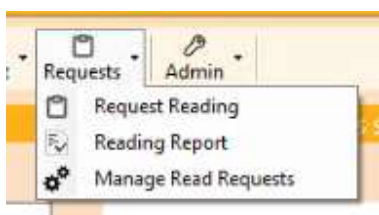
If you already have NHS number in use elsewhere, the information will be automatically copied across to the new field giving you the option to reuse it for another purpose

## Risk Assessments

Ability to create read requests within a risk assessment.



The read requests for an existing risk assessment can be maintained and managed via the risk assessment toolbar option Requests



## Assessments Question Information

New "Question Information" field allows you to enter further guidance for a question.

This can be entered via the User Defined Assessment Wizard

**QUESTIONS**

Question: Dressing appropriately

Short Question:

Show Question on Summary Page?

Question Info: Did the resident choose clean and appropriate clothes

When capturing an assessment, the question will display the blue information icon. If the user clicks on this icon the additional question information will be displayed.

**Getting up & dressing**

8) Dressing appropriately i

Dolly chose clean appropriate clothes this morning

Dolly needed prompting to change out of nightwear this morning

**8**  
Did the resident choose clean and appropriate clothes

## Assessment and Touch Assessment Vitals Link

Short answer for multiple options links to vitals

**ANSWERS**

New Delete

- SS had a cup of tea mid-morning
- SS had a cup of coffee mid-afternoon
- SS made/poured own drink mid-afternoon

Answer: SS had a cup of tea mid-morning

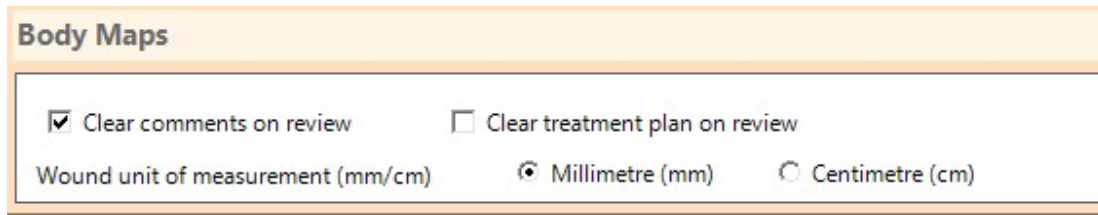
Short Answer: 250

*Ex 'Washed' or 'Not Washed' in relation to an answer about washing.*

## Body Maps – Unit of Measure

Ability to amend the unit of measure on the body map from mm to cm

In Tools > Settings – choose Module Settings then Body Map



**Body Maps**

Clear comments on review       Clear treatment plan on review

Wound unit of measurement (mm/cm)       Millimetre (mm)       Centimetre (cm)

The default unit of measure will remain at millimetre.

## Employee NHS Number

As per the resident module, there is now a dedicated field for an NHS Number. This can be entered when you edit an existing or add a new employee. The NHS number is entered on the 'Employment Details' panel of the wizard and displayed under the employee Basic Information.

## CMS Touch Changes

### Resident Banner

- Allergies and other medical information are displayed when you hover your mouse over the red cross icon. This icon will only be visible if allergies / other medical information has been entered for the resident.



### Adding a Note

- Warn the user if the resident is in hospital before adding a note (as per desktop version)

### Care Plans

- Ability to view attachments

### Security

- Ability to switch between manual Login or domain Login via 'Click to Switch Screens'



## **Personal Diaries**

A user may only view entries relating to themselves or entries that they can view.

- Resident activities will only be displayed if the logged-on user has access to the respective resident's diary.
- Employee activities will only be displayed if
  - either the logged-on user is the person that the activity is written against.
  - or you are the supervisor for that employee

## **Assessment**

- Ability to set assessments as read when a read request has been sent

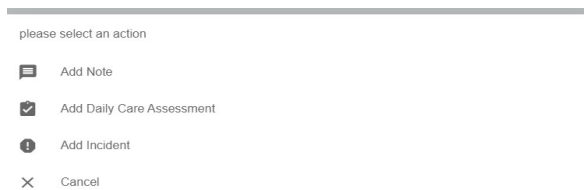
## CMS Tablet App Changes

### Assessment

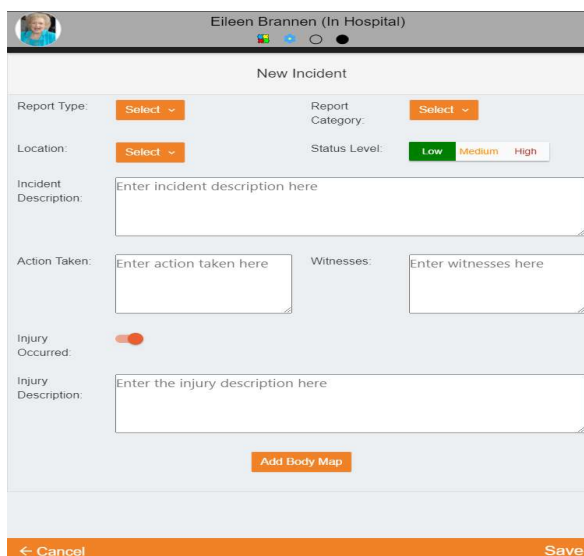
- Display of comments
- Ability to declare read requests for custom assessments
- Ability to set the assessment as read from either the message you receive or the assessment itself

### Accidents and Incidents

Ability to add a new incident on the tablet.



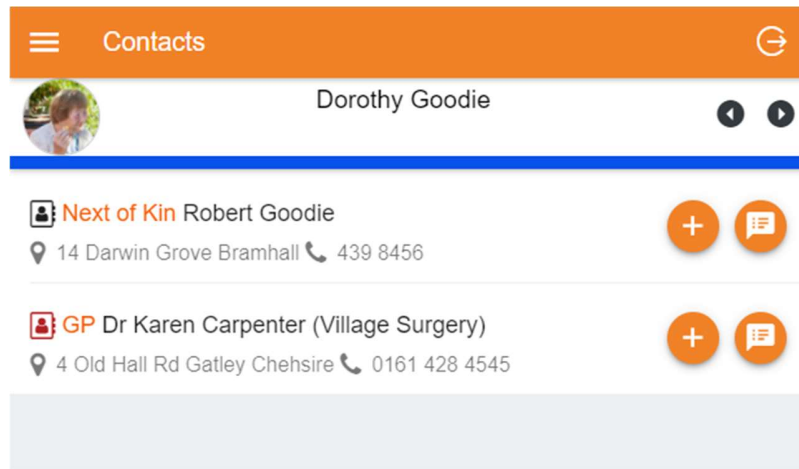
You can add an incident via the same screen as a daily care note.



Ticking "Injury Occurred" will allow you to add in the injury description and add a body map linked to the incident.

## Contacts

Medical contacts icon is now displayed in red




## Daily Care Notes - Medical Notes

A new drop down has been added to the Daily Care Notes screen which will enable you to select a contact to link to the note. A red icon next to the name indicates whether that contact is a medical contact.



# CMS RELEASE 8.0



 Dorothy Goodie

New Daily Care Note

Subject  Emotion

Contact  Importance

Enter note

-  Robert Goodie
-  Dr Karen Carpenter