

Appendix 12: Care and Support in a Care Home (with and without Nursing) Quality Monitoring Standards

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STANDARD 1: Provider Service Information

SERVICE USER FOCUSED OUTCOME

Service Users have the information they need to exercise informed choice about where to live and have the opportunity to visit and assess the quality, facilities, and suitability of the home prior to admission.

- a) An introductory visit for individuals, their family or friends shall be facilitated upon request.
- b) A trial period shall be facilitated where there are significant reasons for the Commissioning Partners to request it.
- c) People living in the home will have private single accommodation (unless shared accommodation is requested by choice) which they call their own to use as and when they wish. Service Users are offered a choice about the nature of the room e.g. furnishings and the ability to lock their room and lock up personal belongings.
- d) People will be encouraged to bring personal possessions into the care home, including small items of furniture where practical, arrangements are in place for the recording of people's property and secure storage for valuables and the person and/or representative is informed of the level of insurance.
- e) The Provider's written statement of Service Users Guide will clearly declare the client group/s that it caters for and will therefore state how it intends to meet those specific needs in terms of aids and adaptation. The statement will include what Service Users can expect by way of quality and how the provider can show they are achieving this.
- f) The Provider will declare the full range of what is available within the service to assist people to decide if the care home is right for them (e.g. indoor and outdoor facilities, social and community activities, cultural aspects, opportunities for education or work, recreation and leisure, IT and electronic communications).
- g) The Commissioning Partners' Dorset Care Framework Agreement and Specifications takes precedence over the home's own Contract.

STANDARD 2: Pre-admission Assessment/Needs Assessment

SERVICE USER FOCUSED OUTCOME

Service Users are only admitted on the basis that the home has carried out a comprehensive pre-admission assessment in order to demonstrate that they can meet their assessed and ongoing needs.

- a) New Service Users, including those receiving short periods of respite, will be admitted only on the basis of a full and holistic assessment undertaken by a competent person to satisfy themselves that the service can meet the needs and wellbeing outcomes relating to the level of care they require. Such assessments will involve the prospective Service User, his/her representatives (if any) and relevant professionals.
- b) Upon admission, a further person-centred detailed assessment will be undertaken by the Provider to determine the Service User's self-care and functional abilities, physical, emotional, social, mental health, and spiritual needs.
- c) Where, during the period of stay a significant change in the level of need or service arises for an individual Service User, the Provider shall inform the responsible Commissioning Partner within 24 hours. A re-assessment of the individual's needs shall then be undertaken by the Care Manager and/or District Nurse.

- d) Where an admission has been agreed by the Provider as an emergency, the full assessment will be completed within 48 hours of the admission.
- e) Any additional resources needed to meet a Service Users' needs will be recorded.
- f) If provided, Provider's assessments will be based on the responsible Commissioning Partners' assessments and care/support plans.
- g) The requirement for Deprivation of Liberty Safeguards will be identified and referred to the Local Authority.
- h) The Provider shall record what accommodation is accepted by the Service User and any change must be agreed by the Service User and/or their representative and notified to the responsible Commissioning Partner.
- i) The Provider shall keep a register of all Service Users within the home including room numbers, funding authority, next of kin and General Practitioner details. Such information must be kept up to date and be accessible upon request by the Commissioning Partners in the event that this is required.

STANDARD 3: Care/Support Planning/Person Centred Care and Record Keeping

SERVICE USER FOCUSED OUTCOME

Service Users' ongoing health and social care needs are set out in individual person-centred care/support plans. Service Users' rights and best interests are safeguarded by the provider's record keeping policies and procedures.

- a) Following a comprehensive assessment, individual risk assessments will be undertaken and person centred care/support plans produced for all identified and potential needs (i.e., where there is a potential for the Service User's needs to change as a result of their condition changing or deteriorating).
- b) Care documentation will follow the process of assessment, planning, implementation, and evaluation and provide clear, concise, and directive information that reflects the care required to meet the Service User's individual needs. Care/support plans shall include goals for independence and maintaining Service Users' abilities. Care/support plans and risk assessments will be reviewed as a minimum monthly or as and when the Service User's needs change.
- c) All documentation will be concise and accurate and nursing documentation will meet Nursing Midwifery Council Guidelines for Record and Record Keeping.
- d) All records, including care records, daily records and charts must be made contemporaneously and chronologically and be legible to the reader.
- e) All documentation will be evidence based and reflect underpinning evidence-based nursing knowledge, legal requirements, and relevant and current clinical guidelines both nationally and locally.
- f) Service Users and/or their representatives, including advocacy support, must be involved in the production of care/support plans, and invited to attend care review meetings. Care/support plans will explicitly identify whether the Service User has consented to the plan or whether they lack the capacity to do so. If this is the case, documented evidence will demonstrate how a best interest decision was made.
- g) Service Users will have access to their records and information held about them by the provider.
- h) All individual records will be stored in a secure place. Records will be up to date, adhere to professional record keeping standards and be constructed, maintained, and used in accordance with the GDPR (General Data Protection Regulation) 2018 and other statutory requirements.

- i) The provider will undertake monthly audits of care/support planning and record keeping in order to demonstrate the accuracy, quality, and consistency of information, measure the outcomes of care and ensure that risks to Service Users are minimised.
- j) The provision for a range of equipment necessary to meet individual needs shall allow for variations in height, weight, and size of individuals. Risk assessments will be completed by a competent individual, implementation will include a demonstration of the use of equipment, reducing risks as far as possible. Service Users are to be included in the assessment, where practicable to support understanding of how and why equipment is used. Care will be taken to ensure a person's privacy and dignity is maintained.

STANDARD 4: Meeting Needs and Outcomes/Continual Evaluation/Review

SERVICE USER FOCUSED OUTCOME

Service Users and their representatives know that the home they enter will endeavour to meet and continue to meet their needs and agreed outcomes.

- a) The Provider will be able to demonstrate the ability to manage and respond to the assessed needs and outcomes of Service Users living in the home to ensure they receive the appropriate care, support, and treatment in a timely manner.
- b) Documentation and measurable outcomes will be maintained to clearly evidence the continual evaluation and review of Service Users' needs.
- c) The Provider will ensure that staff individually and collectively have the skills, experience, and qualifications to deliver the services and care which the home reports it will provide.
- d) Specialised and appropriate services, including specialised equipment will be offered and provided where relevant.

STANDARD 5: Intermediate Care and Interim Care

SERVICE USER FOCUSED OUTCOME

Service Users assessed and referred solely for intermediate care or interim care are helped to maximise their full potential before moving on to their permanent home.

- a) Where Service Users are admitted only for intermediate care, dedicated accommodation will be provided, together with specialised facilities, equipment, and staff, to deliver short term intensive rehabilitation and enable Service Users to return home.
- b) Where Service Users are admitted only for interim care, they will be people who have received care by a hospital trust and are medically stable for discharge.
- c) Service Users will either be discharged because they are waiting for their community care package, permanent residential placement or nursing home placement to be put in place or arranged or because they require a more in depth and on-going assessment of their circumstances or the agreement of their assessment by the Commissioning Partners which includes but is not limited to:-
 - Need for long term residential or nursing home care
 - Assessment of mental capacity for specific decisions related to their care
 - Resolution of family issues
 - Safeguarding concerns surrounding the Service User's departure.

- d) Service Users will receive occupational therapy and physiotherapy from the Trust as appropriate to maintain their level of function and the Provider will co-operate with these therapy services being delivered at the care home.
- e) Service Users care/support plans will adequately reflect the programme of rehabilitation or the requirements for achieving independence outcomes.
- f) Staff will be trained in the necessary skills and knowledge to meet the identified outcomes for intermediate/interim care.

STANDARD 6: Provision of and Access to Health and Social Care

SERVICE USER FOCUSED OUTCOME

Service Users receive appropriate evidence-based health and social care and have access to community services and specialist input to meet their assessed needs and maximise their health, independence, and wellbeing.

Service Users' health, independence and wellbeing will be promoted, monitored, and maintained and access will be provided in a timely manner to relevant primary care and specialist health and social care services to meet assessed individual need.

- a) Service Users' physical, psychological, and mental health will be proactively monitored, and early preventative and restorative care provided or arranged in order to improve health, promote independence and wellbeing, and maintain their quality of life including: -
 - Tissue viability and the management of wounds
 - Continence management including the management of urinary catheters and stoma care
 - The management of malignant and long-term chronic diseases, including, Ischaemic Heart Disease, Stroke/TIA's, Diabetes, Chronic Airways Disease and

Asthma, Parkinson's Disease, Multiple Sclerosis and Huntingdon's Disease

- Health promotion, screening, and preventative care
 - Infection prevention and control
 - Maintenance of mobility, functional ability and falls prevention
 - Pain management
 - End of life care
 - Nutritional screening and support including the management of Service Users who suffer with dysphagia or require PEG feeding
 - Oral health care including preventative care where the individual needs Carer support and access to appropriate dental services.
- b) Service Users and/or their representatives are involved in decision making around care and health intervention.
 - c) Community nursing and other specialist care such as Infection Prevention and Control Specialist Nurse, occupational therapy services, falls prevention, continence advice, tissue viability, dietetic services, pharmacist, diabetic liaison, community dental services, optometrist, physiotherapy, epilepsy nurse, in-reach mental health and learning disability services, speech and language and specialist palliative care will be available to Service Users based upon individual needs led assessment and will be accessed in a timely and co-ordinated manner.

- d) Service Users shall have access to specialist health and social care aids and equipment according to assessed need and staff will be trained and assessed as competent in the safe usage of this equipment.
- e) The service will provide all assessed continence products which will be provided at no additional charge.
- f) Service Users will have regular health checks including specialist and medical reviews of their health and medication and proactive screening and management of chronic disease processes.
- g) The Provider will facilitate where appropriate access to assistive technologies/ telehealth equipment in order to improve the functional ability of people with long term conditions and support them to manage their condition and promote independence.
- h) Service Users shall be supported to access transport to appointments and accompanied by a member of staff if they wish or where there is no other preferred option for Service Users.
- i) Registered Nurses will have the skills to recognise when a Service User is clinically deteriorating and seek timely, active treatment, where appropriate.
- j) Registered Nurses will be competent in the recognition of medical emergencies, to provide first aid and basic life support in the event of: -
 - Cardiac or respiratory arrest
 - Choking
 - Severe anaphylaxis
 - Acute heart failure
 - Myocardial infarction
 - Stroke/TIA
 - Fits/seizures
 - Diabetic hypoglycaemia and hyperglycaemia
 - Head injury
 - Traumatic wounds and burns
 - Fractures
 - Haemorrhage
 - Falls.

STANDARD 7: Meeting Communication Needs

SERVICE USER FOCUSED OUTCOME

Communication with Service Users is conducted in a way that maximises their independence, choice, control, inclusion, and enjoyment of rights.

- a) Communication both verbal and written will be conducted in a way that is understandable to the Service User and in a way in which they can make themselves understood. Service Users say that the way they are communicated with makes them feel better about themselves.
- b) The communication needs of everyone will be identified and include recognition of visual, hearing, and cognitive difficulties. The Provider will ensure they find sources of information and advice and understand how to deal with any dilemma relating to communication.
- c) Communicating in inclusive ways will be dependent upon: -
 - An Individualised care/support plan using accurate information on how to get communication right for each Service User. This may be in the form of a communication passport

- Staff awareness and knowledge of a range of resources that support inclusive communication approaches, e.g. Total Communication, Intensive Interaction amongst others
 - Having and using a range of resources that support inclusive communication
 - Enabling the use of digital media e.g. SKYPE or other similar communication method
 - Support from management and senior staff
 - Use of relevant external support when required, e.g. Speech and Language Therapy
 - Understanding primary language if English is not the individual's first language.
- d) The Provider and staff will communicate and provide written information in a format that each Service User and/or their representative can understand.
- e) Service Users will be supported to interact with others and express themselves.
- f) The Provider shall adapt and facilitate activities, meetings, menus, and feedback and complaints procedures in order to include Service Users.
- g) Referrals will be made to advocacy services where this is necessary.

STANDARD 8: Medication Management

SERVICE USER FOCUSED OUTCOME

Service Users are protected and supported by the provider's policies and procedures for the management and administration of medication.

- a) The Provider will have clear policies and procedures which demonstrate recognised best practice.
- b) The policies will make it clear who is accountable and responsible for using medicines safely and effectively in the care home. The policies will be evidence based and include the principles of: -
- Sharing information about a Service User's medicines including when they transfer to another care setting
 - Accurate and up to date recording keeping and MAR charts
 - Identifying, reporting, and reviewing medicines-related problems
 - Keeping Service Users safe (safeguarding)
 - Accurately listing a Service User's medicines (medicines reconciliation)
 - Medication review
 - Safe handling of medicines and controlled drugs including ordering, storage, and disposal
 - Self-administration
 - Care home staff administration of medicines including 'when required' medication
 - Staff training and competence requirements
 - Covert administration
 - Homely Remedies/Minor Aliments
 - Palliative care
 - Verbal orders
 - Administration via a feeding tube
 - Correct use of infusions and injection devices in care homes with nursing ☒
Monitored Dosage Systems and Compliance Aids.
- c) In care homes with nursing, responsibility for medicines administration may be delegated to care staff who will be appropriately trained and assessed as competent. Registered nurses will remain accountable for medicines administration in the home and should provide supervision to care staff undertaking the task.

- d) All Registered Nurses and other relevant staff will complete a medicines management assessment as part of the induction process and provide evidence of ongoing continuing professional development in medicines management.
- e) The Provider will regularly assess and provide documentary evidence of the competency of all Registered Nurses and other relevant staff in the management of medication to ensure that practices are compliant with the standards outlined in the policies and procedures.
- f) Information and advice will be sought from the pharmacist, where appropriate, in relation to administering, monitoring, and reviewing medication.
- g) The Provider will ensure that they have an up to date list of past and present medications for each Service User immediately the service begins.
- h) The Provider will support Service Users to take medicines independently or administer medicines when they are unable to do so.
- i) Records should include details of any capacity assessments and Best Interest decisions made on behalf of any Service User lacking capacity to consent to medication.
- j) Any arrangements for covert medication must be made in accordance with Mental Capacity Act guidance and clearly documented.
- k) Self-administration will be undertaken within a risk management framework and suitable lockable facilities provided.
- l) Service Users' medication will be reviewed with their General Practitioner six monthly or more frequently as required.
- m) Medication Administration Records (MAR charts) will be audited monthly to provide an audit trail of stock control and storage of medicines including monitored dosage systems and evidence that correct procedures have been followed.
- n) Additional audits will include monitoring the administration, recording and disposal of medicines. Audits should be robust and comprehensive and identify that measures are in place to ensure safe practice such as: -
 - The use of photographs to identify that medicines are being administered to the right person
 - Specimens of staff signatures to identify care staff or the Registered Nurse responsible for the administration of medication
 - The correct and accurate completion of MAR charts
 - Satisfactory procedures for transcribing medication onto MAR charts and recording dosage changes onto MAR charts which include obtaining countersignatures from another registrant or competent health professional.
- o) The Provider will monitor the effect of each Service User's medication and take action if their condition changes including side effects and adverse reactions. In addition to this requirement, the Provider will ensure Service Users taking anti-psychotic medication are reviewed to assess for benefit within four weeks of antipsychotic initiation.
- p) The Provider shall have arrangements in place to record and report drug related incidents including findings of their service review and lessons learnt in order to reduce the risk of repetition.
- q) Service Users will be notified of any errors in relation to the administration of their medication or their representative.
- r) Records should be maintained to reflect the safe disposal of medication.

STANDARD 9: Privacy, Dignity and Respect

SERVICE USER FOCUSED OUTCOME

Respect towards Service Users means they are supported and treated in a way that makes them feel better about themselves.

- a) The Provider will promote a culture that reflects and demonstrates that Service User privacy, dignity and respect is embedded in the beliefs and values of the service. Service Users will say they exercise choice and control and feel better about themselves because of the way they are treated.
- b) Consent will be obtained from Service Users for each action that affects them.
- c) There will be suitable facilities available and staff practices will enable modesty and protect privacy at times that are important to individuals and particularly when supporting them with their continence needs and when bathing and dressing.
- d) Staff will uphold Service Users' right to confidentiality and the protection of personal information relating to communication (verbal and written) and recording.
- e) Service Users will be cared for in a polite and courteous manner and agreement will be reached with them regarding how they would prefer to be addressed.
- f) Care and support will aim to exercise choice and control and promote the Service User's self-confidence, self-esteem, sense of belonging and wellbeing, and maximise their individual abilities.
- g) Service Users will be treated as individuals, receiving a personalised service encouraging choice and control. They will be listened to and supported to express their needs and wishes.
- h) Staff will not make judgemental statements about the lifestyle or standards of any Service User, either in verbal or written communication.
- i) Service Users will be facilitated to make and receive personal phone calls in private. This will include provision for those who are unable to use a phone independently.

STANDARD 10: Autonomy, Choice, Independence and Fulfilment

SERVICE USER FOCUSED OUTCOME

Service Users are assisted to express informed choice and control over their daily lives and supported in maintaining their personal identity, individuality, and independence.

- a) Service Users shall be encouraged and promoted to make independent choices as individuals in order to determine their needs, beliefs, culture, preferences, and values.
- b) Service Users shall make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions.
- c) A Service User's ability to make their own decisions will be assumed unless demonstrated otherwise in accordance with the requirements of the Mental Capacity Act (2005) Service Users shall have the right to think and act without having to refer to others, including the right to say no to help.
- d) The provider will ensure that all staff understand how the Service User's right to autonomy, choice, independence, and fulfilment is maintained within the context of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.
- e) Service Users will identify the circle of people to be involved in their life (e.g. partners, relatives, friends) and state how they would like them involved. This circle of people will be provided with adequate and timely information so they can be involved in accordance with the Service Users' wishes.
- f) Service Users and/or their relatives and friends shall be informed of how to contact external agencies (e.g. advocates), who will act in their interests.

STANDARD 11: Rights

SERVICE USER FOCUSED OUTCOME

Service Users' legal rights are respected, protected, and upheld.

- a) Service Users are individuals, irrespective of their living situation. They retain all their legal rights and entitlements as individuals when they enter a care home and shall be helped to exercise those rights. This includes participation in government elections and other civil processes.
- b) Service Users shall be assisted to exercise their right to be a full citizen in whichever way they choose.
- c) Service Users' rights will be written into the Provider's statement of values, aims and objectives.
- d) Service Users will have formal mechanisms to be consulted about the running of the home.
- e) Service Users will have the right to take risks. Risk taking is a normal part of everyday life, so Service Users shall be involved in agreeing any controls or interventions that may be put in place. Risks shall be fully assessed and reasons for actions clearly documented.
- f) Referrals shall be made to Independent Mental Capacity Advocates where appropriate.
- g) The principles of the Mental Capacity Act 2005 and the Deprivation of Liberty

Standards will be upheld by staff working with Service Users who lack capacity.

STANDARD 12: Diversity, Equality, and Individuality – Expression of Beliefs

SERVICE USER FOCUSED OUTCOME

Service Users live in an environment that is committed to promoting a culture which respects diversity, equality and individuality and their experiences reflect this commitment.

- a) The Provider will understand and be committed to promoting a culture for both Service Users and staff which reflects and demonstrates that diversity, equality, and individuality is embedded in the beliefs and values of the service adhering to the Equality Act 2010.
- b) A strategic approach will be adopted by the Provider in delivering education to staff so that they understand the: -
 - Organisation's aims and objectives
 - Relevant policy provisions
 - Difference between acceptable and unacceptable behaviour
 - How personal attitudes and values can affect behaviour
 - Role they play in making the management of diversity a reality ☑ Meaning of cultural diversity
 - Meaning and impact of discrimination in the workplace.

STANDARD 13: Dementia/Mental Health

SERVICE USER FOCUSED OUTCOME

Service Users whose emotional or mental wellbeing are affected by memory or cognitive impairment or similar condition are assured that the care and support they receive promotes their quality of life.

- a) People with cognitive impairment or mental health problems frequently experience emotional and perceptual changes resulting in depression, anxiety, and disorientation,

which may also affect their normal pattern of behaviour and functional ability. People with a diagnosis of dementia, experience a progressive decline in multiple areas of functioning including memory, reasoning, communication skills and the skills needed to carry out daily activities. Some people may develop behavioural and psychological symptoms such as depression, psychosis, aggression, withdrawal and 'walking with purpose', which may complicate care and can occur at any stage of the illness.

- b) The Provider shall ensure staff are aware of difficulties experienced by Service Users relating to emotional and perceptual changes, depression, anxiety, and disorientation, which may also affect their normal pattern of behaviour and functional ability.
- c) Symptoms of aggression, confusion and disorientation may be the result of dementia or mental disorder of a delirium/toxic confusion state due to infection, dehydration, constipation, or the side effects of medication. Providers shall monitor these aspects to assist with differentiating between symptoms and Service Users shall be referred to a General Practitioner for a specialist mental health assessment, diagnosis, and treatment as necessary.
- d) Care and supporting planning shall take account of the impact of these symptoms and direct staff how to meet Service User outcomes and needs.
- e) Staff shall accept and uphold Service Users' sense of reality from moment to moment and respond in a way that is meaningful to them and support them to safely express themselves.
- f) Interrupting a Service User's sense of reality shall only occur if their wellbeing, or the safety of another, is likely to be adversely affected, and the least restrictive interruption shall be used.
- g) Staff shall monitor for changes by Service Users and look for behavioural cues that may indicate a change being required in the way care and support is provided or a deterioration that may require a referral to the General Practitioner or mental health service.
- h) The provider shall ensure staff work as part of any multi-agency team to support the Service Users to include effective liaison with primary mental health services and the Service Users' General Practitioner.
- i) Providers shall recognise when their service may need additional support or a more specialised service to meet the needs of Service Users and refer this to the responsible Commissioning Partner for a review to be instigated in a timely manner.
- j) The Provider shall adapt the physical layout and facilities, day to day routines and staff culture within their service so it allows for a suitably flexible and stimulating environment for each Service User and supports their individuality, their sense of reality, and their mental and emotional wellbeing.
- k) The layout and facilities will help Service Users to understand and make use of all spaces and facilities and support Service Users' abilities, limit the impact of their disabilities, and minimise confusion and distress.
- l) Security and other safety arrangements for the building, garden and other areas and activities will mean that Service Users freely use facilities whilst being protected from harm.
- m) The Provider shall organise staff to allow time for supporting Service Users in groups or one-to-one to include, where relevant, connections to social network, community facility or external environment that is meaningful to them. Evidence of this shall be clearly recorded.
- n) The Provider shall arrange for the physical environment, daily routine and the way staff behave to uphold the mental and emotional wellbeing of Service Users to include reducing barriers and separation.
- o) The Provider shall differentiate between symptoms of aggression, confusion and disorientation which may be the result of a delirium/toxic confusional state due to infection,

dehydration, constipation, or the side effects of medication. This will rely on registered nurses where relevant or other medical advice being sought.

- p) The Provider shall organise staffing to ensure that the following practices are carried out competently: -
- Interpersonal skills in communication including non-verbal
 - Adapting own behaviour to promote relationships
 - Build meaningful interactions to include promoting empathy and unconditional positive regard, maintaining Service Users' personal world, identity, personal boundaries, and space
 - Recognise the signs of anxiety and distress resulting from confusion, frustration or unmet need and respond by understanding the events the Service User is experiencing and diffusing their anxiety with appropriate therapeutic responses
 - Monitoring and effectively reviewing the effects and side effects of anti-psychotic medication
 - Meaningful occupation/activities and stimulation as a part of effective therapeutic intervention and care and avoiding isolation. Understanding the changing nutritional care needs of those with dementia and providing services and support in a flexible, person-centred manner
 - Being flexible about the physical layout, facilities, and routines
 - Effective management of behaviours that challenge and how agitation and aggression is a method of communicating unmet need
 - Risk assessment and management, emphasising freedom of choice and reasonable risk taking
 - Promoting social and community networks and relationships.

The Provider will ensure that staff have the necessary training, skills and knowledge of Service Users' individual needs and behaviour in order to deliver effective person centred care. Dementia Awareness training, as a minimum, is included as part of staff induction.

- q) The home has a lead, for example a Dementia Champion, to role model, coach and embed training into practice, and to monitor the quality of dementia care.

STANDARD 14: Managing Challenging Behaviour

SERVICE USER FOCUSED OUTCOME

Service Users who present behaviour that challenges services are supported in a way that helps them to communicate and to safely deal with situations they find difficult.

- a) The Provider shall ensure the application of good practice that focuses on person centred and positive support to Service Users whose behaviour challenges, services and ensure staff are suitably trained and competent in those practices.
- b) Behaviour support shall be planned in a way that reduces the likelihood of challenging behaviour happening, identifies early warning signs and shows how to support Service Users in a way that suits them.
- c) The plan shall consider all aspects of the Service User's life to include how meeting their support and care outcomes and their physical, mental, social and emotional wellbeing has an impact on their behaviour.
- d) Interventions used shall be the least restrictive possible and any physical restraint and medical intervention shall be a last resort.

- e) The plan will be based on a “Functional Assessment” carried out by a clinical psychologist or behaviour specialist or, if a functional assessment has not been done, the plan will identify what behaviours need to be addressed based on what is important for the Service User and an assessment of risk. An understanding of the reasons for these behaviours shall be determined with the Service User and others involved in their life.
- f) Service Users shall be supported in the learning of skills to communicate their wishes and feelings and involved, wherever possible, in planning their care.
- g) Guidance to staff will show how to react in a situation where the Service User is likely to behave in a way that challenges.
- h) The plan shall involve, as relevant, the Community Learning Disability Team, Community Mental Health Team for Older People, Dementia In-Reach Team, Intensive Support Team or Community Adult Asperger’s Service. The Provider will ensure there is evidence of on-going multi-disciplinary working and effective liaison with specialist services.
- i) The plan shall include procedures to be followed after an incident of challenging behaviour to include a description of how the person is likely to look and behave as they recover.
- j) The behaviour support plan shall be recorded to ensure all those providing support use a consistent approach including:-
 - a description of the person’s challenging behaviour
 - a summary of the most probable reasons underlying the person’s challenging behaviour
 - proactive and preventative strategies
 - reactive strategies
 - incident briefing
 - monitoring and review arrangements ☐ implementation arrangements
 - who was involved in devising the plan.
- k) Separate plans will be devised as necessary for specific situations (e.g car journeys, around food).
- l) Plans shall be reviewed and updated on a regular basis and at other times when there is a change that may impact on them or an incident of challenging behaviour.

STANDARD 15: Social Contact, Activities and Community Contact

SERVICE USER FOCUSED OUTCOME

Service Users say the way they spend their time matches their preferences, and meets their needs for social, cultural, religious and recreational participation.

- a) Service Users will be supported to spend time in a way that is meaningful and stimulating for them to include leisure and recreational activities in and outside the home, which suit their needs, preferences, aspirations, lifestyle, choices and capacities. This means those activities provided by the provider and those arranged independently by the Service User. Service Users will be assisted to maintain confidence, positive self-esteem and protected from loneliness and isolation in a way that promotes their individuality and identity.
- b) Individuals will be encouraged to exercise their lifestyle, culture and beliefs through planned opportunities and in a spontaneous way.
- c) Staff providing group or individual activities will be appropriately trained and skilled to deliver effective and meaningful activities that are both tailored and suited to meet individual needs.
- d) Consideration will be given to people with dementia and other cognitive impairments, those with sensory impairment, and those with physical disabilities or learning disabilities.

- e) The Provider will be committed to accessing available support and resources from recognised organisations with specialist knowledge and expertise.
- f) Comprehensive life histories will be undertaken in partnership with the Service User and/or their representative and a plan of care developed so that past and present life experiences, along with priorities for the future, can be agreed and met.
- g) Service Users will be able to have visitors at any reasonable time and links with the circle of family, friends and local community will be in accordance with individual preference.
- h) Up to date information about activities will be circulated to all Service Users in formats that meet the needs of individuals.
- i) Service Users' participation in activities will be recorded and evaluated regularly to ensure that outcomes and Service User needs continue to be met.

STANDARD 16: Pressure Area Care, Tissue Viability and Wound Management

SERVICE USER FOCUSED OUTCOME

Service Users receive care that supports healthy tissue viability and wound management.

- a) The Provider shall have up to date policies and procedures to support evidence based tissue viability and wound management practice.
- b) Tissue viability interventions and wound management shall be carried out by competent Registered Nurses (either employed by the provider or through community nursing services) with up to date knowledge and skills in the prevention, assessment and management of pressure ulcers and management of wounds including:-
 - The anatomy and physiology of the skin, aetiology of wounds and the principles of wound healing
 - The underlying intrinsic and extrinsic factors that may contribute to the development of a pressure ulcer or wound such as malnutrition, systemic disease, poor mobility or medication
 - The classification of wounds
 - Prevention of pressure ulcers (European Pressure Ulcer Advisory Panel EPUAP 2009)
 - NICE guidance for 'The Prevention and Treatment of Pressure Ulcers' (2005).
 - The appropriate selection and safe use and maintenance of pressure relieving devices and mattresses
 - Appropriate assessment of seating by trained assessors (physiotherapists or occupational therapist) to prevent pressure ulcers and ensure the entire chair or cushion allows for correct distribution of weight, postural alignment, and support for the persons feet
 - The significance of nutritional care and wound healing
 - Potential wound complications
 - Management of minor wounds, abrasions and skin tears
 - Management of chronic wounds
 - Assessment and management of pain for both chronic wounds and acute pain experienced during treatment/dressing changes
 - Management of infected wounds
 - Management of complex wounds, referral how and when to seek specialist advice
 - Skin care, burns and management of skin conditions
 - Classification of dressings and treatments and the factors that contribute to the selection of an appropriate dressing or treatment.

- c) Wound management will take into account Service Users' individual educational needs preferences and compliance with both treatment and the care plan. Clear communication of essential evidence based information will enable the Service User to make informed decisions about their care.
- d) Wound care documentation will be descriptive and directive incorporating a holistic assessment of the Service Users' individual health needs, links into risk assessment, predisposing factors, include a rationale for the selection or change of a treatment or dressing and document clinical outcomes. Documentation will include planned preventative strategies and plans for reassessment.
- e) Wound assessments and care/support plans will include:-
 - The location and measurement (grade and dimensions) of the wound demonstrated by a wound map and photograph (with the Service User's consent or documentation around BIA/LPA)
 - A record of any underlying or undermining intrinsic and extrinsic factors that may have contributed to the wound for example general health status, malnutrition, systemic disease, poor mobility or medication
 - A description of the colour or appearance of the wound bed and status of the surrounding skin, including any undermining/ tracking sinus or fistula
 - A record of any exudate, pain or malodour
 - A rationale to support the selection of a treatment or dressing which may be determined by the type and position of the wound, the amount of exudate, pain, odour, any known allergies, the Service User's compliance/concordance with the dressing and the frequency of dressing changes. The wound should be evaluated and reviewed at each dressing change and documented accordingly.
- f) Wound care documentation will clearly document clinical outcomes and provide a chronological history of the progress or deterioration of the wound demonstrating regular evaluation and review and any specialist input or referral.
- g) Care homes without nursing will liaise with the relevant health professional if they have any concerns in relation to skin injuries and pressure areas/pressure area care and will follow the guidance provided. This may include advice in relation to (but not exclusively) hygiene, repositioning regimes or appropriate equipment to be used. Such guidance will be clearly document in a plan of care.
- h) An appropriate and evidence based risk management tool shall be used to assess risk and where necessary an action plan put in place. A baseline risk assessment shall be undertaken within six hours of admission to the home and reviewed regularly thereafter.
- i) Staff will be trained to identify individuals most likely to develop pressure ulcers and will be competent to recognise pre-disposing risk factors as a part of both the preadmission assessment and on-going assessment process. Staff working in care homes without nursing should also be trained to identify individuals most likely to develop pressure ulcers and identify when an appropriate health professional is sought for advice and guidance.
- j) Robust assessment and proactive preventative care will be considered when applying moving and handling techniques to ensure individuals are not placed at risk of traumatic skin injuries.
- k) Appropriate equipment will be identified by a health professional and provided in a timely manner.
- l) A monthly prevalence audit of pressure ulcers as per NHS Safety Thermometer guidance on recording harm in care settings should be completed and evidence of incident reporting included. (www.hscic.gov.uk/thermometer).

STANDARD 17: Nutritional Care

SERVICE USER FOCUSED OUTCOME

Service Users have enjoyable meal time experiences that meet the individual's needs that mean they eat what they like when they want it.

- a) All care homes will support and appropriately follow Dorset's Nutritional Care Strategy for Adults Care Pathways.
- b) Meal times should be enjoyable experiences and promoted as a social activity. Dining rooms and other eating areas should be pleasant, environments conducive to eating that are welcoming, clean, tidy and free from malodours.
- c) During induction training all care and catering staff will be trained in the importance of good nutrition and hydration, how to recognise the signs of poor nutrition and hydration and how to promote adequate nutrition and hydration.
- d) All staff will be aware of the nutritional care requirements of adults in general and specifically the requirements of all Service Users.
- e) All care and catering staff will be trained in the special dietary requirements of older people, especially those with diabetes, dementia, chronic illness or with swallowing difficulties and specifically in the special dietary requirements of their Service Users.

17.1 Nutritional Care Requirements

- a) Nutritional care requirements include all of the following to enable the Service Users to enjoy mealtimes: Personal aids, special diets, food and fluid consistencies, special equipment, food and beverage likes and dislikes, how choices are made, where Service Users wish to eat each meal, at what time, with whom, good physical positioning, whether assistance is required to eat and any special occasions to be celebrated.
- b) Nutritional care requirements will be recorded within 48 hours of admission and then regularly updated and reviewed as more person centred information is gathered, tastes and / or medical needs change.
- c) All staff will be informed and regularly notified of any changes to Service Users' needs.

17.2 Nutritional Screening

- a) All Service Users will be nutritionally screened using the Malnutrition Universal Screening Tool (MUST) or appropriate alternative questions asked within 6 hours of admission and then on a monthly basis as a minimum (excluding those identified from a Multi-Disciplinary Approach as requiring End of Life care).
- b) The Provider will have a clear action plan to follow if Service Users are found to be at medium or high risk of malnutrition and all care and catering staff will be made aware of the actions to take.
- c) All those nutritionally screened and found to have a Malnutrition Universal Screening Tool (MUST) score of 4 or more will have a safeguarding alert immediately raised if appropriate or will follow the Interagency Risk Management Protocol (excluding those identified from a Multi-Disciplinary Approach as requiring End of Life care).
- d) Action plans will include policies on food fortification, total fluid and food monitoring, more regular weighing and referrals to other professionals as appropriate. This may include a General Practitioner, Speech and Language Therapist, State Registered Dietician and / or Occupational Therapist.

- e) Providers will ensure that equipment and scales used are suitably and regularly calibrated and maintained in order to provide reliable and accurate measurement of Service Users' weight.
- f) All staff will be informed and regularly notified of any changes to a Service Users' needs
- g) All care and catering staff will be trained in the implementation of MUST and the home's action plan.

17.3 Dietary Supplements and Thickeners

- a) Prescribed dietary supplements and thickeners will be used in accordance with the medication policy.
- b) If a diet is to be texture modified then catering and care staff will be aware of the relevant descriptor required by the Speech and Language therapist.
- c) Both care and catering staff will receive training from the manufacturer of the thickener to ensure it is used correctly.
- d) All staff will be informed and regularly notified of any changes to a Service Users' needs

17.4 Menus

- a) Menus and meals will reflect the ethnic, social, cultural and religious needs of the Service Users and include general programmes of events e.g. Pancake Day, Passover etc.
- b) Menus will offer adequate hot and cold choices, and be varied in texture and colour. Menu cycles will be seasonal, for all meals and snacks, recorded, over a minimum of three weeks.
- c) Menu choices will be made as close to the meal time as practically possible and Service Users will be offered support to make their choices.
- d) Information about allergens used within the food made and served will be available and updated as and when menu changes occur.

17.5 Meal Times

- a) Service Users will be enabled to serve themselves whenever possible; a family style food service will be encouraged.
- b) If the nutritional care requirements highlight assistance or encouragement to eat and drink is required, it shall be provided ensuring sensitivity and respect for Service Users' dignity and individual abilities. Sufficient staff will be available to support those in need of assistance and/or encouragement to eat.
- c) A variety of hot and cold beverages, snacks and prepared fruit will be available for Service Users to help themselves to, upon request, throughout the day and night and offered to all Service Users on a regular basis.
- d) Service Users who are able to prepare their own snacks and drinks will be encouraged to do so.
- e) Food, including that which is texture modified, will be presented in an appetising way that respects dignity.
- f) Protected meal times (an environment conducive to people enjoying their meals and being able to safely consume their food and drink without being interrupted by non urgent activities) will be encouraged, Service Users will be able to invite friends and family to join them but will not be disturbed by other interruptions e.g. GP's, hairdressers etc.
- g) If Service Users miss a meal then they will be offered an alternative.

- h) Consideration and recognition will be given when Service Users come to the end of life phase, as nutritional needs change and reduce according to disease progression. During this phase all staff will ensure that good mouth care and comfort is a priority.
- i) Service Users will be supported to maintain good oral hygiene to promote comfort, increase appetite, enable ease and safety of eating and drinking, avoid infection and improve overall quality of daily living.

STANDARD 18: Complaints

SERVICE USER FOCUSED OUTCOME

Service Users and their relatives and friends are confident that their complaints and concerns will be listened to, taken seriously and acted upon effectively without any negative impact.

- a) The Provider will ensure that there is a straightforward, transparent, well publicised and accessible policy and procedure to enable Service Users, their Carers or advocates to make a complaint, raise concerns or appeal, and for complaints and concerns to be investigated within agreed timescales.
- b) The Provider shall demonstrate a positive and open attitude to complaints and facilitate verbal or written complaints to be made or made on behalf of the Service User and shall not seek to obstruct, delay or interfere with the Service Users' rights in this regard.
- c) The Provider will ensure that all complaints are thoroughly investigated by a competent person and records are kept to demonstrate how they have been managed, a timescale for responses and how Service Users are informed of the outcome including their level of satisfaction.
- d) Actions taken or changes made as a result of concerns, complaints or grievances to address problems and shortfalls will be identified in the public domain and within and across the organisation. Such action will also include learning and implemented improvements from complaints and concerns.
- e) Service Users who are receiving funding assistance from the Commissioning Partners shall be given contact details for the complaints lead for each organisation.
- f) The Provider will record compliments and use them to learn from positive experiences.

STANDARD 19: Safeguarding Adults

SERVICE USER FOCUSED OUTCOME

Service Users are safeguarded and protected from abuse, neglect and self-harm.

- a) The Provider will have robust procedures in place for safeguarding vulnerable adults and responding to suspicion or evidence (including "whistle-blowing") of abuse to ensure the safety and protection of Service Users.
- b) The Provider's procedures will reflect the Bournemouth, Poole and Dorset Multi Agency Safeguarding Adults Policy and Procedures (20 April 2015) and the local 'No Secrets' protocol. The provider will ensure a copy of the Pan-Dorset Multi-Agency Policy and Procedures is available and accessible to all staff.
- c) The Provider's employees will follow the procedure set out in the Pan-Dorset policy immediately if they suspect that a Service User or otherwise dependent person has suffered any form of abuse or is otherwise thought to be at risk.

- d) The Provider will clearly display in formats accessible to all Service Users, staff and visitors what they should do to report any suspected abuse.
- e) Preventative practice will be in place to support safeguarding, including employment, management and security of the environment.
- f) The safety and wellbeing of the Service User will be paramount and in the event that the alleged abuser is a member of staff or a volunteer, action will be taken immediately to ensure the protection of the vulnerable adult(s) from the possibility of further abuse while an investigation is carried out.
- g) The Provider will co-operate fully in any safeguarding enquiries and comply with any agreed requirements of a safeguarding/risk management plan which may include a referral by the provider to the Disclosure and Barring Service and/or the Nursing and Midwifery Council. Failure to comply with procedures or outcomes/actions from safeguarding enquiries may be regarded as a fundamental breach of the Framework Agreement.
- h) Training in Safeguarding, including whistleblowing, will be explicitly included in the induction and ongoing training for all staff and volunteers employed by the provider and updated every three years.
- i) The Registered Manager will attend specific Manager's safeguarding training.
- j) The Provider will ensure that systems within the home protect vulnerable Service Users in accordance with the legal requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.
- k) The management practices of the Provider ensure controls will be instigated to protect victims of alleged abuse from alleged perpetrators during investigations.
- l) The Provider will ensure whistle-blowers are protected from adverse treatment.

STANDARD 20: Safe Working Practices/Health and Safety

SERVICE USER FOCUSED OUTCOME

The health, safety and welfare of Service Users and staff is promoted and protected. Procedures are in place to ensure the safety of people in the event of an emergency.

- a) Staff will be provided with accredited risk management, health and safety, moving and handling and falls prevention training. Moving and handling training will be provided yearly and staff assessed as competent.
- b) The provider will have clear processes in place for the prevention and management of falls which have been assessed and agreed by the NHS Dorset Falls Prevention Team.
- c) Serious untoward accidents and incidents, COSHH and RIDDOR will be reported to the appropriate body, for example, Health & Safety Executive, Health Protection Agency and the Care Quality Commission. Where the person affected is in receipt of NHS funded care (CHC, Section 117, FNC) a serious incident should be reported to the Clinical Commissioning Group in line with the NHS Serious Incident Framework 2015.
(www.england.nhs.uk/patientsafety/serious-incident).
- d) All Service Users will have individual risk assessments and action plans completed where individual risks are identified using evidence based validated risk assessment tools.
- e) The Provider will ensure the decontamination of medical devices and maintenance of reusable equipment and appropriate use and disposal of single use equipment.
- f) There will be evidence of awareness of Department of Health Medical Device Safety Alerts.
- g) Fire precautions shall be in place and include Fire Safety Training for all staff and conform to HM Government guidelines, 'Fire Safety, Risk assessment, Residential Care Premises 2006' or subsequent guidelines.

- h) The Provider shall maintain a Fire Emergency Plan and Evacuation plan appropriate to the establishment and the Service User group.
- i) A Fire Risk Assessment shall be in place which determines the frequency and method of fire drills. Fire safety records shall be maintained and used to manage compliance with fire safety law.
- j) A trained First Aider will be on duty at all times.
- k) The Provider staff shall be aware of the procedures for dealing with medical emergencies and calling emergency services.
- l) The Provider shall maintain a business contingency plan which protects the people who use the service in the event of an emergency and which clearly designates roles and responsibilities of employees on duty. The Provider's staff shall be fully aware of their individual and collective roles in the procedures to adopt in the event of an emergency.
- m) The Provider will have a written procedure for dealing with situations where a Service User is missing which includes informing the Registered Manager (or their representative) immediately and the Police. At the earliest opportunity the Authorised Officer and relatives will also be informed, even if the Service User has subsequently returned.
- n) The Provider will have a written statement of the policy and organisational arrangements for maintaining safe working practices which are evident and understood by Service Users and staff.
- o) The physical environment will be fit for purpose and safe for Service Users and staff and suitable equipment will be available and well maintained. Hazards will be identified, risk assessed, recorded and appropriately managed.

STANDARD 21: Infection Prevention and Control

SERVICE USER FOCUSED OUTCOME

Service Users reside in a clean environment where standard precautions and routine safe practice ensure the infection risks to Service Users, staff and visitors are minimised.

- a) The Provider shall ensure that procedures and practices protect Service Users from infection and assurance frameworks are in place which are accessible to all staff to include:-
 - Safe handling and disposal of clinical waste
 - Managing accidents, dealing with spillages
 - Provision and disposal of personal protective equipment and clothing
 - Optimum hand hygiene and support for 'Bare Below the Elbows' when carrying out personal or clinical care
 - Service User hygiene
 - Environmental hygiene
 - Food hygiene
 - Cleaning and decontamination of reusable equipment
 - Management of laundry and soiled/infected linen
 - Management and disposal of sharps and inoculation injury
 - Reporting of Health Care Acquired Infections (HCAI's)
 - Management and notification of infectious diseases, including outbreak control
 - Clinical procedures especially Standard Aseptic No Touch Technique (ANTT)
 - Management of indwelling devices
 - Good communication with other health and social care workers, Service Users and visitors
 - Staff training and education.

- b) The environment will be designed and managed to minimise reservoirs for microorganisms and reduce the risk of cross infection to Service Users, staff and visitors.
- c) Protective equipment will be available and worn for all aspects of care which involve contact with blood or body fluids or where asepsis is required.
- d) Sharps will be managed safely to reduce the risk of inoculation injury.
- e) Clinical waste will be managed safely and in accordance with legislation so as to minimise the risk of infection or injury to Service Users, staff and the public.
- f) All Service Users' equipment will be cleaned and maintained appropriately to prevent cross infection.
- g) The premises should be kept clean, hygienic and free from offensive odours throughout.
- h) Laundry facilities will be sited so that soiled articles, clothing and infected linen are not carried through areas where food is stored, prepared, cooked or eaten and do not intrude on Service Users.
- i) Hand washing facilities will be prominently sited in areas where infected material and/or clinical waste are being handled and this will include liquid soap and disposable hand towels.
- j) The Provider shall have procedures in place to prevent and control Legionella bacteria including an up to date Legionella assessment with a plan of preventative maintenance.
- k) Notifiable diseases and infections that could be a potential risk to others will be recorded and reported to Public Health England, local Environmental Health and the Care Quality Commission in accordance with local arrangements
- l) The Provider will have a designated lead/link person for infection prevention and control.
- m) A local outbreak policy will be in place for the surveillance, recognition, control and management of infection and outbreaks with information available to Service Users and their visitors. Staff will be trained and aware of actions to take including reporting to Public Health England. All infection outbreaks will be reported to Public Health England within two days of an outbreak.
- n) Infection control procedures will be explicitly included within all staff job descriptions, induction, development and on-going training for all staff.
- o) Clinical practice will reflect infection prevention and control guidelines and reduce the risk of cross infection to Service Users whilst providing appropriate protection to staff.
- p) An annual Infection Prevention and Control assessment will be completed and an action plan developed to address any areas of non-compliance.
- q) Monthly clinical audits will be undertaken to determine best practice is maintained and include incidence/prevalence rates for HCAI's, wound infections, urinary tract infections notifiable infections, antibiotic prescribing, hand washing and decontamination of equipment.
- r) Robust audits will be carried out to ensure staff follow correct infection prevention and control measures including an audit of the cleanliness of the environment.
- s) Information related to HCAI will be shared with other health and social care providers.
- t) The home will have a policy/guidance for staff on transfer of information relating to infections when Service Users are admitted to hospital or another care environment.

STANDARD 22: Accident/Incident Reporting

SERVICE USER FOCUSED OUTCOME

The safety and wellbeing of Service Users is assured through the Provider's Accident and Incident Reporting processes. Lessons are learnt from accident/incident/near miss reporting processes.

- a) The Provider's policies will reflect the procedures to be undertaken following an accident or incident and staff are fully aware of the processes. The Provider will have a policy around what actions should be taken following a head injury.
- b) All accidents and incidents will be comprehensively and contemporaneously documented using a system that meets current Data Protection guidelines. Within a care home with nursing, such records must be completed or countersigned by a registered nurse. Additional records, such as falls diaries and behavioural charts will be implemented and maintained to support ongoing monitoring and management.
- c) Details of accidents and incidents will also be recorded within Service Users' daily records together with information to reflect the Service Users' health, safety and wellbeing.
- d) Injuries, including bruises that are sustained following an accident or incident, shall be fully documented, using body maps where possible. Treatment required following an accident or incident will be clearly documented, including the precise treatment and support and any necessary health or social care professional input ie, Paramedics, District Nurses, General Practitioner, Community Psychiatric Nurses.
- e) Accidents and incidents will be regularly audited and a comprehensive monthly analysis undertaken and documented to identify patterns or trends in order to investigate and put in place timely measures to minimise or prevent such events reoccurring.
- f) Repeated accidents and incidents, such as falls or aggressive behaviour, will be referred to specialist health and/or social care professionals to seek support and guidance in managing such situations effectively and in the best interests of the service

user. This should evidence a dynamic approach which attempts to pre-empt hazards/potential triggers and a proactive response before an incident occurs.

STANDARD 23: End of Life Care/Dying and Death

SERVICE USER FOCUSED OUTCOME

Service Users are assured that staff will treat them and their family with care, sensitivity, dignity and respect at the end of their life and that they will receive, where possible, planned, measured and seamless care at the time of their death.

- a) End of Life care relates to the last few days or weeks of life. The home will have an End of Life Care Policy and Guidelines that reflect local and national guidance.
- b) The Pan Dorset Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) Adult policy is in place which complies with the legal requirements of the Mental Capacity Act (2005) and ethical guidance issued by the BMA/RCN and Resuscitation Council (UK 2007), including guidance for DNAR using the recognised documentation within Dorset.
- c) The Provider shall ensure comfort and support is provided to Service Users when it is recognised that they are entering the end of life phase.
- d) The Service Users will have timely access to specialist services, where required.
- e) The home shall provide private space for Service Users and those people who are important to them, to remain close at the end of life. Relatives and partners will be able to spend as much time with Service Users as they wish in line with Service Users' individual preferences, and accommodation will be available for relatives who want to stay/sleep overnight at the home.
- f) All deaths will be managed with dignity and propriety and Service Users' spiritual needs, rites and functions should be observed. There will be systems in place to ensure, when death is expected, that Service Users do not die alone unless it is their wish.

- g) Where Service Users requires end of life or palliative care, an assessment will be coordinated by an appropriately trained nurse to assess whether it is appropriate for that care to be provided by the existing Provider or elsewhere.
- h) The nursing assessment will involve advance care planning, where possible, to determine Service Users' wishes, indicating personal preferences concerning place of care and death, in agreement with Carers and family and will include Service Users' wishes relating to resuscitation, if this is stated.
- i) Care in the last days of life will be co-ordinated and delivered in accordance with Service Users' personal care plan. Service Users' end of life care will be planned including relatives if desired, so that Service Users and relatives know what will happen and are able to prepare.
- j) A keyworker will co-ordinate Service Users' care pathway and ensure continuity of care including out of hours support.
- k) The care pathway will include care after death and information on support agencies and bereavement counselling.
- l) There will be a policy and procedure in place for the verification of death.
- m) The Provider will ensure compliance with the National Institute for Clinical Excellence NICE 2011 End of Life Care Standard for Adults QS13 and that all staff have access (where relevant) to specialist training including the QCF Level 3 Award in Awareness in End of Life Care which will:-
 - Support the development of an open culture and awareness towards death and dying
 - Facilitate collaborative learning and promote a supportive, palliative approach to end of life care
 - Ensure that practitioners have the skills and confidence to talk with all Service Users and relatives/ Carers about end of life care and how to document these discussions
 - Prepare practitioners clinically and raise their awareness of cultural and ethical considerations
 - Assist in the identification of Service Users who may be approaching the final stages of life
 - Ensure care evolves as a part of a systematic, multidisciplinary care pathway and optimise the quality of care providing a seamless approach
 - Ensure that systems are in place to reduce the risk of Service Users being inappropriately admitted to hospital at the end of life.
- n) Staff will be appropriately trained to manage the processes and procedures sensitively, to ensure Service Users are treated with dignity and respect and receive appropriate care and symptom relief.
- o) Practitioners will require specific training for Service Users who are cognitively impaired or require complex care eg. Dementia, Motor Neurone Disease or Learning Disabilities.
- p) On-going supervision will be provided to staff to support them and to provide an opportunity to consider and reflect upon their own cultural beliefs, values and attitudes to death and dying and enable staff as a team to reflect on care and dying within the home.
- q) The Provider will notify the responsible Commissioning Partner within 24 hours about the death of a person and inform the Care Quality Commission.
- r) When a Service User dies in the home where there is either an authorised Deprivation of Liberty Safeguard in place or an application submitted to the Local Authority, the home will notify the Coroner's Office prior to the body being removed from the home. The home will co-operate fully with the Coroner's Office to ensure that all requested documents are provided immediately to avoid any delays in the Coroner's Office agreeing to the movement of the person. This may be outside of office hours and therefore this information will be available to staff at all times.

STANDARD 24: Staff Recruitment and Retention

SERVICE USER FOCUSED OUTCOME

Staff employed are fit and competent to meet the health and welfare needs of Service Users.

- a) The Provider shall operate a robust staff recruitment and selection procedure which takes all reasonable steps to ensure that individuals employed, including volunteers, those appointed through an agency and workers from other countries, are in all respects appropriate persons to work with vulnerable people. A written policy and procedure shall be in place to reflect this practice.
- b) The provider shall adhere to all equal opportunities legislations and will be expected to embrace the principles of diversity.
- c) These steps must include a Disclosure & Barring Service (DBS) check at the appropriate level in accordance with the Safeguarding Vulnerable Groups Act 2006 requirements. Where there is a clear operational need, staff may commence duties prior to DBS clearance upon obtaining a DBS Adult First check, but this must be used sparingly and staff must work under supervision until all clearances have been obtained.
- d) Providers employing staff who are required to obtain permission to work in the United Kingdom either directly or through an agency must ensure that they meet the legal entry requirements, that they have the necessary skills, expertise and qualifications required and all necessary and relevant documentation is available prior to employment, copies of which must be evidenced in their personal file for inspection and monitoring purposes.
- e) When recruiting staff, the Provider shall ensure that at least two appropriate written references are taken up one of which must be from the individual's last employer, and shall demonstrate the means by which the suitability of all staff has been assessed. Where the reference provided only gives dates of employment the Provider must be able to demonstrate that all attempts have been undertaken to ensure a safe and robust system of recruitment.
- f) Staff shall go through a full recruitment process including completion of an application form which provides complete employment history, and addresses any gaps in employment history.
- g) Staff must have the personal qualities and caring attitudes which enable them to relate well to Service Users and Carers, and poses the required skills in spoken English, written literacy and numeracy to do the tasks required for caring for and supporting Service Users.
- h) Contemporary evidence of professional registration/PIN number checks will be obtained for all qualified nursing staff employed and regularly reviewed.
- i) Providers shall maintain a personnel file for every employee which evidences all required documentation for inspection and monitoring purposes. Such documentation will include evidence of a written record of interview to demonstrate the applicant's suitability for the post.
- j) Providers employing agency staff will obtain a staff profile prior to commencement of the employment. This will include photographic ID, relevant skills and competencies for the position, qualifications, professional registration and an up to date training record.

STANDARD 25: Staffing Levels and Workforce Planning

SERVICE USER FOCUSED OUTCOME

Service Users are supported to achieve their maximum life potential and care needs by the provision of the appropriate level of professional expertise and skill mix.

- a) The Provider's staffing levels will enable the Provider to meet all the service standard requirements as detailed in this specification, both day and night, with the right competency, skills and experience.
- b) Staffing levels will be based on the dependency needs of all the Service Users, will be reviewed on a regular basis and written evidence made available to ensure and demonstrate that they reflect the changing needs of the Service Users.
- c) Staff numbers and skill mix will be matched to all Service Users' needs and reflect a high quality of care provision.
- d) In determining the level and frequency of professional nursing expertise and intervention required (in care homes with nursing) the Provider will demonstrate the following:-
 - The level, frequency and quality of time and intervention provided by a registered nurse undertaking actual care delivery, including clinical/technical or therapeutic activities on the Service User's behalf, is sufficient to meet their assessed needs and provide the ongoing management of care interventions
 - The level and frequency of supervisory skills required by a registered nurse for teaching, guiding, advising, supporting and monitoring both Service Users and staff is sufficient to meet the Service User's assessed needs and promote and maintain standards of care
 - The Registered Nurse providing nursing care demonstrates the skills, knowledge, clinical judgement and expertise to accurately assess and manage the stability and predictability of the Service Users' health.
- e) The Provider will have contingency plans in place to cover staff absence, sickness, annual leave and succession planning.

STANDARD 26: Staff Induction and Training/Education

SERVICE USER FOCUSED OUTCOME

Service Users are cared for and supported by professionally inducted, trained, and competent staff, utilising best practice and this will be reflected in the standard of care that they receive.

- a) The Provider will ensure that there is a staff induction, training and development programme, which will meet the Skills for Care standards, where registered nurses are employed, NMC Code of Professional Conduct Practice Guidance. These expectations will be clearly included in written policies and procedures to reflect a commitment to a supportive working and learning environment.
- b) The Provider will ensure that staff new to care achieve the Care Certificate within twelve weeks of commencing employment. All existing staff should be able to demonstrate that they also meet the standards of the Care Certificate.
- c) The Provider will ensure that all staff working within the home are fully trained and assessed as competent to meet the individual needs of Service Users including all mandatory training and specialist and clinical education. Such training will be provided by accredited organisations and will be evidence based to reflect up to date specialist and social care and clinical guidance. This will be undertaken on commencement and completed within 12 weeks.
- d) The Provider will undertake a training needs analysis for all staff which is reviewed regularly and updated and formulated into staff personal development plans.

- e) The Provider will be able to demonstrate assessment of staff competency and performance management and documented evidence will be made available.
- f) Where there are identified concerns related to social care practice or the clinical practice competencies of individual registered nurses this will be effectively managed by the home with evidence of the provision of mentorship and supervision.
- g) Registered Nurses in charge of the home unsupervised will have the appropriate level of clinical and management competencies.
- h) Where a Provider employs a newly qualified registered nurse, they will ensure that mentorship/preceptorship is provided for the first six months in post.
- i) Providers who support student nurse placements and nurses' registration and adaptation programmes will be able to provide evidence of accreditation with a participating University.
- j) Providers supporting candidates undertaking Nursing Adaptation Programme placements will ensure appropriate mentoring and provision of the required period of protected learning in accordance with Nursing and Midwifery Council requirements.
- k) Providers will have a system in place to confirm new employees have successfully completed induction competencies prior to completion of the probationary period.
- l) Staff will not commence duties unsupervised until they have been assessed as competent for the role.
- m) The Provider will be responsible for determining that the training provider is suitably qualified and that the content of the courses meets the requirements of Adult Social Care Services.
- n) Learning undertaken by individuals prior to employment with the provider shall not give automatic exemption to the training requirements. The Provider must demonstrate that the individual is fit to provide the services for which they are employed.
- o) Casual staff/trainees and student workers will be subject to the same requirements of all permanent staff.
- p) National Minimum Data Sets (NMDS) will be completed to provide a comprehensive workforce plan.

STANDARD 27: Staff Supervision and Appraisal

SERVICE USER FOCUSED OUTCOME

Service Users are cared for by staff who are suitably and regularly supervised, monitored, supported, and appraised and this will be reflected in the standard of care that they receive.

- a) All staff will receive formal supervision, including clinical supervision for trained staff, at least six times per year. Supervision will be systematically used to guide the work of staff, to reflect upon their work practices and as a means of support for staff to facilitate good practice. Casual staff, trainees and student workers will receive proportionate support and review.
- b) Clinical supervision will be seen as a critical element in the provision of safe and accountable nursing practice and inextricably linked to professional development. It is an exchange between practising professionals to enable the development of professional skills. It is also an opportunity to reflect on practice and necessary to enable practitioners to establish, maintain and promote standards and innovations in practice in the best interest of Service Users.
- c) Robust appraisal systems will be in place and all staff receive an annual appraisal/personal development review.

- d) A written policy and procedure will be in place to support the Provider's practice in regard to supervision and appraisal. Supervision and appraisal sessions will be documented.
- e) Staff that require membership of a professional body in order to practice will provide evidence of continued registration as part of the appraisal process. Employees should support the requirements for the Nursing and Midwifery Council (NMC) Revalidation in their supervision and appraisal processes.
- f) Poor performance or staff conduct is identified, challenged, and managed and documentary evidence made available to demonstrate that appropriate support has been provided and action taken.

STANDARD 28: Management and Leadership

SERVICE USER FOCUSED OUTCOME

The service is led so that Service User outcomes are achieved and sustained for the whole-time people live within the home.

- a) The Provider will take responsibility for the leadership through the Registered Manager as well as their own investment of finance, interest, and time.
- b) The philosophy within the service is person-centred and promotes the benefits of open, trusting, and collaborative relationships between staff, Service Users, and their social and professional networks.
- c) The Provider shall ensure that the home is managed in such a way that it complies with all requirements under the Health and Social Care Act 2008 and the Care Quality Commission (Registration) Regulations 2010, or any amending legislation.
- d) The Provider promotes a clear understanding of the organisations purpose, values and vision and encourages learning and innovation by rewarding reflection, creativity, flexibility, and positive risk management.
- e) Care promotes enablement and partnership working with all Service Users, social care and health practitioners and family/friends that are important to Service Users.
- f) A manager shall be appointed that is registered with the Care Quality Commission or has applied to be registered with the Commission within three months of commencement of employment within the home.
- g) The Manager clearly demonstrates up to date knowledge and skills, leadership, competence, and experience to effectively manage the home daily and shows a sound understanding of the requirements set out in the Framework Agreement and Service Specification.
- h) The Manager will hold a qualification or be working towards QCF Level 5 Diploma in Leadership in Health and Social Care within three months of appointment and completed within two years.
- i) The Manager maintains and demonstrates personal and professional competence and credibility in line with current practice and will ensure they delegate appropriately with clear lines of accountability.
- j) The Manager is a self-directed role model, committed to practice development and improving the care of Service Users, providing formal support, coaching, and mentoring of all staff.
- k) Staff will work collaboratively as an effective team in a culture of openness, promoting mutual support and respect with an appreciation of each other's roles.
- l) The Provider shall ensure the following are in place to affect the continuous and sustained delivery of the service: -

- Proactive and reactive support so that the manager is able to competently meet all requirements of the service
 - Contingency arrangements that plan for potential failure or service interruption
 - Business planning so that continuity of the service is ensured and to assure those who rely on the service that it will continue to be provided
 - Adequate programme so that the fabric of the building, fixtures and fittings, decoration and furniture is maintained and in good order.
- m) The Provider shall co-operate with the Commissioning Partners in times where the contingency plans require a joint response to interruptions, including reasonable requests for information.

STANDARD 29: Quality Assurance

SERVICE USER FOCUSED OUTCOME

Continuous quality improvement systems are in place to ensure the home is run in the best interests of Service Users, demonstrates the quality and consistency of information, measures Service User outcomes and ensures that risks to Service Users are minimised.

- a) The Provider will have quality assurance and monitoring systems in place which: -
- Seek the views and experience of Service Users, relatives, friends and health and social care professionals.
 - Enable realistic assessment of the services provided.
- b) All staff will be actively involved in the quality assurance and monitoring processes. Quality services will be recognised as a motivating force and staff will strive for continuous improvement and best practice.
- c) Quality Assurance will demonstrate: -
- Measurable organisational improvement
 - Training that provides staff with the skills and tools to analyse problems and working processes
 - Staff who are empowered and supported to make positive changes (analysing dilemmas/problems and suggesting solutions)
 - Positive attitudes and working relationships
 - Continuous building on good practice
 - Introduction of new procedures.
- d) All Registered Nurses should participate in clinical audit and reviews of clinical care in accordance with Nursing and Midwifery Council guidance.
- e) Providers will be required to assist the Commissioning Partners in evaluating the quality of effectiveness, not only of the care to the individual Service Users but also compliance with the Framework Agreement.
- f) The following monthly audits will be undertaken as a minimum requirement: -
- Care records, care/support plans and record keeping
 - Medicines management
 - Training
 - Infection prevention and control, including health care acquired infections (HCAI's)
 - Medical device management
 - Nutritional screening and support
 - Tissue viability and wound care practice
 - Accidents, incidents, and complaints
 - Hospital Admissions

- Call bell responses if such technical systems are in place.
- g) Audits will identify trend analyses and training issues, and action plans will report action taken and outcomes.
- h) Staff and Service User and/or representatives' meetings will be used as a forum to identify, take stock, and reflect on areas for improvement. Such forums demonstrate that the home will be committed to involving and encouraging others to be included and listened to in the day to day running of the home.
- i) A variety of feedback systems will be used which are suitable for the client group. These will be recorded, analysed objectively, and published. Examples include:
 - Verbal
 - Written
 - Observational tools
 - Symbols/pictures
 - Built into activities
 - Group
 - One to one (enables safe disclosure)
 - External evaluation e.g. citizen checker, or at least assessors that are not part of day to day services.

STANDARD 30: Financial Procedures/Personal Finances

SERVICE USER FOCUSED OUTCOME

Service Users are safeguarded by the accounting and financial procedures of the home. Service Users decide how to spend their money in the knowledge that personal finances are safeguarded by robust controls and audit procedures in the home.

- a) Service Users shall receive their personal allowance; this must not be included as part of the fees. The Service User will retain control of their own money except where they state that they do not wish or lack capacity and safeguards are in place to protect the Service User.
- b) Providers shall ensure that all staff that handle money on behalf of Service Users clearly understand the procedure for receipting and recording all transactions.
- c) The Provider will ensure that all staff understand how the Service User's right to autonomy, choice, independence and fulfilment is maintained within the context of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards in relation to any financial management issues.
- d) There will be a clear policy and guidelines within the home in respect of the Provider's staff receiving gifts or legacies from those who use the service and payments towards staff costs on outings.
- e) The Provider will assist the Service User to access independent expert advice if necessary.
- f) Public Liability Insurance will be in place for a minimum of £5 million.
- g) Service Users will be advised of the level of insurance cover the home maintains for any personal possessions brought into the home (including if none is in place).