Bristol Clinical Commissioning Group

# Provision of Care Home Services

## Joint Service Specification

## Schedule 1 of the Care Home Services Contract

## Contents

## Section One – Context and Overview



## Section Two – Service Specific Outcomes and Standards

## Appendices

# Section One – Introduction and Context

## 1. Introduction

This document is the Bristol City Council (BCC) and Bristol Clinical Commissioning Group (BCCG) joint specification for Care Home services for adults. It relates to all Resident groups.

The specification forms Schedule 1 of the Care Home Services Contract and specifies how services must be provided. All Providers are expected to deliver the service in line with the service specification.

This specification will apply until further notice. The views of Residents, Carers, Providers and professionals will be taken into account in any review of the specification during that time, and their views will be welcomed at any time.

This specification does not replace the legislative and quality requirements which are placed upon Providers by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 or the Care Quality Commission (Registration) Regulations 2009 and Fundamental Standards. Each outcome defined in this service specification has been aligned, as far as possible, to the Care Quality Commission's (CQC) Fundamental Standards.

The Commissioning Organisation/s requires that all Providers are registered with CQC and that care does not fall below the standards defined by the CQC's Fundamental Standards in the HSCA 2008 (Regulated Activities) Regulations 2014.

Further information can be obtained from:
Adult Commissioning
Parkview Office Campus
Bristol City Council
PO Box 3176
Bristol
BS14 0TJ

## 2. Aim, Vision and Principles for Care Home Services

### 2.1 Aim of this Specification

The aim of this specification is to clarify Commissioners' expectations, identify outcomes for the services delivered and give examples of the evidence that will be required to assure Commissioners that these outcomes are being achieved. The specification is intended to describe the overall service outcomes for high quality care and support within Care Homes. **This service specification is applicable to all care types.**

### 2.2 Commissioners aims for Care Home services

- To provide high quality, safe and personalised care home services that promote choice, dignity, control and quality of life for all Residents.

- To provide modernised care and support services that deliver value for money.

### 2.3 Commissioners vision for Care Home services

"Residents and their families/carers will have access to high quality care services which are person-centred, treat people with dignity and respect, keep people safe, offer real choice and control, promote independence and social inclusion and are supported by highly skilled and dedicated staff".

As Commissioners we want to ensure:

a) Respect for the Individual: We will endorse the rights of Residents to live as valued and equal members of their local communities and treat Residents with dignity and respect.

b) Equal Opportunities: We will promote equal opportunities and not discriminate on the basis of age, race, gender, sexuality, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, or religious belief. We want all Residents accessing residential care of all types to have access to the same opportunities as anyone else to lead a full life.

c) Safeguarding Rights: We will ensure that the rights of the individual are safeguarded and that independent advocacy services and effective complaints procedures support this.

d) Choice: We will provide accessible information to inform and offer choice to Residents.

e) Quality: We will commission services that are of a high standard – flexible, responsive, accessible, innovative – and use quality assurance methods and staff training to continuously improve standards.

f) Equity: We will allocate resources equitably and fairly in accordance with assessed need and local circumstances.

g) Resident and Carers' Involvement and Participation: Residents, their Carers and families will feel empowered and motivated to get involved with the service. We will involve Residents, Carers and local communities in the design of the service and support personalisation of services.

The success of the vision is dependent on the approach of each of the parties. The principles, as set out below; will influence all aspects of the service delivery. All partners will share these core principles.

## 2.4 Core principles for provision of Care Home services

Providers of care home services will:

a) Promote high quality of life for Residents as paramount.
b) Recognise that Residents are individuals and not defined by their health condition or disability.
c) Recognise and uphold the diversity, values and human rights of people using the service.
d) Uphold Residents' privacy, dignity and independence.
e) Provide information that supports Residents and their support network, to understand the care, treatment and support and to make decisions about it.
f) Enable Residents to care for themselves where possible, maximising their independence, working with a reablement approach wherever possible.
g) Encourage Residents and their support network to be involved in how the home is run and to ensure the service feels homely.
h) Ensure that the views and wishes of Residents' are paramount in the delivery of their care.

## 3. Partnership

BCC and BCCG, in partnership with Residents and Providers, aims to move towards an outcome based approach to the commissioning and provision of services. This document reflects this strategic objective.

### 3.1 Key features of a partnership Approach

BCC and BCCG wishes to work in partnership with Providers in delivering high-quality care home services to its Residents. The aim is to maximise the use of available resources by establishing longer-term, more integrated relationships with Providers.
By signing up to a "partnership approach", BCC and BCCG and Providers are making a commitment to:

a) Share key objectives.
b) Collaborate for mutual benefit.
c) Communicate with each other clearly and regularly.
d) Be open and honest with each other.
e) Listen to, and understand, each other's point of view.
f) Share relevant information, expertise and plans.
g) Avoid duplication of what is required from Providers in terms of paperwork and monitoring wherever possible.
h) Monitor the performance of both/all parties.
i) Seek to avoid conflicts but, where they arise, to resolve them quickly at a local level, wherever possible.
j) Seek continuous improvement by working together to get the most out of the resources available and by finding better, more efficient ways of doing things.
k) Share the potential risks involved in service developments – the cost of the consequences of a risk can be distributed across partners.
l) Promote the partnership approach at all levels in the organisations (e.g., through joint induction or training initiatives).
m) Have a contract that is flexible enough to enable the Care Home Provider to be responsive to Residents' changing needs, changing priorities and lessons learnt; and which encourages Resident participation.
n) Supply information as requested by the Commissioning Organisation to make performance indicator returns as required by the Government and Department of Health.

### 3.2 Armed forces Community Covenant for Bristol

On June 23rd 2014, Bristol City Council and Bristol Clinical Commissioning Group signed the Bristol Armed Forces Community Covenant. This is a voluntary statement of mutual support between the civilian community and the local Armed Forces community in Bristol. This Bristol initiative reflects the government's tri-service Armed Forces Covenant. This reflects government policy to improve the support available for the Armed Forces community.

The Bristol Covenant builds relationships and local support, between the council and other organisations, the bases and the charities that support in-service and ex-service personnel and their families.

It is not intended to give preferential treatment to the Armed Forces community, but to ensure that they do not suffer detriment because of their service to our country. Members of this community can experience a range of challenges. For instance, when a member of the Armed Forces is drafted to a new post at short notice, the families will have to find accommodation and the children change schools quickly. The council is keen to ensure parity of outcome for the armed forces community with our other Residents. There are many independent charities that provide specific support for the armed forces community and the Provider is expected to support the council by signposting these services to qualifying residents. Further information about the Covenant can be found at; https://www.bristol.gov.uk/armed-forces-community-covenant

## 4. Care Act 2015

The Care Act came into force in April 2015. Local Authorities and Clinical Commissioning Groups (CCG) have a range of new duties and responsibilities under the Care Act. Some of these new duties will impact organisations that provide care home services and operate under this specification and these are:

a) Promoting diversity and quality in provision of service: The Act introduces a duty for local authorities and CCGs to promote diversity, quality and sufficiency of local services through "market shaping'', so that a range of high quality **providers** are available for local people. This approach intends to deliver improved and sustainable services which focus on the needs and outcomes of individuals, families and carers.
b) Funding Care and Support: In March 2013 the Government announced new measures for the funding of care and support. The new measures are based on the recommendations made in 2011 by the Dilnot Commission.

From April 2015:

- No-one will have to sell their home in their lifetime to pay for residential care. If people cannot afford their fees without selling their home, they will have the right to defer paying during their lifetime.
- People will have clearer entitlements. A national minimum eligibility will make access to care more consistent around the country, and carers will have a legal right to an assessment for care for the first time.

Deferred measures:

- A cap of £72,000 on the costs an individual has to pay to meet their eligible care and support needs for adults resident in England (people who develop eligible needs before state pension age will benefit from a cap lower than this amount).
- People who turn 18 and have eligible care needs will receive free care to meet their needs. The level of the cap will be set based on the age of the person at the point at which they are assessed as having eligible needs.
- Adults in residential care will qualify for financial support if their capital, including the value of their home is less than £118,000. This will be higher than for other types of care, to reflect the fact that the value of the person's home is taken into account when determining how much the person pays towards their care home placement.

c) Promoting independence and wellbeing: The Act puts wellbeing at the heart of the social care system, and places a general duty for local authorities to promote individuals' well-being. Wellbeing can relate to:

- physical and mental health, emotional well-being and personal dignity
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support)
- suitability of living accommodation

d) Safeguarding Adults: The first statutory framework for adult safeguarding has been established under the Care Act. This defines local authorities' responsibilities, and those of their local partners, to protect adults at risk of abuse or neglect, and places a duty on local authorities to set up Safeguarding Adults Boards.

e) Preventing the need for ongoing care and support: The Act emphasises that local authorities and CCGs must work with their communities to arrange services that help keep people independent and prevent or delay the need for ongoing care and support. This will involve incorporating early intervention and preventive services into care commissioning and planning.

f) Promoting integration: There is a duty for Local Authorities and NHS services to integrate services by 2018. The duty will encourage local partners to work together to improve the well-being of local people.

g) Improving Quality of Care and financial sustainability: The Care Act introduces new care standards as part of the Government's response to the Mid-Staffordshire Hospital and Winterbourne View inquiries. This includes the introduction of a new CQC rating system for hospitals and care homes, empowering the new Chief Inspector of Hospitals at the CQC to identify problems with care quality and then take action. CQC have made changes to the way they inspect, monitor and regulate care services, implement tougher registration requirements and introduce measures to ensure that Care Home Providers are financially stable.

## 5. Eligibility

### 5.1 Bristol City Council Self-Directed Support

Care home services funded by Health & Social Care, Bristol City Council are for Adults aged 18 and over, for those with 'Critical' or 'Substantial' needs assessed under *'Prioritising need in the context for Putting People First: A whole system approach to eligibility for social care'*, February 2010.

Once eligible needs are identified, Bristol City Council will take steps to meet those needs in a way that supports the individual's aspirations and the outcomes that they want to achieve. This is referred to as personalisation. Throughout the process of a self-directed support assessment, Residents will be supported by all involved in the care plan and encouraged to think creatively about how their needs can best be met and how to achieve the fullest range of outcomes possible within the resources available to them.

### 5.2 NHS Funded Care

NHS funding for care is considered under the *National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care November 2012 (Revised)*. The purpose of the National Framework is to provide for fair and consistent access to NHS funding across England, regardless of location, so that individuals with equal needs should have an equal chance of getting their care funded by the NHS.

By law, local authorities cannot directly provide registered nursing care. For individuals in care homes with nursing, registered nurses are usually employed by the care home itself and, in order to fund this nursing care, the NHS makes a payment directly to the care home. This payment is called Funded Nursing Care. Payments will only be made in respect of Residents receiving nursing

care in a bed that is registered with the CQC as a nursing bed. Dual-registered homes will not receive FNC payments for residents in residential beds.

CHC patients will need to be assessed and meet the nationally determined NHS Continuing Health Care criteria ("NHS CHC Criteria"). Ongoing eligibility is subject to regular review and assessment by the relevant Commissioner's NHS Continuing Health Care Assessment Team. Patients who meet NHS CHC criteria have a 'primary health need' and typically have care needs that are complex, intense and unpredictable and therefore require high quality care delivered by well trained staff who can provide a flexible and reliable service. Care packages may involve long term care or short term interventions and are tailored to meet individual need.

Where an individual is found to be eligible for Continuing Healthcare funding their care needs will be funded by the NHS for the period of eligibility.

Bristol CCG will ensure Residents are reviewed for their ongoing eligibility for Continuing Healthcare under the Department of Health's National Framework for Continuing Healthcare (2012) (or as updated from time to time) at the latest (3) three months after the first assessment ("CHC Assessment") and within three (3) months after admission, whichever is the shortest, and annually thereafter, in line with the National Framework. Providers must ensure that they are aware of the date of the next proposed CHC Assessment. Residents will be asked if they want their representatives to attend the CHC Assessment and outcome discussion.

If, as a result of the CHC Assessment, the Resident no longer meets the eligibility criteria for Continuing Healthcare, the Resident may be referred to the appropriate Local Authority for further assessment.

## 6. Key Outcomes

**BCC and BCCG require that the Provider is registered with CQC and that standards never fall below their Fundamental Standard Regulations- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** This specification does not replace the legislative and quality requirements which are placed upon Providers by CQC's Fundamental Standards Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 or the Care Quality Commission (Registration) Regulations 2009.

There are eleven overarching key outcomes that Commissioners expect Providers to achieve through meeting the CQC Standards. These outcomes are fundamental to all care home services commissioned across all types of care and are underpinned by Key Performance Indicators and Quality Standards as set out in Section 8. The following table highlights the key overarching outcomes

that have been defined as relevant for the service. The full service and Resident outcomes and standards can be found in Section 7.

**Table 1: Key Outcomes for Care Home Services**

| Key Outcome | Fundamental Standard |
|---|---|
| 1. The service model will ensure the **promotion of independence** for individuals at all times | • **Person-centred care**<br>• **Dignity and respect**<br>• **Staffing**<br>• **Fit and proper staff** |
| 2. The service model will ensure **person centred care and personalised support** for individuals | • **Person-centred care**<br>• **Dignity and respect**<br>• **Staffing**<br>• **Fit and proper staff**<br>• **Complaints** |
| 3. The service model will ensure that individuals are **safe** and that care is delivered in their best interests | • **Consent**<br>• **Safety**<br>• **Safeguarding from abuse**<br>• **Food and drink**<br>• **Premises and equipment**<br>• **Good governance**<br>• **Staffing**<br>• **Fit and proper staff**<br>• **Duty of candour** |

| | |
|---|---|
| 4. The service model actively **promotes and embeds dignity and respect** for all individuals, at all times | • **Dignity and respect**<br>• **Safeguarding from abuse**<br>• **Complaints**<br>• **Good governance**<br>• **Staffing**<br>• **Fit and proper staff** |
| 5. The service model will offer **value for money** | • **Good governance**<br>• **Staffing** |
| 6. The Providers will work in **Partnership**[1] to deliver quality care | • **Person Centred Care**<br>• **Good governance**<br>• **Duty of candour** |
| 7. The service model is **flexible, creative and innovative** in its approach in order to meet **individual need** | • **Person Centred Care**<br>• **Premises and equipment**<br>• **Complaints**<br>• **Good governance**<br>• **Staffing** |
| 8. The service model will ensure the **promotion of social inclusion** | • **Person-centred care**<br>• **Dignity and respect**<br>• **Good governance**<br>• **Staffing** |

[1] See Section 4

| | |
|---|---|
| 9. The Providers will ensure there is an **environment that allows individuals to reach their full potential** | • **Person-centred care**<br>• **Dignity and respect**<br>• **Food and drink**<br>• **Premises and equipment**<br>• **Complaints**<br>• **Good governance**<br>• **Staffing** |
| 10. The Providers will work with Residents and their support network to optimise physical and mental **wellbeing** | • **Person Centred Care**<br>• **Dignity and respect**<br>• **Safety**<br>• **Food and drink**<br>• **Premises and equipment**<br>• **Staffing** |
| 11.The Providers will give due attention to the promotion and development of a **Sustainable Community** | • **Complaints**<br>• **Good governance**<br>• **Staffing**<br>• **Fit and proper staff**<br>• **Duty of candour** |

## 7. Quality Assurance, Monitoring and Performance Management

There is a shared responsibility for ensuring that vulnerable people receive high quality care and support, as set out in the Aims, Vision and Principles of this document (Section 3). It is important to know that these services are delivered with dignity and respect, and uphold the diversity, values and human rights of the people using the service. BCC and Bristol CCG will check that this happens by means of a Quality Assurance (QA) Framework and Plan. In addition, we require Providers to take responsibility for the quality, and quality assurance, for all aspects of their services.

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. They inspect the Care Home services that are commissioned by BCC and BCCG. In addition to the CQC, Healthwatch have the power to 'Enter and View'

Providers so that their authorised representatives can observe matters relating to health and social care services.

The Commissioners relationship with the Provider is **separate** to the role of the regulator (CQC). The Commissioners responsibility is for monitoring how the Provider is performing under the specific commissioner / provider contract. Commissioners also expect Providers to play a key role in their own quality assurance and performance management.

Under this service specification, Commissioner/s will:

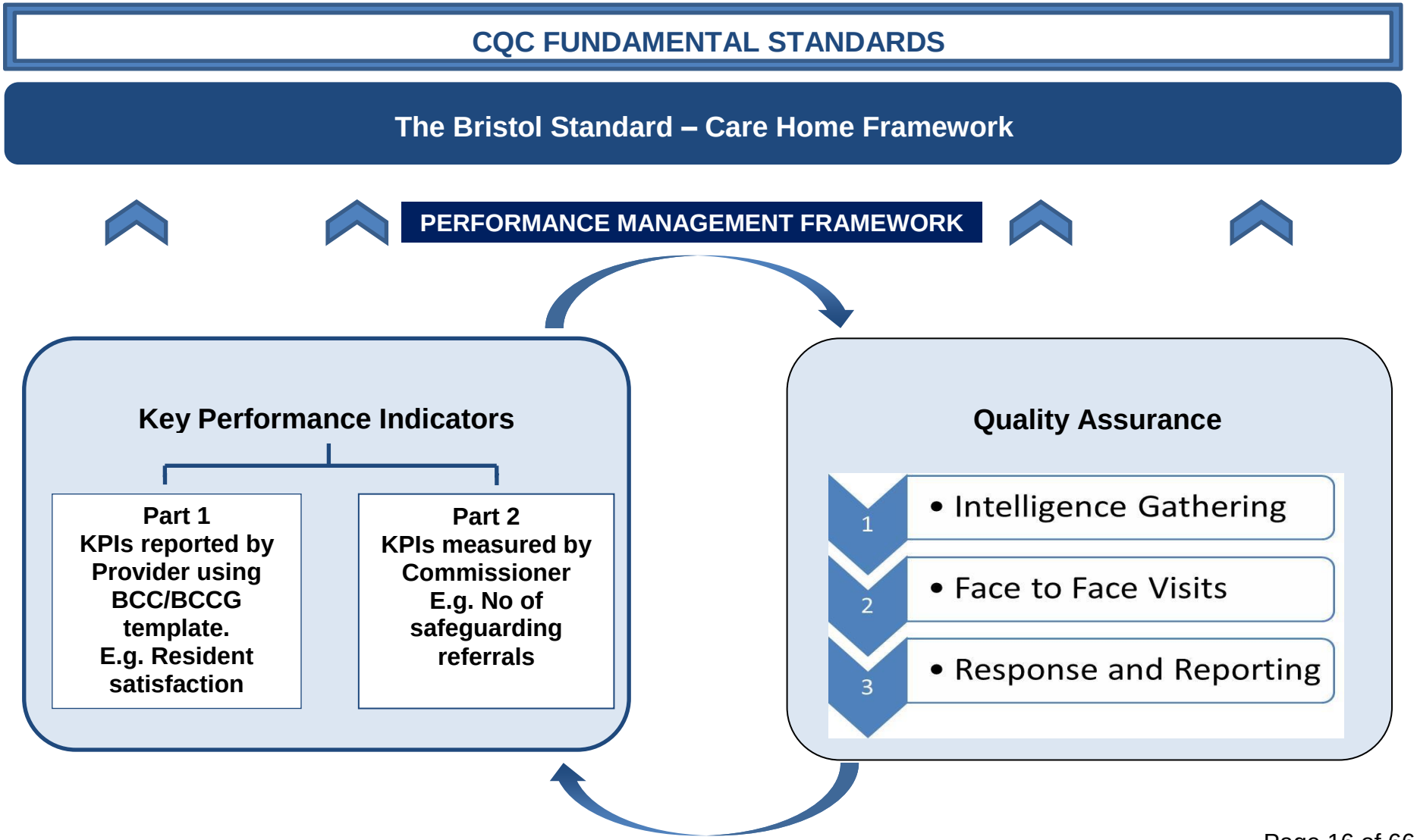
- Monitor Providers in accordance with the BCC – Health & Social Care Quality Assurance Framework (QAF) which is currently being developed. BCC and Bristol CCG will work together and share intelligence in order to assure the quality of the Providers that are jointly commissioned.
- Performance manage Providers in accordance with the Care Home Services Performance Management Framework (PMF) detailed in schedule 1 of the Care Home Services Contract.
- Require all Providers to report against Key Performance Indicators (see below) on a quarterly basis.
- Complement the inspection process used by the CQC and avoiding duplication.
- Use intelligence gathered from CQC inspections to inform areas for further monitoring under the QAF.
- Use performance data reported to CQC where possible and sharing the same definition as the data requested on the Performance Information Return (PIR).

Under this service specification, Providers will:

- Be CQC registered and compliant with all aspects of their registration.
- Be subject to joint performance and quality meeting arrangements from Commissioners.
- Undertake staff and residents satisfaction surveys, which include residents and staff, at regular intervals. The results and findings will be shared with key stakeholders (internal and external) and used to inform service delivery / improvement plan(s).
- Implement and proactively manage their own quality assurance processes that identify any failures in service delivery (in accordance with outcome 7.14 – “Service / Resident Outcomes”). Providers will be able to demonstrate that they are actively involved in their own internal audit and will be able to share the findings of any internal audit reports and resulting action plans.
- Report serious and untoward incidents and statutory notifications to Commissioners at the same time as they are reported to the CQC.
- Share information with Commissioners on the number of units closed due to Safeguarding.
- Notify Commissioners within 24 hours if a CQC investigation takes place and;
  a) Report whether the investigation was routine or reactive.
  b) Relay the verbal feedback.

- Be required to complete and return a quarterly performance template and an annual Quality Assurance Self-Assessment Survey on behalf of their service to Commissioners.

**Figure 1: Measuring and Monitoring Quality and Performance in Bristol Care Homes**



## 7.1 Quality Assurance

BCC is currently designing a Quality Assurance Framework (QAF). This will apply to all social care services that are commissioned for adults in Bristol. The QAF will be used by commissioners to monitor and review services being delivered under this contract. The QAF will set out the methods that Commissioners will use to assess quality and the steps that will be taken when services do not meet the required standards. The QAF will complement the inspection process used by the CQC; use intelligence gathered from CQC inspections to inform areas for further monitoring under the QAF; and avoid duplication with CQC and Healthwatch 'Enter and View' by making an informed judgement where independent evidence is sufficient to satisfy outcomes under the QAF. The QAF is underpinned by a cyclical 3 stage process:

Stage 1: Intelligence Gathering – To include a requirement for Providers to complete an annual Self-Assessment Survey
Stage 2: Face to face visits
Stage 3: Response and Reporting

The QAF will also complement the PMF for Care Home Services (schedule 1 of the Care Home Services Contract). The PMF will be used to monitor and address performance issues and failures that are integral to the ongoing delivery of Care Home services.

## 7.2 Key Performance Indicators

Key Performance Indicators are linked to Key Outcome areas (please see Section 7) and are to be delivered in accordance with the requirements of the PMF. Where possible, monitoring information will either be collected from the CQC Provider Information Return (PIR) or use the same descriptions and definitions as the PIR.

**Table 2: Key Performance Indicators (KPIs)**

| Key Outcome | Key Performance Indicator | Potential target / measure | Category |
|---|---|---|---|
| Safety | 1. Safeguarding | Safeguarding referrals | 1 – Service Safety |
| | 2. Serious Incidents and notifications (CQC) | Serious incidents / statutory notifications reported to CQC | 1 – Service Safety |
| | 3. Hospital visits / admissions | Unplanned A & E attendance / hospital admissions | 1 – Service Safety |
| | 4. Number of falls | Falls in the care home | 1 – Service Safety |
| Partnership Working | 5. Referrals accepted | Block contracts – Number of referrals refused by a care home<br>Spot contracts – Number of referrals refused (if home offers to take a placement, is awarded it and then refuses it). | 3 – Contract Compliance |
| Staffing | 7. Staff Qualifications | Staff achieving QCF qualification levels QCF | 2 – Service Quality |
| | 8. Staff Training | Staff completing required training | 2 – Service Quality |
| | 9. Staffing Arrangements and Turnover | Care workers vacancies and turnover | 2 – Early warning |
| Resident feedback | 10. Complaints | Number of complaints and resolution | 2 – Early warning / Contract Compliance |
| | 11. How satisfied is the Resident with the care home service they receive? | Resident satisfaction | 2 – Early warning / Service Quality |
| KPI Reporting | 12. Provide KPI information | Care homes submit KPI information | 1 – Service Safety |
| | 13. Provide full and accurate KPI information | Care homes submit full and accurate KPI information | 2 – Contract Compliance |

# Section Two – Service Specific Outcomes and Standards

## 8. CHOICE, CONTROL AND VOICE

### 8.1. Access to the care home

**Resident Outcome:**

Residents and their support network are able to make an informed decision about the home's ability to meet their needs and achieve desired outcomes on the basis of information provided by the home. Assessments and admissions procedures are completed in a timeframe agreed by Residents.

**Service Outcome:**

All stakeholders that have an interest in the care and well-being of a Resident contribute to the assessment process which determines whether the home can meet the individual's needs and outcomes.

| No | Standard |
|---|---|
| 1 | The Commissioning Organisation, the Provider, the Resident and their support network must be satisfied that the Resident could have their needs met and their agreed outcomes achieved when living in the care home. The Provider will have a robust pre-admission procedure as part of this process. |
| 2 | The Provider will enable the Resident and their support network to visit the care home prior to admission and to talk to existing residents and view the home's facilities. |
| 3 | The Provider will make available a brochure for prospective residents detailing the services they can expect from the home, regardless of whether they are self-funding, or funded by the Commissioning Organisation. The brochure should be available in variety of accessible formats to ensure that all potential residents are able to understand them. The service will directly provide or organise the necessary support to Residents to ensure this standard is met, for example, by utilising British Sign Language / Community Language interpreters. |
| 4 | For Local Authority funded residents, using the Self Directed Support process (SDS), the care manager, Resident and their support network will together draw up and agree a SDS Plan, which will be sent to the Provider prior to admission. This SDS Plan will identify the Resident outcomes to be achieved by the care home service. |
| 5 | For Continuing Health Care (CHC) funded residents the CHC Nurse assessor, Resident and their support network will together draw up a CHC Care Plan, which will be forwarded to the Provider prior to admission. |
| 6 | For self-funding residents the Provider will draw up a Care and Support plan as detailed in Standard 8. The Provider will ensure that as part of the admission procedure, a CHC checklist is completed for new admissions to Nursing Care beds. |

| | |
|---|---|
| 7 | The Provider will ensure all Residents are registered with an appropriate General Practitioner within 7 days of admission. In the event that this is not possible, the Provider will evidence that an attempt has been made within this timescale and detail the reasons for any delay occurring (which may be as a result of a delay by the Provider, the Resident, their Support Network or by the GP Surgery). |
| 8 | The Provider will draw up an initial Care and Support Plan within the first 48 hours of admission. A full person centred Care and Support Plan will be drawn up by the Provider not more than four weeks after admission but will evolve and develop during the Resident's stay. The plan will be developed in line with the Providers own policies and procedures but will meet the following requirements:<br>• The plan will be drawn up with the Resident and their support network so they are encouraged to determine their own needs.<br>• The plan will include the outcomes from the Commissioning Organisation's SDS / CHC Care Plan and will describe in detail the way they are to be achieved with the Resident.<br>• Attention will be given by the Provider to ensure the plan is person centred on the needs of the Resident, reflecting their background, qualities, abilities, interests and preferences (i.e. dietary needs).<br>The plan will also include risk assessments, risk management plans and mental capacity assessments as required. |
| 9 | Where the Resident has a cognitive impairment, every effort will be made to engage with them in the best way possible to discover their views and preferences in accordance with the Mental Capacity Act Code of Practice. |
| 10 | Residents will be made aware of their right to access formal advocacy services at time of admission. Details of advocacy organisations who support care homes can be found at http://www.wellaware.org.uk |
| 11 | The Provider will have a clear policy for handling and safeguarding Residents' finances and benefits. The Provider will not be responsible for the administration of Residents' finances unless the Resident or a nominated person from their support network (including their care manager) requests this. |

**Examples of Evidence**

- ✓ Care home brochure / welcome pack / website
- ✓ Admissions policy/ pre admission assessments
- ✓ Notice boards
- ✓ Resident Care and Support plan
- ✓ Risk assessments
- ✓ Mental Capacity Act assessments
- ✓ Best interest assessments
- ✓ Deprivation of Liberty Safeguard paperwork
- ✓ Resident finance policy / records
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Feedback/ interviews with s/u & support network

**Related CQC Fundamental Standards**

- ✓ Person Centred Care
- ✓ Dignity and respect
- ✓ Consent
- ✓ Staffing

**Key Outcomes**

- ✓ Person centred care and personalised support (2)
- ✓ Dignity and respect (4)
- ✓ Wellbeing (10)

## 8.2. People are treated with dignity and respect

**Resident Outcome:**

Residents feel they are respected, their dignity and privacy is upheld in the way they feel is right. Residents are supported to achieve and maintain their maximum level of independence.

**Service Outcome:**

The service actively promotes dignity, respect and independence.

| No | Standard |
|---|---|
| 1 | Residents receive the assistance they need to maintain a standard of hygiene they are satisfied with and comfort and dignity in a manner that complies as far as possible with their wishes, regardless of any mental impairment that may lead to the Resident being less aware of their preferences. |
| 2 | The Provider will ensure that Residents receive appropriate 'moving and handling' practice from care staff which is delivered in a way where staff communicate with the Resident throughout, and uphold the dignity, privacy and safety of the Resident. |
| 3 | The Provider will ensure that all staff are competent in respectful communication with all Residents. Communication refers to conveying information through the exchange of thoughts, messages, or information, as by speech, visuals, signals, writing, or behavior. |
| 4 | Residents are enabled to build and maintain independent daily living skills. |
| 5 | The Provider will ensure Residents wishes with regard to daily living activities and routines are addressed. |
| 6 | Residents will be given the choice of which gender of staff they require and the Provider will ensure all efforts are made to accommodate these wishes. Resident choice will be evidenced as part of the Care and Support Plan. |
| 7 | Residents will be treated with respect, which includes appropriate use of language, tone and body language that will vary depending on the individual. |
| 8 | Where required, Residents will be assisted with eating and drinking in a dignified and safe manner, ensuring Residents are positioned appropriately and have access to appropriate eating / drinking aids to promote independence. |
| 9 | The Provider will ensure that every Resident has a Care and Support plan that refers to their personal wishes, preferences and priorities and to the support they need in order to retain and develop their sense of dignity and personal identity. |
| 10 | The Provider will work with the Resident, their support network and Health and Social Care professionals to identify triggers which may lead to distress by the Resident and other residents, and ensure that these are reflected in care planning and delivery to avoid escalation of challenging behaviour. |
| 11 | Residents are assisted to develop acceptable behaviour through encouragement and constructive staff response to any inappropriate behaviour. Staff understand the correct and approved ways of responding to such behaviour and the Resident experiences the positive benefits of these techniques. |

| | |
|---|---|
| 12 | Where de-escalation techniques have proved unsuccessful, the Provider will ensure that:<br>• Any restrictive practices used are proportionate to the likelihood and seriousness of the harm that may result if no restrictive practice was used and is the least restrictive practice possible.<br>• If the person does not have the capacity to agree, the decision to use restrictive practices must be in their best interests and informed by a best interests decision made by the care home and involving all relevant parties (e.g. the home manager, social worker, the Resident's representatives and where possible, the Resident).<br>• If the person does have capacity they must give permission for restrictive practices to be used.<br>• The decision to use restrictive practices must be recorded and regularly reviewed as part of the Resident Care and Support Plan.<br>• Staff may only employ restrictive practices after they have received training from appropriately accredited and skilled professionals. |
| 13 | Residents shall be protected from excessive or frequent noise and disturbance, particularly at night. Levels of noise and lighting will be appropriate to the setting and time of day. |
| 14 | Residents personal possessions, including clothing, furniture and jewellery are respected, safe and accounted for by the Provider. |

**Examples of Evidence**

- ✓ Resident Care and Support plan
- ✓ Daily recording in Care and Support plan
- ✓ Accident / Incident forms
- ✓ Risk assessments
- ✓ Resident inventory of belongings
- ✓ Staff meeting minutes
- ✓ Resident meeting minutes
- ✓ Support network meeting minutes
- ✓ Staff training matrix
- ✓ Observation of practice (internal Provider quality assurance)
- ✓ Handover / staff communication records
- ✓ Observation of practice (commissioning organisation quality assurance)
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Resident interviews and feedback
- ✓ Support network interviews and feedback

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Dignity and respect
- ✓ Consent
- ✓ Food and drink
- ✓ Good governance
- ✓ Staffing
- ✓ Duty of candour

**Key Outcomes**

- ✓ Promotion of independence (1)
- ✓ Person centred care and personalised support (2)
- ✓ Dignity and respect (4)
- ✓ Flexible, creative and innovative (7)
- ✓ Wellbeing (10)

## 8.3. Person centred care

**Resident Outcome:**

Residents are treated as individuals with unique backgrounds, qualities, abilities, interests, preferences and needs

**Service Outcome:**

The service promotes and embeds person centred care as standard practice in care planning and delivery.

| No | Standard |
|---|---|
| 1 | The Provider ensures that Resident's care and support is person centred and tailored to the individual needs of each Resident. |
| 2 | The Provider ensures that each Resident is allocated a key worker, who understands their individual needs and preferences and regularly liaises with the Resident's support network. |
| 3 | The Provider ensures that clear Care and Support plans are kept and maintained reflecting the changing needs and preferences of Residents and the care provided to meet their needs. |
| 4 | The Resident and their support network are given the opportunity to input in to care plan reviews. |
| 5 | The Provider ensures that meaningful activities within / outside the home are available to meet social needs. Activities will provide intellectual stimulation, focus on life stories, and enable Residents to re-establish lost skills and to develop new skills. |
| 6 | The Provider will ensure that Residents are able to exercise choice and control with regard to their care and time at the home, recognising what Residents would like to and can do for themselves. |
| 7 | Through gathering the Resident's life story and remembering that the Resident has a past, present and future, continuity, the Provider will ensure that the habits and routines that the Resident had before admission to the home continue as far as practicable in the Resident's best interests. Achieving this standard will add to the sense of familiarity and continuity for the Resident. This may include waking / sleeping times. |

**Examples of Evidence**

- ✓ Resident Care and Support plan
- ✓ Daily recording in Care and Support plan
- ✓ Resident Life Story / Map of Life
- ✓ Key Worker allocation
- ✓ Activities timetable / log / record of involvement
- ✓ Resident meeting minutes
- ✓ Support network meeting minutes
- ✓ Handover / staff communication records
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Resident interviews and feedback
- ✓ Support network interviews and feedback

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Good governance
- ✓ Staffing

**Key Outcomes**

- ✓ Promotion of independence (1)
- ✓ Person centred care and personalised support (2)
- ✓ Flexible, creative and innovative (7)
- ✓ Environment (9)
- ✓ Wellbeing (10)

## 8.4. Equalities

**Resident Outcome:**

Residents feel that their specific equalities needs* and desired outcomes are recognised, valued and met. Residents do not experience direct or indirect discrimination, harassment or prejudice in the way services are provided or in the way they are treated by staff, other Residents, visitors, family and friends. *(*Defined as any additional needs arising from their age, disability, race, sex, gender reassignment (transgender), sexual orientation, marriage and civil partnership, pregnancy and maternity and religion and belief (including those with no religion and belief).*

**Service Outcome:**

Commissioned Providers and their staff will work from an equalities perspective with Residents and others. Equality of opportunity is advanced by meeting Resident needs arising from their age, disability, race, sex, gender reassignment (transgender), sexual orientation, marriage and civil partnership, pregnancy and maternity and religion and belief (including those with no religion and belief).

| No | Standard |
|---|---|
| 1 | Criteria for services are clearly stated and can be made available in a variety of accessible formats to ensure that all potential Residents are able to understand them. The service will directly provide or organise the necessary support to Residents to ensure this standard is met, for example, by utilising British Sign Language / Community Language interpreters. |
| 2 | Providers will ensure that staff understand and are able to meet the specific equalities needs of Residents. Staff will receive equalities training to ensure that care, support and activities are provided in a way that meets any Residents identified need. |
| 3 | Provider equalities policies must be in place. These must be up to date and make reference to the Equalities Act 2010. Providers must comply with the Equalities Act 2010 (and any subsequent amendments). |
| 4 | All staff induction will include equalities training and be updated every 2 years or following new guidance and legislation. Staff knowledge around equality groups and their practice in delivering care and support is actively monitored through staff supervision and appraisal. Any ongoing learning and development needs will be identified through supervision and appraisal and the service will ensure identified staff learning needs are met. |
| 5 | Language that Residents find demeaning, offensive or unacceptable must always be seen as unacceptable practice. The home will promote the use of inclusive language that makes no assumptions about a Resident's background, belief or relationships with others. |
| 6 | The Provider will ensure that care and support is provided in a way that meets an individual's needs which may arise from their age, disability, race, sex, gender reassignment (transgender), marriage and civil partnership, pregnancy and maternity, sexual orientation and religion and belief (including those with no religion and belief). For example:<br>• This may be adjusting meals as a result of a Resident's religious views<br>• Ensuring that no assumptions are made about an individual's sexuality and that the culture of the home is such that Residents feel their sexuality is respected. |

**Examples of Evidence**

- ✓ Equalities policy
- ✓ Care home brochure / welcome pack / website
- ✓ Resident Care and Support plan
- ✓ Daily recording in Care and Support plan
- ✓ Risk Assessments
- ✓ Staff induction plan / training matrix
- ✓ Staff meeting minutes
- ✓ Observation of practice (internal and external)
- ✓ Interviews – staff and management
- ✓ Resident feedback / interviews
- ✓ Support network feedback / interviews

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Dignity and respect
- ✓ Good governance
- ✓ Staffing

**Key Outcomes**

- ✓ Person centred care and personalised support (2)
- ✓ Dignity and respect (4)
- ✓ Social inclusion (8)
- ✓ Wellbeing (10)

## 8.5. Person centred reviews (by the Commissioning Organisation and Provider)

**Resident Outcome:**

Regular reviews ensures that plans made in agreement with Residents and their support network are put into effect in order to achieve their desired outcomes and are amended whenever necessary so that outcomes begin or continue to be achieved.

**Service Outcome:**

Regular review ensures that there is a dynamic process in place involving the Resident, their support network, the Commissioning Organisation and the Provider so that needs are assessed, regularly reviewed and Care and Support Plans made to achieve Resident outcomes.

| No | Standard |
|---|---|
| | **Commissioning Organisation Review** |
| 1 | The Commissioning Organisation will lead and co-ordinate an initial review as agreed with the Care Home Provider. Following that the Commissioning Organisation will lead reviews as appropriate for each funded Resident, depending on outcomes, risk and need. Where reviews are not annual, the Commissioning Organisation may require the Provider to forward a copy of the annual review of the Residents Care and Support plan, or respond to other information requests. |
| 2 | A review by the Commissioning Organisation to ascertain whether a Residents placement in a home remains appropriate may be requested by the Resident, their support network, the Commissioning Organisation, or by the Provider. All parties will work together to ensure that a review of a Resident's needs takes place within an agreed timescale which should be on the basis of risk. |
| 3 | The Commissioning Organisation's review will involve the Resident, their support network where appropriate or requested by the Resident, the Provider, the Commissioning Organisation's representative and other health professionals as required. |
| 4 | The review will address the extent to which the outcomes required of the placement are being met. The Resident's SDS Plan / CHC care plan will be amended as appropriate following the review. Any such amendments will also lead to similar adjustments by the Provider to the Resident's' Care and Support plan. |
| | **Provider Review** |
| 5 | The Provider will be responsible for carrying out their assessment of the Resident's needs and putting a Care and Support Plan in place to achieve person centred outcomes. The Care and Support Plan will correspond to the outcomes identified in the SDS Plan / CHC Care Plan. |
| 6 | A holistic review of the outcomes stated in the Resident's Care and Support Plan will take place by the Provider on an annual basis. In addition, a review of outcomes expressed in the Care and Support plan will take place on a monthly basis. Review of Care and Support Plans will involve such other people that appear necessary to contribute to this process; this may include other health professionals and others who the Resident wishes to invite from their support network. |
| 7 | Residents must be involved in the review process and supported to attend review meetings. |
| 8 | The Care and Support Plan will be amended as appropriate. This may be as a consequence of ongoing monitoring of specific outcomes, re-assessment following a change in Resident circumstances or the annual review process. Care and Support Plans must also address needs and outcomes relating to the Residents' emotional, psychological, social and cultural needs, paying particular attention to their quality of life, their life history and their dignity. |
| 9 | The Commissioning Organisation, at any time, may request a copy of the Care and Support Plan. The Provider will make this available within 2 working days of the request. |

| | |
|---|---|
| 10 | Residents must have an active role in specifying preferences in the way their care and support is delivered and their rights in law must be upheld, including their rights under the Mental Capacity Act 2005 and its impact on assessment and Care Planning practices. |

**Examples of Evidence**

- ✓ Resident Care and Support plan
- ✓ Reviews of Care and Support Plan
- ✓ Provider Referral log for review of Resident by Commissioning Organisation
- ✓ Commissioning Organisation Reviews performance
- ✓ Risk assessments
- ✓ Mental Capacity Act assessments
- ✓ Best interest assessments
- ✓ Deprivation of Liberty Safeguard paperwork
- ✓ Support network meeting minutes
- ✓ Resident meeting minutes
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Resident feedback / interviews
- ✓ Support network feedback / interviews

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Good governance
- ✓ Staffing

**Key Outcomes**

- ✓ Person centred care and personalised support (2)
- ✓ Partnership (6)

## 8.6. Complaints and compliments

**Resident Outcome:**

Residents and/or their support network agree that their complaints and concerns have been thoroughly investigated and that decisions made and actions taken as a result have been discussed with and explained to them.

Residents are aware of their right to complain to Commissioners and/or the Care Quality Commission if they do not agree that the Provider has addressed their complaint in a satisfactory manner.

**Service Outcome:**

The home has a process in place that ensures that all concerns and complaints are thoroughly investigated and an appropriate response is given to complainants within a specified time frame and with regard to the Local Authority Social Care and National Health Service Complaints (England) Regulations (2009).

Appropriate action is taken when concerns / complaints are upheld or partially upheld. The Provider regularly analyses the number and nature of complaints and compliments to establish trends, and takes action to implement service improvements as a result of the learning from complaints.

| No | Standard |
|---|---|
| 1 | The Provider's complaints and compliments procedure must be simple, well publicised and available in a format accessible to all Residents to enable an individual or someone acting on their behalf to make a complaint or express a concern regarding the service provided. This procedure must allow for complaints to be made on equalities grounds. |
| 2 | The Provider complaints procedure will contain the information necessary to enable the Resident to make a complaint to the local Commissioning Organisation and the Local Government Ombudsman / Health Service Ombudsman. |
| 3 | The Providers complaints procedure must set out time scales for complaint investigation and provide for a written response to the complaint, which clearly states the outcomes of the investigation. Timescales, date of response letter and a summary of outcomes will be recorded in the response section of the Providers log. |
| 4 | Providers will maintain a log of complaints, concerns and compliments showing:<br>• Date complaint / concern was received.<br>• The name and address of the Resident.<br>• The name and address of the complainant (where different).<br>• The nature of the complaint / concern / compliment.<br>• The response to the complaint / concern / compliment.<br>• The complainant's level of satisfaction with the outcome of the complaint and the way in which it is investigated.<br>• The date when the commissioning organisation was informed of the complaint. |

| | |
|---|---|
| 5 | Where the Resident remains dissatisfied following a complaint investigation the Provider will draw the Resident's attention to the Commissioning Organisation's complaints procedure and offer any assistance required in enabling the Resident to make a complaint to the Commissioning Organisation. |
| 6 | The log of complaint and copies of the Providers letter of response to complainants must be made available for inspection by the Commissioning Organisation at any time. The log of the complaints and an analysis of the complaints and their outcomes must be provided to the Commissioning Organisation on request. |
| 7 | Providers to notify the Commissioning Organisations Complaints Team of complaints and response within 5 working days of finalisation of complaint. |
| 8 | Providers will co-operate fully in any investigation conducted by the Commissioning Organisation under its complaints procedure*<br><br>**Health and Social Care retains a duty of care in relation to Residents receiving services commissioned from independent sector Providers. This means that complainants have a continuing statutory right to make a complaint to the Local Authority under the Health & Social Care complaints procedure regarding the exercise of that duty of care. Whilst it is expected that in the first instance complaints should be addressed to the Provider for a response under their own complaints procedure, there will be occasions when complainants remain dissatisfied with the response they receive and address their concerns to HSC who may decide to conduct their own investigation.* |
| 9 | Providers will ensure compliance with the regulations for handling complaints set out in the Local Authority Social Care and National Health Service Complaints [England] Regulations (2009) |

**Examples of Evidence**

- ✓ Complaints and compliments policy
- ✓ Complaints and compliments log
- ✓ Complaints response letters
- ✓ Welcome pack / brochure / website
- ✓ Notice board displaying complaints and compliments process
- ✓ Resident meeting minutes
- ✓ Support network meeting minutes
- ✓ Commissioning Organisation audit of complaints
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Resident feedback / interviews
- ✓ Support network feedback / interviews

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Complaints
- ✓ Good governance
- ✓ Staffing
- ✓ Duty of candour

**Key Outcomes**

- ✓ Person centred care and personalised support (2)
- ✓ Partnership (6)

## 8.7. Choice, control and engagement

**Resident Outcome:**

Residents are able to exercise choice and control. The Resident will be actively involved in planning, implementing and reviewing their own care, and will feel able to contribute their own ideas as to how they would like to lead their life.

**Service Outcome:**

The Provider promotes Resident choice and control. Residents will be in control of their own life and, if possible, will be encouraged to live independently in the community with an appropriate support provider if they so wish.

The Resident will be consulted as to what their needs, wishes and preferences are in all aspects of their life in the Care Home, including participation in activities outside the Care Home.

| No | Standard |
|---|---|
| 1 | The Resident is consulted as to his/her wishes and these are acted on or taken into account. |
| 2 | The Resident is comfortable with expressing their preferences and asking for his/her wishes to be carried out. |
| 3 | The Provider should believe in Residents and display a non-judgemental attitude to the Resident and his/her choices. |
| 4 | The Provider should encourage the Resident to express choice and control. |
| 5 | The Provider should encourage Residents to take risks in their lives and make their own decisions |
| 6 | The Provider should provide guidance as to what would be in the Resident's best interests where appropriate. |
| 7 | The Provider will promote the active engagement of the Resident in all aspects of their care, including planning, implementation and review. |
| 8 | The Provider will ensure that any expression of needs, wishes and preferences by the Resident is recorded in their Care & Support Plan and the Care & Support Plan should, where appropriate and within reason, be modified to reflect this. |
| 9 | Where appropriate Residents should be supported to move on and live independently and able to make informed choices about other options e.g. Extra Care Housing. |
| 10 | The Provider will enable Residents to access the education and employment opportunities that they wish to pursue. |

**Examples of Evidence**

- ✓ Resident Care and Support plan
- ✓ Support network meeting minutes
- ✓ Resident meeting minutes
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Resident feedback / interviews
- ✓ Support network feedback / interviews
- ✓ Daily recording in Care and Support plan
- ✓ Resident Life Story / Map of Life
- ✓ Observation of practice (internal Provider quality assurance)
- ✓ Handover / staff communication records

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Dignity and respect
- ✓ Consent
- ✓ Good governance
- ✓ Staffing

**Key Outcomes**

- ✓ Promotion of independence (1)
- ✓ Person centred care and personalised support (2)
- ✓ Dignity and respect (4)
- ✓ Wellbeing (10)

## 8.8. End of life care

**Resident Outcome:**

Residents are as comfortable as possible in the period leading up to their death. Their physical, emotional and spiritual needs are met so that they live out their lives in as dignified and peaceful a manner of their choosing. Where possible, Services Users are involved in the assessment and planning of their End of Life Care.

**Service Outcome:**

Care and Support provided minimises the pain, discomfort and distress experienced by Residents at the end of their life. Residents' family and friends are given general and bereavement support by staff and treated with sensitivity. End of Life care planning will assist the Resident, their support network and the Provider to understand the choices being made about levels of intervention, location of death, and access to other services in the final stage of life.

| No | Standard |
|---|---|
| 1 | The Provider will work with the national standards for end of life care, details of which can be found at the following link http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_101684.pdf |
| 2 | Staff are appropriately trained and supported to cope with death, dying and bereavement; and to manage the processes and procedures sensitively to ensure the Resident receives the appropriate care and symptom relief. |
| 3 | Staff have access to and are trained in the use of equipment associated with the provision of palliative and are competent and confident in its use. |
| 4 | An Advanced Care Plan to meet the Resident's wishes in the event of death is in place. Care delivery must be managed in accordance with 'One Chance to Get it Right' or a recognised equivalent. The Advanced Care Plan will be linked to the GP notes and clearly documented within the individual's Care and Support plan. |
| 5 | The Provider will use the local Advance Decision to Refuse Treatment (ADRT) and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policies ensuring Residents are able to express their treatment / resuscitation wishes and that treatment / resuscitation decisions are documented and shared with those who need to know, and that relevant signed, original documents are available immediately to clinicians in a time of crisis. |
| 6 | Spiritual needs are identified and appropriate support is provided. |
| 7 | The Resident's support networks are able to spend as much time with the person as they wish in line with the individual's preferences. |
| 9 | Policies, procedures guidelines and support materials to support the provision of excellent end of life care are in place and draw on national clinical guidelines and good practice i.e. 'Gold Standard Framework', anticipatory prescribing, and involvement of specialist services where appropriate, e.g. St. Peter's Hospice. |
| 10 | Nursing staff employed by the care home are trained in verification of death according to Bristol's policy (Bristol only). |
| 11 | Relatives are involved in end of life care decisions especially where capacity is lacking through using "Advance Wishes – on behalf of someone else". |
| 12 | Nursing homes take advantage of local GP enhanced service agreements (where they are in place) to ensure that Residents routinely receive medical oversight of their end of life care. All nursing homes will ensure that care plans relating to end of life care are in place and compatible with current Department of Health guidance. |

**Examples of Evidence**

- ✓ Resident Care and Support Plan
- ✓ DNACPR form
- ✓ Advanced Care Plan
- ✓ Staff training matrix
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Feedback from GP's and other health and social care professionals

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Dignity and respect
- ✓ Consent
- ✓ Safety
- ✓ Good governance
- ✓ Staffing

**Key Outcomes**

- ✓ Person centred care and personalised support (2)
- ✓ Safe (3)
- ✓ Dignity and respect (4)

## 9. FREE FROM HARM

### 9.1 People are safe and care is always delivered in their best interests

**Resident Outcome:**

Resident's lives are free from fear, abuse and neglect.

**Service Outcome:**

The service protects Residents from abusive practices and ensures Residents' safety.

| No | Standard |
|---|---|
| 1 | The Provider has a clear, accessible, workable, promoted and regularly reviewed whistle-blowing policy that is shared with Residents. The Provider will ensure staff are aware of the duties relating to Safeguarding under the Care Act 2014. |
| 2 | The Provider has a clear process and associated documentation for recording allegations of abuse. |
| 3 | The Provider is subject to the safeguarding duties under the Care Act 2014, including reporting procedures, by:<br>• Ensuring that alerts are made in a timely way, appropriate to the level of urgency and risk.<br>• Ensuring that alerts contain all relevant information with regard to any allegation made to ensure that any investigation can be conducted comprehensively.<br>• Ensuring that alerts are made to the relevant agencies.<br>• Ensuring that the Care Quality Commission is informed.<br>• Ensuring that Residents are asked to consent to an alert being made, where they have capacity to do. Reasons for over riding consent, e.g. that others may be at risk, must be explained to the Resident.<br>• Ensuring dignity, choice and respect for the Resident is maintained throughout any investigation and they are informed of the outcome.<br>• Ensuring engagement with the safeguarding process, which may include participation in safeguarding strategy meetings and producing written reports of safeguarding investigations. |
| 4 | The Provider will ensure that policies and procedures are covered in induction and fully understood by staff. All staff will have an initial understanding of Safeguarding duties under the Care Act 2014 within their first week of employment. Comprehensive training on awareness and prevention of abuse is given to all staff as part of their core induction within 3 months and updated at least every 2 years. In addition, update training will be provided in light of new policies and procedures introduced either locally or nationally. |
| 5 | The Provider agrees to be bound by any decision made by the lead Commissioning Organisation with regard to restrictions on, or the cessation of, placements at the home. The decision will be time limited and taken as a consequence of a risk assessment using information which indicates that all Residents at the home are at risk of significant harm. The Provider agrees to also consider a voluntary ban on all placements in such circumstances in order to minimise risk to Residents and support a focus on actions to resolve any issues of concern. |
| 6 | The Provider will ensure that due regard and promotion of Resident choice and control is given to Residents at all times to avoid abusive and disrespectful practice. |

**Examples of Evidence**

- ✓ Resident Care and Support plans
- ✓ Safeguarding / Whistle-blowing policies (clear and visible)
- ✓ Reporting in line with Care Act 2014
- ✓ Safeguarding log / folder
- ✓ Accident / Incident forms
- ✓ Staff induction plan
- ✓ Staff training plans
- ✓ Staff meeting minutes
- ✓ Observation of practice (internal Provider quality assurance)
- ✓ Observation of practice (commissioning organisation quality assurance)
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Resident feedback / interviews
- ✓ Support network feedback / interviews

**Related CQC Fundamental Standards**

- ✓ Safeguarding from abuse
- ✓ Complaints
- ✓ Good governance
- ✓ Staffing
- ✓ Fit and proper staff
- ✓ Duty of candour

**Key Outcomes**

- ✓ Safe (3)
- ✓ Partnership (6)

## 9.2. Mental Capacity Act and Deprivation of Liberty Safeguards

**Resident Outcome:**

Each Resident makes their own decisions about the service they are part of and the desired outcomes so far as they are able. Outcomes experienced by Residents who lack capacity service their best interests.

**Service Outcome:**

Residents are supported as much as possible to make their own decisions, anything done for or on behalf of people without capacity is the least restrictive to their basic human rights and done in their best interests.

| No | Standard |
|---|---|
| 1 | The Provider will ensure that assessment of capacity relating to making specific decisions is based on a functional test of capacity. |
| 2 | The Provider will ensure that decisions taken by staff on behalf of a Resident are demonstrably in the Resident's best interests and have taken into account:<br>• The individuals past and present wishes and feelings.<br>• Any belief and values which would have influenced their decision.<br>• The view of their support network and other professionals. |
| 3 | The Provider will ensure that an Urgent Deprivation of Liberty authorisation is taken out, and at the same time an Application for Standard authorisation, is made to the Supervisory body (the Local Authority) when the care home (Managing Authority) believes that it is in the Resident's best interest to deprive them of their liberty. |
| 4 | The Provider will ensure that all staff have been trained in and are able to demonstrate knowledge and practice of the Mental Capacity Act and Deprivation of Liberty Safeguards. |
| 5 | The Provider will ensure there is a clear procedure which is followed setting out the actions required of staff in relation to Residents who do not have capacity to make decisions. |
| 6 | The Provider should review assessments of capacity and best interests decisions (Mental Capacity Act) on at least a monthly basis. |

**Examples of Evidence**

- ✓ Resident Care and Support plan
- ✓ Reviews of Resident Care & Support Plan
- ✓ Mental Capacity Act policy / procedure
- ✓ Mental Capacity Act assessments
- ✓ Best interest assessments
- ✓ Deprivation of Liberty Safeguard paperwork
- ✓ Risk Assessments
- ✓ Staff training matrix
- ✓ Staff/ management interviews
- ✓ Resident interviews and feedback
- ✓ Support network interviews and feedback

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Dignity and respect
- ✓ Safeguarding from abuse
- ✓ Good governance
- ✓ Staffing
- ✓ Fit and proper staff

**Key Outcomes**

- ✓ Person centred care and personalised support (2)
- ✓ Safe (3)
- ✓ Dignity and respect (4)

## 9.3. Management of health and wellbeing needs

**Resident Outcome:**

Residents reach their potential for independence, good-health and wellbeing by receiving the health care and medication they need in a pro-active way to manage their health, delivered by experienced and qualified health care professionals.

**Service Outcome:**

The Provider ensures that the health needs of each Resident are proactively managed through regular reviews of needs, liaison with external health professionals and delivery by competent health care staff. Unnecessary hospital admissions are avoided through management of health and wellbeing needs.

| No | Standard |
|---|---|
| | **Health and Wellbeing Needs** |
| 1 | The Provider ensures that the care home is a physical and mental health promoting environment enabling Residents to optimise their health and wellbeing e.g. by enabling activities, exercise and adopting a healthy living lifestyle. |
| 2 | The Resident, General Practitioner and Provider will work in partnership to develop a Health Action Plan (part of the Care and Support Plan) for the Resident, which outlines the management of their condition and how they will be supported by other Healthcare Providers. This plan will also include provisions to avoid unnecessary hospital admissions. |
| 3 | The Provider ensures that where changes in a Resident's health or condition are identified, these are documented in the Care and Support plan and action is taken to address these. |
| 4 | Residents who wish to continue wellbeing therapies (e.g. massage) they are supported in doing so where possible. |
| 5 | Residents with long term conditions are supported in self-managing their condition (where appropriate) and are involved in decisions about their care. |
| 6 | The Provider ensures that provision is made to support all Residents in attending their screening and clinic appointments at the GP practice or hospital (e.g. eye screening, hearing tests, mammography or annual health checks). In order to ensure equality of access to Health provision, in the event of support being otherwise unavailable, the Provider will ensure that a staff escort is provided on request to enable Residents to attend appointments relating to their Health Care. The provision of staff will fall within the care package commissioned by the Commissioning Organisation. |
| 7 | Residents that require inpatient admission to hospital are accompanied by staff for detailed handover, including necessary documentation, appropriate to their health needs (e.g. Traffic Light Assessments or Communication passports). It is not expected for staff to remain with the Resident during their inpatient admission. |
| 8 | Residents who require routine blood monitoring have this done at the appropriate frequency. |
| 9 | The Provider ensures that all recommendations from health appointments are recorded within the Residents Care and Support plan and actioned as appropriate. |
| | **Hydration & Nutrition** |
| 10 | Residents are weighed and screened for risk of malnutrition on admission using a validated tool such as MUST (Malnutrition Universal Screening Tool). Subsequently, Residents are weighed and screened for risk of malnutrition on a monthly basis or where there is cause for concern. |

| | |
|---|---|
| 11 | The Provider will take appropriate actions following screening with MUST i.e. provision of high protein/high energy snacks/drinks, food fortification and appropriate meals. Where required, referral to Dietician / GP should be made promptly. |
| 12 | The Provider will ensure that food and drink intake is monitored and recorded for those identified as malnourished or at risk of malnutrition and actioned appropriately and promptly. |
| 13 | The Provider will ensure that staff have access to training on the identification of dehydration, malnutrition, and obesity, using MUST and taking appropriate actions in terms of appropriate food and drink provision which may include modified texture diets. |
| 14 | Residents have access to a range of foods and drinks that meet their nutritional, cultural and ethical requirements and reasonable adjustments are made where necessary. |
| 15 | The Provider will ensure that staff have training and are able to demonstrate understanding of the signs and symptoms of swallowing difficulties and when / how to refer to a speech and language therapist. The Provider will ensure that as far as possible Resident's nutrition & wellbeing is maximised by having access to fresh & tasty local and seasonal food where possible. |
| **Pain Management** | |
| 16 | The Provider ensures that members of staff are trained to recognise the verbal and physical signs of pain. |
| 17 | Residents who present with communication difficulties are assessed for pain on admission and when signs of pain are present, using a validated pain assessment tool. |
| 18 | The Provider ensures that where pain of a Resident is recognised, a plan for managing it is recorded in the Resident's Care and Support plan. |
| 19 | The Provider ensures that any change in health status or behaviour (e.g. hitting self or others) of a Resident is recorded. Health appointment/referral for specialist advice is evidenced. |
| **Foot Care** | |
| 20 | The Provider ensures that the foot care needs of Residents is assessed by an appropriately trained person within the first four weeks of admission, and recorded in the Care and Support plan. |
| 21 | The Provider ensures that all recommendations made by a Health Professionals Council (HPC) registered podiatrist / chiropodist are acted upon and incorporated into Residents' Care and Support plan |
| **Dental Hygiene** | |
| 22 | The Provider is proactive in maintaining the oral comfort and hygiene of Residents |
| **Wound Care**<br>*For resources relating to wound care, please visit* http://www.briscomhealth.org.uk/our-services/item/40-wound-care-and-tissue-viability?sid=40 | |
| 28 | Residents have their tissue viability assessed by a registered nurse as part of their initial assessment when moving into the Care Home. The Registered Person ensures that all recommendations are incorporated into the Care and Support plan and carried out in a timely manner. |
| 29 | The Provider ensures that all Category 3 and 4 wounds are referred to the NHS tissue viability service and reported to CQC as standard. |
| 30 | The Provider will ensure that pressure areas are reviewed regularly using the SSKIN Care Bundle. Any ongoing reviews of pressure areas are undertaken and that any wounds that are non-healing or non-progressing after six weeks will be reported to a tissue viability nurse for urgent assessment. |
| 31 | Residents requiring pressure-relieving equipment/mattresses are provided with the correct equipment and these are used/set appropriately/correctly. |
| **Falls** | |
| 32 | The Provider ensures that Residents are assessed for risk of falls within 24 hours of admission and the outcome recorded in their Care and Support plan. Those Residents who are vulnerable to falls are actively supported by their key worker or equivalent member of care / nursing staff to reduce / prevent the risk of a fall occurring and thereby supporting a reduction in unnecessary emergency admissions related to falls. |

| | |
|---|---|
| 33 | The Provider maintains a falls register recording such information as the causes of fall (injurious or otherwise) and this register is regularly audited to ensure that necessary actions are taken to reduce falls within the home. |
| | **Medicines Management** |
| 34 | The Provider ensures that prescription-only medicines are administered in accordance with a valid prescription. All administration errors are recorded as a clinical incident and reported to CQC and advice is sought from the GP or pharmacist. |
| 35 | The Provider ensures that Residents' refusal or omission of any prescribed medicine is documented and any concerns are reported to the GP. |
| 36 | The Provider ensures that where there may be risk of harm to the Resident, medication is withheld by the Provider when instructed by the Residents' GP. |
| 37 | The Provider will make every attempt to encourage Residents to take their medication by usual means. |
| 38 | The Provider ensures that if a Resident is deemed as not having capacity, a Mental Capacity Assessment is undertaken and where appropriate, a Best Interest decision is made by the multidisciplinary team. |
| 39 | The Provider will ensure that any decision to covertly administer medication is documented in the Residents' Care and Support Plan, including information on:<br>• Decision specific Mental Capacity Assessment.<br>• Best Interest decision and reason for convert administration of medication.<br>• That the suitability of administering the medicines with food and drink has been checked with a pharmacist.<br>• Whether the Resident is likely to recover so as to be capable of making their own treatment decisions in the near future.<br>The Provider will ensure regular reviews are undertaken to assess the continued appropriateness of covert administration where this occurs. |
| 40 | The Provider ensures that where Residents' self-administer their medication, it is presented in a form that is accessible and takes into account any disability or compliance problems. |
| 41 | Residents have access to information about their medicines which is presented in an accessible format (e.g. medication information leaflets). |
| 42 | The Provider is proactive in checking that Residents' medication records are the same as those recorded at the GP practice and pharmacy. |
| 43 | The Provider is proactive in reducing polypharmacy and informs the GP if any medicines are no longer needed / being given. |
| 44 | The Provider ensures that where staff or a Resident has concerns about any medication prescribed, this is raised with the Residents' GP or a pharmacist. |
| 45 | The Provider proactively seeks 6-monthly medicines reviews for all Residents by the GP |
| 46 | The Provider holds a Homely Remedies policy that outlines the safe administration of medicines without a prescription (e.g. NHS Bristol Homely Remedies Guidance). |
| 47 | The Provider, in partnership with GPs and other health professionals, will have a strategy for reducing the inappropriate use of anti-psychotic medication. |

**Examples of Evidence**

- ✓ Resident Care and Support Plan
- ✓ Daily recording in Care and Support plan
- ✓ MUST score and review
- ✓ Food / fluid record
- ✓ Menu (meals, snacks, drinks)
- ✓ Body Maps / Photograph (with consent)
- ✓ Falls Register and audit
- ✓ Accident / incident log / form
- ✓ Handover / staff communication records
- ✓ Feedback from GP's and other health and social care professionals
- ✓ MAR sheet
- ✓ Risk assessments
- ✓ Mental Capacity Act assessments
- ✓ Best interest assessments
- ✓ Deprivation of Liberty Safeguard paperwork
- ✓ External professional recording
- ✓ Homely remedy policy
- ✓ Hospital admission rates
- ✓ Notice boards promoting health / wellbeing activities
- ✓ Health action plan or equivalent
- ✓ Observation of practice (internal Provider quality assurance)
- ✓ Observation of practice (Commissioning Organisation quality assurance)

**Related CQC Fundamental Standards**

- ✓ Safety
- ✓ Food and drink
- ✓ Good governance
- ✓ Staffing

**Key Outcomes**

- ✓ Safe (3)
- ✓ Partnership (6)
- ✓ Environment (9)
- ✓ Wellbeing (10)

## 10. WORKFORCE AND LEADERSHIP

### 10.1. Management and leadership of the care home

**Resident Outcome:**

Residents receive a consistent, safe and high quality service to meet their desired outcomes.

**Service Outcome:**

There is strong leadership and management that ensures the service has a strong care and support focus that is person-centred and affords dignity, respect and independence for all Residents. The service develops their management staff to take responsibility for delivering a high quality service and retains high quality staff. There are procedures in place to ensure nurses are supported to meet their revalidation requirements and are competent to practice.

| No | Standard |
|---|---|
| 1 | The Provider is able to demonstrate effective leadership through evidence of a performance culture that inspires staff to achieve and deliver safe, high quality and person-centred care. |
| 2 | The Provider ensures there are workable, fair and published disciplinary, grievance, appeals and sickness absence policies and procedures in place and these are used effectively to manage staff performance. |
| 3 | The Provider ensures that systems for supervision and staff appraisal are clear, appropriate and in place and these are consistency applied in all units. |
| 4 | The Provider offers development opportunities to qualified staff and managers to improve their skills and move to the next level. |
| 5 | The Provider works proactively to retain good quality managers and staff, in the event of change in management; succession planning is robust and evident. |
| 6 | The Provider has in place a business continuity plan to ensure that the service continues to be provided and, as far as practicable, meet Residents' desired outcomes in the event of circumstances that could adversely affect the service. This may be in the event of cold weather, extended heat waves or floods. |
| 7 | The Provider will comply with all Health & Safety regulations and legislation and make their policy and procedures available to the Commissioning Organisation on request. |
| 8 | The Provider will ensure that Residents are involved in formal risk assessments for everyday service activities, carried out by suitably experienced and trained staff. |
| 9 | The Provider ensures that all new managers in Health and Social Care must undertake the Qualifications and Credit Framework (QCF) level 5 Diploma in Leadership and Management within one year of being appointed, if they do not already have a relevant transferable management qualification. |
| 10 | The Provider will engage with the Local Authority and other organisations such as schools and other education establishments to ensure employment opportunities for younger people through appropriate apprenticeship frameworks. |

| | |
|---|---|
| 11 | The Provider must ensure that the quality of life of Residents is embedded throughout the home. Providers will have a clear, visible and regularly reviewed wellbeing policy that addresses staff practice, culture and the environment in relation to maximizing the quality of life of Residents. |
| 12 | The Provider will promote maximising independence and promoting positive occupation within care home settings to increase Residents' feelings of security, belonging, continuity, purpose, achievement and significance. |
| 13 | The Provider will take appropriate energy efficiency measures such as insulation to ensure that the home conserves gas & electricity. |
| 14 | The Provider will take appropriate measures to ensure that the home uses water efficiently & conserves it when possible. |
| 15 | The Provider will develop & implement a Travel Plan giving consideration to minimising distances travelled by Residents, staff & visitors via route planning and to encourage sustainable & active travel options such car share, taking the bus or walking if appropriate. |
| 16 | Providers providing dementia care will have a strategy/philosophy for the management and care of people with Dementia which will be led by an identified Dementia Champion. |
| 17 | The Provider will ensure that where Registered Nurses are employed, there is support in place to guarantee that those nurses meet revalidation requirements and are competent to practice. |

**Examples of Evidence**

- ✓ Staff performance management policy
- ✓ Risk assessments for care home, i.e.
- ✓ Fire risk assessment / evacuation plan
- ✓ Health and safety log / policy
- ✓ Staff meeting minutes
- ✓ Support network meeting minutes
- ✓ Resident meeting minutes
- ✓ Feedback from health and social care professionals
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Resident feedback / interviews
- ✓ Support network feedback / interviews

**Related CQC Fundamental Standards**

- ✓ Safety
- ✓ Complaints
- ✓ Good governance
- ✓ Staffing
- ✓ Fit and proper staff
- ✓ Duty of candour

**Key Outcomes**

- ✓ Maximising independence (1)
- ✓ Safe (3)
- ✓ Partnership (6)
- ✓ Wellbeing (10)

## 10.2. Care home staffing

**Resident Outcome:**

Resident's health, care and wellbeing needs are met in a timely, pro-active and person-centred way. Residents' health and wellbeing needs are effectively managed and reviewed.

**Service Outcome:**

The service ensures there is sufficient staff with the right skill mix, training and practice of person-centred care to meet Residents' needs. For Nursing Homes, the service has competent nursing staff that proactively meet Residents' health needs.

| No | Standard |
|---|---|
| | **Staffing Levels and Interaction** |
| 1 | The Provider ensures the home's staffing establishment in terms of staff: to resident ratio and skill mix reflect dependency levels of Residents in the home, not simply occupancy levels. Staffing rotas will provide appropriate cover at all times to ensure that Resident needs are met in a timely and person-centred way. |
| 2 | The Provider ensures that the use of agency staff is minimised by ensuring permanent staffing levels are appropriate and regularly reviewed. Where agency staff are utilised, the Provider ensures that agency staff are subject to robust screening ensuring they are qualified to work in the care home and that their training is in date. |
| 3 | The Provider ensures that staff vacancies across the home including managerial, nursing staff, care staff and auxiliary staff are kept to a minimum through firm recruitment and selection processes, opportunities for professional / career progression and consistent management and development practices. |
| 4 | The Provider ensures that staff groups work coherently and supportively as a team to ensure that Residents' needs are met in a timely and person-centred way. |
| 5 | The Provider ensures that staff handovers between day and night shifts include discussion on changes to Residents' needs between care and nursing staff and ensure a strong focus on continuity of care. |
| 6 | The Provider will ensure that staff are encouraged to build in positive interaction with Residents during the running of the home and routines, i.e. discussions and conversation during personal care routines enhancing the quality of life for Residents. |
| 7 | If the Provider provides dementia care they will appoint a Dementia Champion within the Care Home to provide leadership, encourage and embed service delivery and support local accountability. |

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| **Staff Recruitment and Selection** | |
| 7 | The Provider will have a written recruitment and selection procedure including:<br>• Job description<br>• Personal Specification<br>• Application Form (to be completed by all applicants)<br>• Records of interviews for short-listed candidates<br>• References to be obtained from previous employers<br>• Induction period<br>• Statement of terms and conditions of employment<br>• Checks to ensure candidates are legally entitled to work in the UK (Asylum and Immigration Act)<br>• Evidence that equality considerations are applied to recruitment, selection and promotion. |
| 8 | All staff, employees or volunteers working with Residents must undergo a Criminal Records Bureau check. The decision rests with the employer as to whether to employ a person whose DBS (Disclosure and Barring Service) checks reveals a conviction or other information. Any decision taken in this instance must be based on a risk assessment that ensures the safety and welfare of Residents. The Provider will ensure that Professional registration of qualified staff is checked on appointment and annually reviewed e.g. NMC, HPC. |
| 9 | The Provider will involve Residents in recruitment processes as far as practicable. For example, in helping to set interview questions or involvement in selection / decision making on potential candidates. |
| **Staff Induction, Supervision and Appraisal** | |
| 10 | The Provider will ensure that regular appraisal is an essential part of staff development and quality improvement. The Provider will seek to include feedback from Residents and their support network in reviewing staff performance. |
| 11 | The Provider will ensure that all staff, regardless of their position in the home receive comprehensive induction in to the home, covering at minimum:<br>• All policies and procedures relevant to the staff group<br>• Safeguarding, using the Care Act 2014 Safeguarding duties<br>• Person Centred Care and Support<br>• Relevant and targeted training for the Service User category that the home supports (i.e. Autism, Dementia, Sensory Impairment)<br>• Care Planning<br>• Health & Safety<br>• Moving and Handling<br>• Mental Capacity Act & Deprivation of Liberty<br>• Equalities |
| 12 | The Provider will ensure that all staff receive one to one supervision sessions on a regular basis, the frequency of which will depend on the complexity of their work. Supervision notes should be documented, signed by both parties and any actions followed up at a subsequent meeting. Supervision should be used as a forum to identify staff development needs, manage performance and act as a supportive environment where staff are able to express any concerns they may have and feel confident that they are acted upon. For nursing homes, this must include clinical supervision. |

| | |
|---|---|
| **Staff Training** | |
| 13 | The Provider has an appropriate and deliverable training matrix in place that clearly identifies and timetables the training and development needs of nursing, care and ancillary staff within the home. |
| 14 | The Provider will ensure that all staff are trained and developed to the specific set of standards set out in the Care Certificate introduced in April 2015 and has been assessed for the skills, knowledge and behaviours to ensure that they provide compassionate and high quality care and support. Supervisors of care staff will be responsible for assessment against the standards of the Care Certificate. The Care Certificate is NOT a replacement for role and workplace specific induction training |
| 15 | Where staff members' English and/or Maths levels are below Level 2 (equivalent GCSE A*-C) if appropriate, the Provider will support staff members to progress to this level where possible. |
| 16 | The Provider ensures that individual training records for staff are in place and kept up-to-date. |
| 17 | The Provider ensures that training needs are discussed, identified and timetabled in induction and subsequent supervision sessions with essential focus on:<br>• All policies and procedures relevant to the staff group<br>• Safeguarding, using 'the Care Act 2014 safeguarding duties<br>• Whistle blowing<br>• Person Centred Care and Support<br>• Relevant and targeted training for the service user category that the home supports<br>• Care Planning<br>• Health & Safety<br>• Moving and Handling<br>• Mental Capacity Act & Deprivation of Liberty<br>• Equalities. |
| 18 | The Provider will ensure that staff understanding of training given is checked regularly through supervision and observation including discussion at staff meetings, ensuring knowledge is embedded so that staff are confident to apply learning in their areas of work and that opportunities are offered for staff suggestions & feedback on running of the home & Resident needs. |
| 19 | The Provider shall pro-actively seek external training where necessary to ensure all training needs can be satisfactorily met to meet all Resident's needs. The Commissioning Organisation will offer information and advice to support this. This may be in the case where in-house training provision does not provide the specialist courses available through external Providers. |
| 20 | Where appropriate the Provider will prioritise applications for employment from looked after children and people leaving care with a view to providing a suitable pathway into the care sector. |
| **Healthcare Staff Delivery, Competence and Development** | |
| 21 | The Provider will ensure that registered nurses' or senior carers' abilities and practice in taking charge of, and leading the shift is evident. |
| 22 | The Provider will ensure that Nurses' abilities and practice in giving appropriate nursing care to Residents is evident and documented. |
| 23 | The Provider will ensure that Nurses ability and practice in liaising with professionals, including GP's and other allied health professionals is evident, documented and effective. |
| 24 | The Provider will ensure that Nurses competence and knowledge is checked, developed and evidenced (Preceptorship). |

**Examples of Evidence**

- ✓ Staff rotas
- ✓ Dependency assessment of Residents
- ✓ Proportion of permanent / bank / agency staff
- ✓ Vacancy rate
- ✓ Recruitment and selection policy
- ✓ Staff induction plan
- ✓ Staff training matrix
- ✓ Supervision / appraisal policy
- ✓ Clinical staff supervision policy
- ✓ Feedback from GP's and other health and social care professionals
- ✓ Resident Care and Support plan
- ✓ External professional recording
- ✓ Handover / staff communication records
- ✓ Resident meeting minutes
- ✓ Support network meeting minutes
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Resident interviews and feedback
- ✓ Support network interviews and feedback

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Dignity and respect
- ✓ Consent
- ✓ Safety
- ✓ Safeguarding from abuse
- ✓ Good governance
- ✓ Staffing
- ✓ Fit and proper staff

**Key Outcomes**

- ✓ Person centred care and personalised support (2)
- ✓ Safe (3)
- ✓ Dignity and respect (4)
- ✓ Wellbeing (10)

## 10.3. Quality assurance

**Resident Outcome:**

Residents receive a high quality and continually improving service that promotes their health, wellbeing, safety and quality of life. Residents are involved in the quality assurance of the care home to ensure the service is shaped to meet their needs.

**Service Outcome:**

The service proactively manages a quality assurance process that identifies and remedies any failure in service delivery.

| No | Standard |
|---|---|
| 1 | The Provider ensures that they have a clear quality assurance process in place, which is effective, and under regular review. |
| 2 | The Provider will ensure that they meet the requirements set out in the Performance Management Framework (Schedule 3 of the Care Home Services Contract) as detailed in Section 8 of this service specification. |
| 3 | The Provider ensures that feedback on the quality of the service is obtained through a workable mechanism from staff, Residents and their support network and CQC that directly informs service improvement plans and actions to improve the experience of Residents. |
| 4 | The Provider ensures that as part of the quality assurance process, current and future risks are identified, accountability is assigned and risks are routinely monitored and managed for the well-being and safety of Residents in a timely manner. |
| 5 | The Provider ensures that where the Commissioning Organisation or CQC have issued compliance actions or recommendations for service improvement, these are incorporated within a service improvement plan and actioned as per the timescales agreed with the Commissioning Organisation / CQC. This may include an improvement plan arising from the safeguarding process in Bristol and/or another relevant local authority. The service improvement plan will be shared with the Commissioning Organisation. |
| 6 | The Provider will facilitate unannounced quality assurance visits from the Commissioning Organisation. The Commissioning Organisation will issue a draft report to the Provider within 10 working days of the completion of the visit. The Provider is given 10 working days to respond to the report, providing additional evidence as required where there are challenges to information within the report. The final report will be issued by the Commissioning Organisation within 5 working days. |
| 7 | The quality assurance staff from the Commissioning Organisation will feedback to the home manager on the day of visit where practicable and will ensure Providers have the opportunity to feedback on any quality assurance report prior to the reports final sign-off. |
| 8 | The Commissioning Organisation will deal with any outstanding compliance actions as per the terms and conditions of the Bristol 'Provision for a Care Home Service Contract' 2015. |
| 9 | The Provider will utilise forums such as the Care Home Provider Forum to develop their quality assurance process and service delivery through sharing of best practice with peers. |

**Examples of Evidence**

- ✓ Quality Assurance policy
- ✓ Service improvement plan
- ✓ Internal audit process and log
- ✓ Staff meeting minutes
- ✓ Resident annual survey / audit
- ✓ Support network annual survey / audit
- ✓ Engagement with Commissioning Organisation on service improvement
- ✓ Complaints / compliments audit
- ✓ Risk assessments
- ✓ Accident / Incident audits
- ✓ Commissioning Organisation audit of quality assurance report timescales
- ✓ Management interviews
- ✓ Staff interviews
- ✓ Resident feedback / interviews
- ✓ Support network feedback / interviews

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Good governance
- ✓ Staffing
- ✓ Duty of candour

**Key Outcomes**

- ✓ Person centred care and personalised support (2)
- ✓ Partnership (6)

## 11. WELLBEING

### 11.1. Respite and short breaks

**Resident Outcome:**

Residents and carers receive a break, which benefits their health and wellbeing.

**Service Outcome:**

Respite care is a positive experience for both the Resident and their carer.

| No | Standard |
|---|---|
| 1 | Residents receiving respite care receive the same high quality service as permanent Residents. |
| 2 | Residents and their support networks receive all the necessary information about the service in order to jointly make an informed choice about receiving respite care in the setting. |
| 3 | Residents' right to privacy and dignity is maintained during their respite break. Residents preferences are documented in their records and are taken account of by all staff. |
| 4 | With the Resident's consent, carers will be kept informed of the Resident's wellbeing and progress during their respite break. The Provider will work with carers in advance of the respite stay to decide and agree on the level of communication the carer would like during the stay. |
| 5 | The Provider will draw up an initial Care and Support plan on the first day of admission. A person-centred Care and Support Plan, proportionate to the length of stay and needs of the individual, will be drawn up by the Provider not more than two days after their admission with the following requirements:<br>• The plan will be drawn up with the Resident and their support network so they are encouraged to determine their own needs.<br>• The Plan will include the outcomes from the Commissioning Organisation's SDS Plan / CHC Care Plan and will describe in detail the way they are to be achieved with the Resident.<br>• Attention will be given by the Provider to ensure the plan is person-centred on the needs of the Resident, reflecting their background, qualities, abilities, interests and preferences.<br>• The plan will also include risk assessments, risk management plans and mental capacity assessments as required. |
| 6 | The Provider ensures that Residents staying for a time-limited period have the same opportunities as permanent Residents to inform and influence service design and delivery. |
| 7 | Residents continue to be registered with their usual GP during the period of their respite stay. Where this is not possible, the home has an agreement in place with the local GP surgery to provide GP care for respite Residents. |

**Examples of Evidence**

- ✓ Welcome pack / brochure / website
- ✓ Pre-admission assessment
- ✓ Resident Care and Support plan
- ✓ Daily record of Care and Support plan
- ✓ Communication plan between Resident's Support Network and Provider
- ✓ Risk assessments
- ✓ Mental Capacity Act assessments
- ✓ Best interest assessments
- ✓ Deprivation of Liberty Safeguard paperwork
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Resident feedback / interviews (where possible)
- ✓ Support network feedback / interviews

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Dignity and respect
- ✓ Consent
- ✓ Staffing

**Key Outcomes**

- ✓ Promotion of independence (1)
- ✓ Person centred care and personalised support (2)
- ✓ Dignity and respect (4)
- ✓ Social inclusion (8)
- ✓ Wellbeing (10)

## 11.2. Assistive technology and equipment

**Resident Outcome:**

Residents are able to use assistive technology and equipment to maintain independence and maximise the choices available to them within the home.

**Service Outcome:**

Staff understand the use and benefit of assistive technology and equipment provision and how to enable and support Residents in their use.

| No | Standard |
|---|---|
| 1 | The Provider will ensure that staff receive training in the use of assistive technology and equipment in order that they can advise and support Residents to use them appropriately, safely, comfortably and energy efficiently. |
| 2 | The Provider will make sure that aids, adaptations and equipment are suitable, available and properly maintained and will ensure that appropriate care is given safely, according to the individually assessed needs of each Resident in order to maintain and promote Residents' independence. |
| 3 | The Provider will carry out pre-admission assessments in order to identify potential Residents' current and likely future need for equipment which will be met by the Provider and may include equipment not normally provided by the home. The Provider will not accept potential Residents whose assessed needs they are unable to meet. |
| 4 | The Provider will ensure that they comply with the provisions set out in the Bristol Community Equipment Service Policy for the Provision of Equipment in Care Homes (**Appendix B**). This policy explains the circumstances under which equipment may be loaned to a Provider. |

**Examples of Evidence**

- ✓ Resident Care and Support Plan
- ✓ Pre-admission assessment
- ✓ Equipment maintenance log
- ✓ Staff training matrix
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Resident interviews / feedback
- ✓ Support network interviews / feedback

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Dignity and respect
- ✓ Premises and equipment
- ✓ Staffing

**Key Outcomes**

- ✓ Promotion of independence (1)
- ✓ Person centred care and personalised support (2)
- ✓ Dignity and respect (4)
- ✓ Flexible, creative and innovative (7)
- ✓ Environment (9)
- ✓ Wellbeing (10)

## 11.3. Moving on

**Resident Outcome:**

Residents will feel moving on is a positive experience, meaning they are able to exercise choice where they move to, feel supported before and after the move and are confident to use the knowledge and independent living skills developed whilst living in the home. Each individual has the potential for greater independence, for some Residents, the home may be a stepping stone to enable greater independent living skills and to move on to a new supported living based environment or to their own home. In some cases, where the level of need changes, the home may not feel able to provide the appropriate level of care and support to meet the individuals need.

**Service Outcome:**

The Provider will ensure that moving on is a positive experience, involving the Resident, their support network and social worker / nurse assessor in planning and discussion on the best way to prepare for the move. The planning and discussion also involves staff at the home. Risk is minimised through careful person-centred planning and risk assessment.

| No | Standard |
|---|---|
| 1 | The Provider will ensure that staff support the Resident in planning for their future from the time they start using the service. This will form part of the Provider Care and Support plan and SDS Support plan / CHC Care Plan. In doing so, the Provider will ensure the Resident is involved in all meetings to discuss their future move. The Resident is encouraged by the staff to use all the experience and daily living skills they have gained while using the service in deciding on their next move. |
| 2 | Residents can visit the place they are moving to and keep their current accommodation while they make a decision about moving. The Provider will facilitate this process to ensure it happens smoothly. |
| 3 | Residents who move on must have the opportunity to keep up friendships made during their time at the home. The Provider will support Residents in keeping in touch where practicable. |
| 4 | Residents are involved in assessing the possible risk for them or others if they move. |
| 5 | Where the move is because the home can no longer meet the Resident's needs or has to close, the Provider will ensure the move will involve the least amount of risk and disruption to the Resident and will involve the Resident's Support Network at the earliest possible opportunity. |
| 6 | The Provider will ensure the Resident's records are passed on to their new home promptly. The records will be complete and up-to-date, and will have been put together with the involvement and agreement of the Resident. |
| 7 | The Provider will ensure Residents have a representative and someone from their support network to help the Resident make the transition to their new home, providing social and emotional support during this period. For those without capacity, the Provider will ensure that an Independent Mental Health act Advocate (IMCA) is appointed. |
| 8 | The Provider will arrange a discharge meeting with the Resident and their support network, the social worker and other agencies involved, at least seven days before the planned move date, to ensure that all arrangements are in place. |
| 9 | The Provider will ensure that within two days of the planned move, staff send a discharge summary letter and progress report to the Residents allocated social worker and other key agencies involved in the Residents care and support package. |

| Unplanned Move Ons | |
|---|---|
| 10 | The Provider will ensure that in the event of a move in an emergency or in an unplanned way, the move will be with the minimum of risk to the Resident or others. The reasons will be consistent with the Providers clear written policy on moving on. The policy will clearly outline the circumstances in which a Resident may be asked to leave and the circumstances in which they may be eligible to re-apply for admission. |
| 11 | The Provider will ensure that key professional staff, including the social worker, GP and Commissioning Organisation will be notified within 24 hours of any emergency or unplanned discharge. The Provider will ensure professionals are provided with the reason for the notice given, any potential risks identified, medication records and the progress of the Resident during their stay. |
| 12 | Any unplanned move on must comply with the notice periods outlined in the Contract:<br>- **1 week notice:**<br>By either the Commissioning Organisation or the Provider for placements which have been made for a trial period.<br>- **28 days notice:**<br>If the commissioning authority considers there to be serious risk to life, health or wellbeing of a Resident, either because of the Resident's circumstances or because of any issues relating to the running of the home. *In exceptional circumstances, the Commissioning Organisation may take action with immediate effect.*<br>If the Provider is unable to provide the service as a result of changes to the Resident's circumstances, i.e. a significant change in their level of need.<br>- **3 months notice:**<br>In the event of closure of the home or a change in registration status which would result in any existing Resident's falling outside of the category of person who may be accommodated within the home<br>- **6 months notice:**<br>If the Provider forms the view that because of personal incompatibility it is no longer willing to accommodate an individual Resident. *In such event the Commissioning Organisation will aim to try and find alternative accommodation before the 6-month period ends.* |

### Examples of Evidence

- ✓ Resident Care and Support plan
- ✓ Daily recording in Care and Support plan
- ✓ Reviews of Care and Support plan
- ✓ Risk assessments
- ✓ Audit of unplanned move-ons
- ✓ Resident exit questionnaire
- ✓ Discharge meeting minutes
- ✓ Referral records for advocacy and other agencies
- ✓ Move on notifications to Commissioning Organisation
- ✓ Management interviews
- ✓ Resident interviews and feedback
- ✓ Support network interviews and feedback

### Related CQC Fundamental Standards

- ✓ Person centred care
- ✓ Good governance
- ✓ Staffing

### Key Outcomes

- ✓ Promotion of independence (1)
- ✓ Person centred care and personalised support (2)
- ✓ Partnership (6)
- ✓ Flexible, creative and innovative (7)
- ✓ Wellbeing (10)

## 11.4. Working with the local community and the Resident's support network

**Resident Outcome:**

Residents are able to maintain relationships with families, friends, carers and advocates (support network) and are supported in a way that allows these relationships to enhance the Residents' quality of life.

Residents are able to access and feel part of the local community, in an inclusive way that recognises their individual needs and preferences.

**Service Outcome:**

The service will actively work with Residents' families, friends, carers and advocates (support network) so they are seen as partners in care.

The service will establish and continually seek to build links with the local community, promoting social inclusion and placing the care home as an active part of the community, utilising local services to enhance Residents' quality of life.

| No | Standard |
|---|---|
| 1 | The Provider will work with local advocacy groups to provide access to independent advocates or 'voice of the resident' for Residents and their support network. |
| 2 | The Provider will be knowledgeable of the services available in the local community and where identified in the SDS Support plan / CHC Care plan will ensure the Resident is enabled to access these services. The Provider will make use of relevant community groups and services to ensure that Residents enjoy a good quality of life, a range of activities and achieve a sense of belonging in their local community. |
| 3 | Residents are given the opportunity and support they may need to practise their beliefs, including keeping in touch with their faith community. |
| 4 | The Provider will work with Residents and their support networks in recognising any barriers, which may have a detrimental effect on the quality of life of the Resident and take action to address these. |
| 5 | The Provider will work with the Residents and their support network, which may include volunteers, in developing a life story for the Resident including relevant background, preferences, habits and routines which will form part of the planning and delivery of their care. Residents' life stories will be known by staff to enable them to develop meaningful relationships with Residents. |
| 6 | The Provider will ensure Residents can maintain relationships with their support network and links with their own community. |
| 7 | The Provider will facilitate regular pro-active engagement with Residents and their support networks to talk through concerns and generate new ideas for service improvement, through relatives' forums and 1:1 time where required. |
| 8 | The Provider will support meaningful activities, education and employment opportunities. |

**Examples of Evidence**

- ✓ Resident Care and Support plan
- ✓ Resident Life Story / Map of Life
- ✓ Leaflet / information on advocacy services
- ✓ Resident / Relatives newsletters / notice boards
- ✓ Evidence of community engagement, i.e. community groups providing in-reach / out-reach to care home.
- ✓ Support network meeting minutes
- ✓ Resident meeting minutes
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Resident feedback / interviews
- ✓ Support network feedback / interviews

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Staffing

**Key Outcomes**

- ✓ Promotion of independence (1)
- ✓ Person centred care and personalised support (2)
- ✓ Partnership (6)
- ✓ Flexible, creative and innovative (7)
- ✓ Social inclusion (8)
- ✓ Wellbeing (10)
- ✓ Sustainable community (11)

## 11.5. The environment of the care home

**Resident Outcome:**

Residents' daily life and overall quality of life is enhanced by an environment that supports greater independence, promotes a feeling of safety and calm, minimises confusion and complies with health and safety and environmental legislation.

**Service Outcome:**

The service carefully considers the personal space for individuals and also the overall environment to ensure it is conducive to the care being provided. The service provides a safe, therapeutic and psychologically informed environment allowing for individuals to wander in a meaningful way and not feel 'trapped'. The service complies with health and safety legislation.

| No | Standard |
|---|---|
| 1 | The Provider will ensure Residents are able to move around easily in the home and its grounds regardless of any physical, sensory or cognitive impairment. The Provider will routinely review best-practice in care home layout and implement environmental cues specific to the Resident group the Care Home supports. For example, this may include coloured signage to ensure people with Dementia able to find their way around the home independently. |
| 2 | The Provider will ensure the home is run in a way that protects Residents from any avoidable risk or harm, including physical harm and infection. |
| 3 | The Provider will ensure the home is kept clean, hygienic and free from offensive odours and intrusive sounds throughout and ensures use of appropriate waste management and recycling facilities. |
| 4 | There are systems in place to control the spread of infection, in line with relevant regulation and published professional guidance (see legislation at back of document). |
| 5 | All Residents' bedrooms and public rooms must have windows. Residents can expect to be able to sit somewhere and have a view out of a window. |
| 6 | The design and layout of the home will:<br>• Reflect the lifestyle, cultural and social needs of the Resident group the home supports<br>• Have space for social, therapeutic, cultural, faith and educational activities that meet the needs of the Residents providing for self- expression & promoting active lifestyles such as arts & crafts<br>• Have access to outdoor space to further encourage active lifestyles & improved health & wellbeing such as gardening that has been shown to reduce stress & increase wellbeing. This should include the provision of appropriate seating<br>• Where possible encourage biodiversity in gardens (where applicable) enhancing Residents' wellbeing & connection to their home & its surroundings. |
| 7 | The Provider will ensure access to communal rooms that are of sufficient size, and that provide opportunities to comfortably participate in social, therapeutic, cultural, daily living or educational activities either individually or with others. |
| 8 | Residents must be given the ability to personalise their rooms and contribute to the design of communal areas, e.g. possessions, photos and other objects that give a sense of identity for each Resident. |
| 9 | The Provider will encourage the interaction of Residents through careful design and layout of the home. Communal areas will be carefully designed to promote spaces and ways for Residents to have meaningful interaction with each other (if they choose to) on a daily basis. Residents' interaction with each other in terms of companionship and meaningful dialogue and relationships is recognised by the Provider as a key component of quality of life. |

| | |
|---|---|
| 10 | Residents who wish to smoke must be able to do so in a designated smoking area that will be easily accessible from the home. The designated area must be outdoors in order to protect other Residents and staff from the dangerous effects of second-hand smoke. |
| 11 | The Provider will comply with all Environmental regulations and legislation and make policy and procedures available to the Commissioning Organisation upon request. |
| 12 | **For new buildings** care homes should be built to the highest environmental standard possible with refurbishments/new builds conforming to BCC Sustainability Requirements and Guidance for New Build and Refurbished Facilities for Adult Social Care (Appendix C). Buildings should be resilient to climate change such as more frequent flooding or extended heat waves. Residents' rooms should have maximum natural light, individual temperature control, ventilation and shading. Residents will be living in a safer & more adaptable home that is fit for their lifelong needs, minimising the risk associated with further moves. |

**Examples of Evidence**

- ✓ Resident Care and Support plan
- ✓ Risk assessments
- ✓ Incident / accident forms / audits
- ✓ Handover / staff communication book
- ✓ Home environment improvement plan
- ✓ Health and safety policy / log
- ✓ Audit of home environment (Provider)
- ✓ Audit of home environment (Commissioning Organisation)
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Resident feedback / interviews
- ✓ Support network feedback / interviews

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Safety
- ✓ Premises and equipment

**Key Outcomes**

- ✓ Promotion of independence (1)
- ✓ Person centred care and personalised support (2)
- ✓ Safe (3)
- ✓ Social inclusion (8)
- ✓ Environment (9)
- ✓ Wellbeing (10)

## 11.6. Active Fulfilled Lives

**Resident Outcome:**

Residents lead active and fulfilled lives that reflect their level of capability and ability.

**Service Outcome:**

The Provider provides reasonable opportunities for the Resident to lead active and fulfilled lives.

| No | Standard |
|---|---|
| 1 | The Resident is able to express their interests and enthusiasms. |
| 2 | The Resident is able to maintain continuity between their life prior to entering the Care Home and their life in the Care Home – for example pursuing a hobby, friendships or leisure activities such as cultural pursuits. |
| 3 | The Provider should engage with Residents to promote, encourage and facilitate the Resident to lead active and fulfilled lives. |

**Examples of Evidence**

- ✓ Resident Care and Support plan
- ✓ Support network meeting minutes
- ✓ Resident meeting minutes
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Resident feedback / interviews
- ✓ Support network feedback / interviews
- ✓ Daily recording in Care and Support plan
- ✓ Resident Life Story / Map of Life
- ✓ Observation of practice (internal Provider quality assurance)
- ✓ Handover / staff communication records
- ✓ Activities timetable

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Staffing

**Key Outcomes**

- ✓ Promotion of independence (1)
- ✓ Person centred care and personalised support (2)
- ✓ Flexible, creative and innovative (7)
- ✓ Social inclusion (8)
- ✓ Wellbeing (10)

## 11.7. Mental Wellbeing

**Resident Outcome:**

Residents are able to maintain an acceptable level of mental wellbeing.

**Service Outcome:**

The Provider maintains an environment which promotes mental wellbeing and provides opportunities for Residents to meet their mental health needs as appropriate.

| No | Standard |
|---|---|
| 1 | The Provider implements a managed transition for the Resident moving into the care home, which recognises that moving into a care home is an enormous upheaval in the Resident's life and may have a negative impact on their mental health. |
| 2 | The Provider will identify and understand Residents' mental health needs and meet those needs as appropriate and reasonable. |
| 3 | The Provider should work with other relevant services to ensure that the Resident's mental health needs are met. |
| 4 | The Provider should promote personal development, health and social recovery |
| 5 | The Provider will support the Resident to develop emotional, psychological, and practical skills needed to enjoy/enhance their quality of life |

**Examples of Evidence**

- ✓ Resident Care and Support plan
- ✓ Reviews of Resident Care & Support Plan
- ✓ Risk Assessments
- ✓ Staff training log
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Resident interviews and feedback
- ✓ Support network interviews and feedback
- ✓ Daily recording in Care and Support plan
- ✓ Resident Life Story / Map of Life
- ✓ Support network interviews and feedback

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Staffing

**Key Outcomes**

- ✓ Person centred care and personalised support (2)
- ✓ Partnership (6)
- ✓ Wellbeing (10)

## 11.8. Communication

**Resident Outcome:**

The Resident is able to use appropriate methods of communication and can compensate for any restriction or impairment in communication skills.

**Service Outcome:**

The Provider will facilitate the communication skills of the Resident and will provide assistance with alternative means of communication where necessary.

| No | Standard |
|---|---|
| 1 | The Provider should maintain and promote effective communication skills between Residents and staff and vice versa. |
| 2 | The Provider should maintain and promote effective communication skills between Residents, relatives, friends, visitors and any others providing input to the Resident's care |
| 3 | The Provider will, where necessary, make available alternative communication methods – for example, when there is cognitive or sensory impairment, or when an interpreter is required. |

**Examples of Evidence**

- ✓ Resident Care and Support plan
- ✓ Daily recording in Care and Support plan
- ✓ Resident Life Story / Map of Life
- ✓ Key Worker allocation
- ✓ Activities timetable / log / record of involvement
- ✓ Resident meeting minutes
- ✓ Support network meeting minutes
- ✓ Handover / staff communication records
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Resident interviews and feedback
- ✓ Support network interviews and feedback
- ✓ Risk assessments

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Good governance
- ✓ Staffing

**Key Outcomes**

- ✓ Person centred care and personalised support (2)
- ✓ Flexible, creative and innovative (7)
- ✓ Social inclusion (8)
- ✓ Wellbeing (10)

## 11.9. Homely Environment

**Resident Outcome:**

Residents enjoy living in an environment which feels comfortable and homely to them

**Service Outcome:**

The Provider will maintain a recognisably domestic environment in both the shared areas of the Care Home and especially in the Resident's own room.

| No | Standard |
|---|---|
| 1 | The Provider will install furnishings, fittings and decorations of a domestic design appearance manufactured to a suitable standard consistent with the Residents' needs and the relevant applicable regulations. |
| 2 | The Provider will facilitate and support Residents to decorate and furnish their room to their taste, within reason. |
| 3 | Where Residents, or their relatives or friends are unable decorate and furnish their own room the Provider will do this for them in a manner which reflects their interests and enthusiasms. |
| 4 | Residents are given the opportunity to keep personal items/furniture that they owned prior to their admission (where appropriate) in their rooms. |
| 5 | The Provider will facilitate the Resident to engage in activities that reflect their interests and enthusiasms. |

**Examples of Evidence**

- ✓ Resident Care and Support plan
- ✓ Home environment improvement plan
- ✓ Audit of home environment (Provider)
- ✓ Audit of home environment (Commissioning Organisation)
- ✓ Staff interviews
- ✓ Management interviews
- ✓ Resident feedback / interviews
- ✓ Support network feedback / interviews

**Related CQC Fundamental Standards**

- ✓ Person centred care
- ✓ Dignity and respect
- ✓ Premises and equipment
- ✓ Staffing

**Key Outcomes**

- ✓ Promotion of independence (1)
- ✓ Person centred care and personalised support (2)
- ✓ Dignity and respect (4)
- ✓ Social inclusion (8)
- ✓ Environment (9)
- ✓ Wellbeing (10)

# Appendix A - Definitions

Throughout this Specification, except where the context otherwise requires, the following expressions shall have the meanings shown:

| | |
|---|---|
| Abuse | Abuse is a violation of an individual's human and civil rights by any other person or persons. It may take the form of single or repeated acts and can occur in any relationship or setting. Abuse can contain an element of exploitation. Abuse can take many forms, the circumstances of the individual must always be considered. |
| Advocate | Someone who speaks on behalf of the Resident. |
| Assessment | An assessment of Residents' needs co-ordinated by the Commissioning Organisation according to *Prioritising need in the context of Putting People First* [DoH policy guidance 1/4/10] |
| Assistive Technology | Assistive technology or adaptive technology (AT) is an umbrella term that includes assistive, adaptive, and rehabilitative devices. AT promotes greater independence by enabling people to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing, by providing enhancements to, or changing methods of interacting with, the technology needed to accomplish such tasks. |
| Best Interests decision | A decision made on the behalf of someone who has been assessed as lacking the mental capacity to make a decision relating to an aspect of their life due to an inability to understand, retain and weigh up information and/or to communicate their decisions to others. |
| Care Home | A Care Home without Nursing - A place where personal care and accommodation are provided together.<br><br>A Care Home with Nursing - A place where personal care and accommodation are provided together, with additional care being provided by qualified nurses. |

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|---|---|
| Care & Support Plan | The formal document written by BCC practitioner that sets out details of the resident's needs and the outcomes they want to achieve. A key part of this document will be the Outcomes Plan. |
| Care Quality Commission | (CQC) The independent regulator of health and adult social care services in England, whose responsibilities include the registration and inspection of services such as care homes. |
| Care Type | The client group/s in which your home/s specialise:- for example dementia, elderly, mental health, learning disability, physical impairment. |
| Commissioning Organisation / Commissioners | Refers to Bristol City Council (BCC) and/or Bristol Clinical Commissioning Group (BCCG). |
| Conditions | These conditions of Contract (including the Schedules). |
| Contract | The agreement entered into between the Commissioning Organisation and the Provider incorporating all the Contract Documents, which set out the terms and conditions. |
| Continuing Health Care | NHS continuing healthcare is a package of continuing care provided outside of hospital, arranged and funded solely by the NHS, for people with ongoing healthcare needs eligible under the NHS Framework for Continuing Healthcare (revised 2012). |
| Deprivation of Liberty Safeguards [DoLS] | The process that must be followed if an incapacitated person is to be deprived of their liberty in a lawful manner. |
| Equal Opportunities | The right to be treated without discrimination on the grounds of one's sex, disability, age, race, gender reassignment, religion or belief, pregnancy or maternity. |
| Equipment | Equipment referred to under the specification comprises aids to daily living, nursing aids and rehabilitation equipment. Items fall into the following categories: bathing equipment, beds and accessories, chair raising equipment, mobility aids, patient handling / lifting / transfer, pressure care, seating and toileting. Wheelchairs and telecare / assistive technology are mentioned, although they are not provided by Bristol Community Equipment Service (BCES). |
| Funded Nursing Care | NHS-Funded Nursing Care is a fixed weekly payment for the registered nursing care element of the nursing home fee. |

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| Gold Standard Framework | The Gold Standards Framework (GSF) is a systematic evidence-based approach to optimising the care for patients nearing the end of their life delivered by generalist providers. It is concerned with helping people to live well until the end of their life and includes care in the final years of life for people with any end stage illness in any setting. |
| Health Service Ombudsman | The Health Service Ombudsman looks at complaints about the NHS in England and investigates complaints as an independent organisation. |
| Homely Remedies | A homely remedy is a product that can be obtained, without a prescription, for the immediate relief of a minor, self-limiting ailment. |
| Local Government Ombudsman | The Local Government Ombudsman (LGO) looks at complaints about Local Authorities and Adult Social Care Providers and investigates complaints as an independent organisation. |
| Moving and Handling | When providing care and support, staff may need to support Residents to move around. It is essential that staff know about and can deliver safe moving and handling which upholds the dignity of Residents so they don't hurt themselves or other Residents. |
| Mental Capacity | A person’s ability to make their own decisions. |
| Nursing Care | The care and support provided / overseen by a qualified nurse to promote the health and wellbeing of Residents. |
| One Chance to Get it Right | An approach to caring for dying people that health and care organisations and staff caring for dying people in England should adopt in future. The approach should be applied irrespective of the place in which someone is dying: hospital, hospice, own or other home and during transfers between different settings. |
| Outcomes | An outcome is something the resident wants to achieve in relation to their independence and lifestyle. Practitioner will work with the resident to identify their specific and detailed outcomes in line with their needs, preferences, wishes and personal circumstances. |

| | |
|---|---|
| Personal Care | The provision of assistance to enable an individual Resident to carry out personal hygiene tasks and to assist with bodily functions. |
| Personalisation | Ensuring that every person who receives support will have choice and control over the shape of that support. |
| Person-Centred Care | Person-centred care sees Residents as equal partners in planning, developing and assessing care to make sure it is most appropriate for their needs. It involves putting Residents and their families at the centre of all decisions. |
| Placement Agreement | An agreement relating specifically to an individual, the service to be provided and its costs |
| Polypharmacy | Polypharmacy is defined as the practice of prescribing four or more medications to the same person (Department of Health, 2001). This often occurs with older people who have concurrent disease processes, each needing a specific treatment regime |
| Provider | The Care Home, it's Registered Manager and staff group |
| Reablement | Reablement is defined as social care services provided to a person with poor physical or mental health over short period to enable them to learn or re-learn skills for daily living. |
| Resident | A person who lives in a residential or nursing care home and is eligible to access health and social care services. |
| Resident Outcomes | Outcomes the Resident will experience if their care and support is provided as planned |
| Review | The process by which BCC and the provider evaluate a resident's current needs and the extent to which the Support Plan accurately reflects these. Unlike an assessment which is provided to a new resident, this review is a check of an existing residents current situation and the appropriateness of the care and support services they receive. |
| Safeguarding Adults | Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is |

| | |
|---|---|
| | promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. |
| Self-Directed Support | A process which gives people choice and more control over their social care support. |
| Service Outcomes | Outcomes the Provider must achieve in order to demonstrate contracted care is being delivered. |
| Services | All the services to be provided by the Service Provider under this Contract. |
| Social Capital | An idea that refers to the connections between individuals and entities that can be economically valuable. Social networks that include people who trust and assist each other can be a powerful asset. These relationships between individuals and organisations can lead to a state in which each will think of the other when something needs to be done |
| Staff | Within the context of this specification the staff is the group of people, working under the direction of the Registered Manager that is responsible for delivering care and support to deliver Resident specific outcomes |
| Stakeholders | In the context of this service specification, stakeholders is an all-encompassing term which may refer to Residents and their support network, Care Home Providers, the Local Authority, NHS Bristol CCG, Social Workers, General Practitioners and other health professionals. |
| Support Network | This is the group of people that support a resident and will often be a resident's relative, carer, partner, friend or advocate or a combination of all these. |
| Whistle Blowing | Whistle Blowing is the disclosure by a person or group of people to someone in authority (i.e. the Local Authority, NHS Bristol CCG, the Care Home Manager or the Care Quality Commission) of mismanagement, dishonest or abusive practices, corruption, illegality or some other wrongdoing occurring in a care setting. |

Bristol Clinical Commissioning Group

Bristol Community Equipment Service

Policy for the

# Provision of Equipment in Care Homes

December 2014

**Vision**

People using care services will be treated with dignity and respect.
All organisations and individuals providing care – and equipment –
will work together to ensure that they do their best to support this aim.

**Contents**

Page

## Introduction

The purpose of this document is to clarify the responsibilities of people involved in procuring equipment for disabled and frail people in care homes - including those homes that offer nursing care.

The target audience for this document is: managers and owners of care homes; commissioners, managers and frontline staff in Bristol City Council (BCC), the National Health Service (NHS) and other organisations who work in and for the Bristol Community Equipment Service (BCES), including the contractor that provides the equipment procurement service.

The equipment under discussion comprises aids to daily living, nursing aids and rehabilitation equipment. Items fall into the following categories: bathing equipment, beds and accessories, chair raising equipment, mobility aids, patient handling / lifting / transfer, pressure care, seating and toileting. Wheelchairs and telecare / assistive technology are mentioned, although they are not provided by Bristol Community Equipment Service (BCES).

Bristol Community Equipment Service (BCES) is an integrated community equipment service jointly commissioned by Bristol City Council and NHS Bristol. The service is currently provided by a partner organisation, Medequip Assistive Technology Ltd (Medequip).

## Joint Approach

Bristol, North Somerset and South Gloucestershire have collaborated on this policy with the aim of providing a consistent approach. Each area will have a localised version based on the same principles.

## Scope of this policy and background information

Bristol Community Equipment Service (BCES) primarily loans equipment to people in their own homes, following assessment of need by a qualified prescriber. This policy defines the circumstances when BCES would loan equipment to people in care homes.

In this document "care home" means care homes providing personal care (formerly known as residential homes) and care homes providing nursing care (formerly / also known as nursing homes or care homes with nursing).

Whilst BCES provides equipment for children in the community, care homes for children are outside the scope of the Care Standards Act 2000, the Health & Social Care Act 2008 and the Care Act (2014). They are therefore also outside the scope of this policy, as BCES does not provide equipment to these organisations.

Hospitals (within the meaning of the National Health Service Act 2006), private or otherwise, and private hospitals registered as care homes are also outside the scope of the service and this policy, as BCES does not provide equipment to these establishments.

"Supported Living" settings are outside the scope of this policy, because they are not classified as care homes.

BCES does not provide wheelchairs, therefore they are outside the scope of this policy. People requiring wheelchairs from the health service must be referred, usually by a doctor or hospital, to the Bristol Wheelchair Service, telephone 0117 340 3463. Wheelchairs can be hired or purchased from local suppliers.

The British Red Cross Medical Equipment Service provides wheelchair hire and short-term loans of wheelchairs and other equipment to help people return to their own homes after illness or surgery, enable them to go on holiday and promote independence. Telephone 0117 301 2606.

West of England Care & Repair provide, amongst other services, advice and information on equipment for disabled people, telephone 0300 323 0700, web site www.wecr.org.uk

Living Driving and Mobility centre provides advice and information on equipment for disabled people, telephone 0117 965 9353, web site www.thisisliving.org.uk

In order to qualify for an equipment loan from BCES, individuals must meet the prevailing criteria of the Council or NHS to be assessed by an authorised BCES prescriber.

Authorised prescribers (people who can order equipment loans) work in a variety of professions in the National Health Service (NHS), Bristol City

Council (BCC) and in organisations working on their behalf such as Bristol Community Health, Care & Repair and other partner organisations and agencies. The prescriber is authorised if they hold a valid BCES login (work email address and password) to the Medequip ordering system, TCES Connections. Professional roles of BCES prescribers include various grades of Occupational Therapist, Physiotherapist, District Nurse and other allied professions. Depending on the type of equipment requested, value and delivery speed, the prescriber may have to get authorisation from a more senior manager. All requests for community beds, mattresses, hoists and standaids must be accompanied by the relevant forms and signed off by the Equipment Coordinator in Bristol Community Health.

BCES maintains a catalogue of equipment available to prescribers using their login. The catalogue is kept under review and contents change over time.

Individuals who meet Council ("Social Care") assessment criteria may be offered a "Direct Payment" of value equivalent to the equipment that would be loaned, should they wish to put this money towards an alternative equivalent piece of equipment to meet their need that is not supplied by BCES.

Referrals to the service are made either via the NHS or City Council. In the NHS various professionals have access to the service, so anyone in the community with an eligible need for equipment can be referred for assessment for equipment. Referral routes in the NHS include professionals in hospitals, health centres, clinics, surgeries, general practice, mental health and learning difficulties services, via health care in the community such as Community Nursing (formerly District Nursing) and Intermediate Care. All referrals for adults to Bristol City Council People Directorate social care services (formerly Health and Social Care Department) are made via the intake team known as Care Direct, telephone 0117 922 2700, web site http://www.bristol.gov.uk/nav/health-and-adult-care

As mentioned above, equipment for children in care homes is outside the scope of this document, but for information there are various routes for referral for children to Bristol City Council People Directorate social care services (formerly Children and Young People Services Department), including to the Disabled Children's Service, telephone 0117 903 8250 web site http://www.bristol.gov.uk/nav/children-and-young-people

## Care homes outside Bristol

BCES loans equipment to people who have a GP in Bristol (NHS prescribers), or who pay their council tax to Bristol City Council (BCC prescribers). Therefore the care homes under discussion in this document are not necessarily within the Bristol City Council boundary.

Prescribers involved with assessing needs and provision of equipment to residents in care homes outside Bristol should bear in mind that the BCES contractor is not expected to regularly travel outside the city boundary, therefore they can not reasonably be expected to deliver, collect, repair and maintain BCES equipment in care homes outside the city boundary. When a care home is outside the boundary and the resident does not have a Bristol GP, social care staff and prescribers should make arrangements for assessment of need and provision of equipment by the authorities in the area where the resident is placed. The Department of Health document “Who Pays? Establishing the Responsible Commissioner” (September 2007) sets out a framework for establishing responsibility for commissioning an individual's care within the NHS, i.e. determining who pays for a patient’s care.

## Care homes fit for purpose

The Health and Social Care Act 2008 established the Care Quality Commission (CQC) as the regulator of all health and adult social care services, including inspection and monitoring of compliance to relevant standards and regulations for care homes.

The Health and Social Care Act requires that care homes must meet core standards and be "fit for purpose", therefore homes are expected to provide a range of equipment likely to be needed to meet the needs of the residents they are registered to care for.

CQC will check that homes have equipment "provided for the purpose of carrying on the regulated activity". So if the regulated activity is "accommodation with nursing care" CQC would expect more equipment than for "accommodation with personal care". This should be set out in the home's Statement of Purpose.

When assessing provider [care home] compliance, CQC assess against a range of "Outcomes". The following are particularly relevant in relation to provision of equipment in care homes:

- Outcome 4 Care and welfare of people who use services
- Outcome 6 Cooperating with other providers
- Outcome 10 Safety and suitability of premises
- Outcome 11 Safety, availability and suitability of equipment

See Appendix 2, References, for more detail of Outcome 11.

The CQC is not involved in discussions between commissioners and care homes about provision of equipment, but will check that equipment is available.

Additionally, individual care homes may be obliged to provide certain equipment as part of their contract with Bristol City Council and/or NHS Bristol Clinical Commissioning Group (formerly NHS Bristol / Bristol Primary Care Trust) or Bristol Community Health, for example "seasonal" or "Safe Haven" beds. If those contracts do not specify equipment requirements, the principles set out in this policy will prevail.

Residential units located within a nursing home setting (for example in establishments previously known as 'Dual Registered') should be equipped to a suitable standard commensurate with the level of care provided. That is to say, for the purposes of this policy and without prejudice to the expectations of the Care Quality Commission, it is likely that the nursing wing would have a wider range of equipment than the residential unit.

Within care homes there may be a variety of levels of equipment provision between different rooms. For example, some rooms may have access to fully equipped bathrooms set up to accommodate high levels of physical need,

whereas there may be other rooms in the same establishment that have a standard bathroom without specialist equipment to aid bathing for residents with low level needs.

Individuals and families sometimes provide equipment that a care home would not normally supply, e.g. sensor mat. The care home manager may incorporate these into a care plan, but are not necessarily expected to supply.

## Responsibilities of care home providers

In accordance with the requirements to be “fit for purpose” it is expected that homes will provide a range of equipment to meet residents’ assessed needs. This will include the provision of any equipment identified for individuals’ assessed needs. In general this means they will have in place suitable seating, beds, mattresses, aids to daily living, assistive technology, handling, mobility, lifting equipment and adaptations suitable for their residents.

When a person is being considered for a place at a care home, the care home manager’s assessment of needs should include consideration of the equipment that the care home will provide to support the person’s needs and care plan. The assessment will anticipate likely future equipment requirements to support their care. Care homes should not accept people whose assessed needs they are unable to meet.

Care home owners and managers must ensure that equipment meets all legislative requirements including, but not limited to, the latest versions and revisions of, for example: Health & Safety at Work Act (1974), Lifting Operations Equipment Regulations (1998) (LOLER), Provision and Use of Work Equipment Regulations (1998) (PUWER), the Manual Handling Operations Regulations (1992), the Care Standards Act (2000), the Health & Social Care Act (2008) and the Care Act (2014).

Care homes must ensure they keep up to date and comply with the latest directives for “Medical Devices”, such as the Medical Device Alerts (MDA) issued by the Department of Health's Central Alerting System (CAS) via the Medicines and Healthcare products Regulatory Agency (MHRA).

**Who should normally provide equipment for individuals in care homes?**

Care homes provide a range of equipment to meet the needs of the residents they care for and care home managers should not accept new residents whose assessed needs they are unable to meet.

Care home managers should plan for the long term when considering accepting a person with a condition that is known to deteriorate over time. They should anticipate future equipment requirements and plan to purchase or hire the equipment, following assessment and discussion of the options with the care commissioner.

The matrix in Table 1 below illustrates responsibility for providing each type of equipment in different care home settings, i.e. care home ("residential") or care home with nursing.

For example, the matrix shows that BCES will provide a walking aid for use by a named individual, following assessment by an authorised BCES prescriber.

In addition, BCES will consider loaning equipment in the following circumstances:

- Temporary loan up to 6 weeks for prevention of hospital admission or facilitation of discharge.
- Temporary loan up to 6 weeks to temporarily meet unexpected or acute change in an individual resident's needs.
- Specialist or bespoke equipment for complex needs. (i.e. loan to a named resident, until no longer required by that resident, of a specialist or bespoke item of equipment to meet complex needs).

Further information on these circumstances and criteria for a loan appears below.

**General criteria for BCES equipment loans are laid out in Appendix 1.**

In addition, for BCES to provide a loan of equipment marked as responsibility of BCES in Table 1, the following apply:

- The equipment is not the type of equipment that would normally be provided by the care home to meet the needs of its residents, and is of the type marked as responsibility of BCES in Table 1.
- The equipment will be loaned for an indefinite period, with the intention of it being promptly returned to the BCES store when the need passes.

**Table 1: Responsibility for provision of equipment in different settings.**

Codes to indicate responsibility for purchase and maintenance:

**CH** = Care home *
**BCES** = Bristol Community Equipment Service **
**CCG** = NHS Bristol CCG - health equipment not normally part of the community equipment service **

* Where the table states CH, this should not be interpreted to mean that the care home must always supply in all circumstances. Care homes must supply equipment in order to meet residents' assessed needs. e.g. bath lift may be supplied in equipped bathroom, but home may have 'normal' bathrooms which do not have special equipment.

** Care homes will provide equipment marked BCES or CCG when this equipment is required to meet their stated purpose and carry out their regulated activity, or when it is specified in the individual resident's care contract between the home and Council &/or CCG.

| **Item of Equipment** | **Care Home Setting** | | **Comment** |
|---|---|---|---|
| | **Nursing** | **Non-Nursing** | |
| **Bathing Equipment** | | | |
| Range of Bath Seats | CH | CH | |
| Range of Bath Boards | CH | CH | |
| Electric/Manual Bath Lifts | CH | CH | |
| Range of Shower Chairs | CH | CH | |
| Range of Shower Stools | CH | CH | |
| **Beds** | | | |
| General Beds | CH | CH | |
| Standard powered profiling bed | CH | BCES | Including bariatric and ultra-low |
| Non-standard beds | BCES | BCES | For people with complex needs |
| **Bed Attachments for Risk Management** | | | |
| Range of Back Rests | CH | CH | |
| Rope Ladders | CH | CH | |
| Range of Bed Raisers | CH | CH | |
| Mattress Variators/Elevators - single | CH | CH | |
| Over Bed Trolley Table | CH | CH | |
| Bed Levers | CH | CH | |
| Lifting Pole | CH | CH | |
| Bed rails / bed sides | CH | CH | |
| **Chair Raising Equipment** | | | |
| Range of Standard Chairs | CH | CH | |
| Chair Blocks and Raisers | CH | CH | |

| Item of Equipment | Care Home Setting | | Comment |
|---|---|---|---|
| | Nursing | Non-Nursing | |
| **Mobility and Walking Equipment** | | | |
| Wooden Handled Walking Stick | CH | CH | |
| Ergonomic Walking Stick | BCES | BCES | As for all BCES loans: for personal use of assessed resident, to be returned to BCES when no longer required. |
| Mobility and Walking Equipment | BCES | BCES | |
| Walking Frame | BCES | BCES | |
| Wheeled Walking Frame | BCES | BCES | |
| Gutter Walking Frame | BCES | BCES | |
| Crutches | BCES | BCES | |
| 3 Wheeled Rollator | BCES | BCES | |
| 4 Wheeled Rollator | BCES | BCES | |
| **Wheelchairs** | | | |
| Wheelchairs and accessories provided by Bristol wheelchair service for permanent and substantial usage. | Short-term usage after trauma or short-term palliative care provided by British red Cross. | | |
| Standard transit chairs, and wheelchair cushion | CH | CH | |
| Wheelchair Accessories – Ramps | CH | CH | |
| **Patient Repositioning** | | | |
| For lifting and manual handling under Health & Safety at Work Act, e.g. hoists, slings, transfer boards, glide sheets and turntables | CH | CH | |
| Hoists: ceiling tracks | CH | CH | |
| Stand Aid | CH | CH | |
| Standing turntable, i.e. with handle | CH | CH | |
| Hoist | CH | CH | |
| Standard slings | CH | CH | |
| Non-standard sling – bespoke | BCES | BCES | Assessed by authorised BCES prescriber (as for all BCES loans) |
| **Prevention Therapy and Management of Pressure Sores** | | | |
| **Mattresses** | | | |
| Standard Static | CH | CH | |
| Non Standard Static | CH | BCES | |
| Dynamic | CH | BCES | |

| Item of Equipment | Care Home Setting | | Comment |
|---|---|---|---|
| | Nursing | Non-Nursing | |
| **Pressure Cushions (for seating)** | | | |
| Standard Static | CH | BCES | |
| Non Standard Static | CH | BCES | |
| Dynamic | CH | BCES | Not in BCES catalogue therefore not normally supplied by BCES |
| **Seating** | | | |
| Standard | CH | CH | |
| Non-customised Seating, e.g. riser chairs, recliner chairs. | CH | CH | |
| Complex seating | BCES | BCES | Bespoke (not off the shelf) chairs for postural management; assessed by BCES prescriber |
| **Toileting** | | | |
| Bed pan and slipper pan | CH | CH | |
| Range of commodes: standard and glide-about | CH | CH | |
| Toilet Frames | CH | CH | |
| Toilet seats: raised 2", 4", 6" | CH | CH | |
| Urinals/bottles | CH | CH | |
| Urinals/bottles: non-return value | CH | CH | |
| Washable continence products | CH | CH | |
| Continence pads | CCG | CCG | NHS Bristol Community Health Continence Service |
| **Telecare** | | | |
| Stand Alone devices e.g. sensor mats, touch lights, door exit alarms | CH | CH | |
| Linked devices e.g. falls detector, bed/chair occupancy sensor, movement detector, environmental detectors for smoke/flood etc | CH | CH | |

BCES keep the range of equipment supplied by the service under constant review. Therefore BCES equipment provision may be withdrawn or supplemented.

## Hospital discharge or prevention of admission

Where the absence of a piece of equipment in a care home is temporary and provision of equipment would facilitate a discharge from an acute hospital bed, or enable a resident to stay in the home and not be admitted to hospital, BCES will consider providing equipment to a care home on a temporary basis for up to 6 weeks. The care home will be responsible for making plans to purchase replacement equipment at the end of that period, if it is still required.

General criteria for BCES equipment loans are laid out in Appendix 1.

In addition, for BCES to consider providing a temporary loan of equipment to prevent hospital admission or facilitate hospital discharge:

- The absence of a piece of equipment in a care home is temporary and the provision of equipment would facilitate a discharge from an acute hospital bed, or enable a resident to stay in the home and not be admitted to hospital.
- The equipment will be loaned for a maximum of 6 weeks.
- The care home will make arrangements to purchase replacement equipment at or before the end of six weeks and return the loaned equipment to the BCES store.
- If the need passes before six weeks are up, the care home will notify the prescriber who will make arrangements for the equipment to be collected and returned to the BCES store.
- The prescriber arranging the loan will be responsible for ensuring that a review process is established to monitor the loan and review the case at 5 weeks, if necessary handing over this responsibility to another team or to a manager. For example: from hospital to community setting; from intake team to longer term services. Cover must be arranged in case named individuals unexpectedly become unavailable.
- At the end of week 5, the prescriber managing the reviews will contact the care provider to make arrangements for the return of the loaned equipment. See ‘How to return loaned equipment’.
- The care home will also take the initiative to contact the prescriber and the equipment store in order to return the loaned equipment at the agreed time.
- The care home must obtain written agreement from the responsible BCES prescriber to extend a loan beyond six weeks, only following reassessment by an authorised BCES prescriber, with appropriate managerial authorisation.
- BCES reserves the right to invoice the care home for any equipment that is not returned at the agreed time, with other reasonable charges related to its use.

**Unexpected or acute change in an individual resident's needs**

Where the absence of a piece of equipment in a care home is temporary and the equipment is the type normally provided by the home but is not immediately available, and provision of equipment would assist the care home to meet an unexpected or acute change in an individual resident's needs while the care home makes arrangements to purchase or hire replacement equipment if the need persists, BCES will consider providing equipment to a care home on a temporary basis for up to 6 weeks. The care home will be responsible for making plans to purchase replacement equipment at the end of that period, if it is still required.

General criteria for BCES equipment loans are laid out in Appendix 1.

In addition, for BCES to consider providing a temporary loan of equipment to meet unexpected or acute change in an individual resident's needs:

- The absence of a piece of equipment in a care home is temporary.
- The provision of equipment would enable a resident to stay in the home while arrangements are made by the home to hire or purchase replacement equipment if the need persists.
- The equipment will be loaned for a maximum of 6 weeks.
- The care home will make arrangements to purchase replacement equipment at or before the end of six weeks and return the loaned equipment to the BCES store.
- If the need passes before six weeks are up, the care home will notify the prescriber who will make arrangements for the equipment to be collected and returned to the BCES store.
- The prescriber arranging the loan will be responsible for ensuring that a review process is established to monitor the loan and review the case at 5 weeks, if necessary handing over this responsibility to another team or to a manager. For example: from hospital to community setting; from intake team to longer term services. Cover must be arranged in case named individuals unexpectedly become unavailable.
- At the end of week 5, the prescriber managing the reviews will contact the care provider to make arrangements for the return of the loaned equipment. See 'How to return loaned equipment'.
- The care home will also take the initiative to contact the prescriber and the equipment store in order to return the loaned equipment at the agreed time.
- The care home must obtain written agreement from the responsible BCES prescriber to extend a loan beyond six weeks, only following reassessment by an authorised BCES prescriber, with appropriate managerial authorisation.
- BCES reserves the right to invoice the care home for any equipment that is not returned at the agreed time, with other reasonable charges related to its use.

**Specialist or bespoke equipment for complex needs.**

Care homes provide a range of equipment to meet the needs of the residents they care for and care homes should not accept new residents whose assessed needs they are unable to meet.

Care home managers should plan for the long term when considering accepting a person with a condition that is known to deteriorate over time. They should anticipate future equipment requirements and plan to purchase or hire equipment, including specialist or bespoke equipment for complex needs, following assessment and discussion of the options with the care commissioner who may need to call for advice upon the expertise of a BCES prescriber.

In exceptional circumstances, when there is an unexpected change in a resident's condition which means they require a piece of specialist or bespoke equipment to meet their particular needs and the care home is not expected to provide it in their contract with the council or CCG and where the equipment would not be capable of being utilised by other residents, then it is possible, following assessment by an authorised prescriber and appropriate authorisation, for BCES to loan the equipment for a named individual resident for their exclusive use, normally for an indefinite period.

The time taken for BCES to arrange the loan of bespoke or specialist equipment is usually much longer (weeks) than for BCES catalogue equipment (days) because of the authorisation and procurement process, including consideration by the Major Equipment Panel which meets fortnightly to consider requests for equipment costing £1,000 or more, and supplier lead times, particularly for bespoke items.

General criteria for BCES equipment loans are laid out in Appendix 1. In addition, for BCES to consider a loan of specialist or bespoke equipment to meet complex needs:

- The equipment is not the type of equipment that would normally be provided by the care home to meet the needs of its residents.
- The care home is not expected to provide it in their contract with the council or CCG.
- The equipment would not be capable of being utilised by other residents.
- If the need passes, the care home will notify the prescriber or their team, colleagues, manager or care commissioner who will make arrangements for the equipment to be collected and returned to the BCES store. See 'How to return loaned equipment'.
- The prescriber arranging the loan will be responsible for ensuring that a review process is established to monitor the loan and review the case at suitable intervals, if necessary handing over this responsibility to another team or to a manager. Cover must be arranged in case named individuals unexpectedly become unavailable.

- BCES reserves the right to invoice the care home for any equipment that is not returned at the agreed time, with other reasonable charges related to its use.

**How to return loaned equipment, or request a repair or service**

All equipment on loan belongs to Bristol Community Equipment Service (BCES) and must be returned when it is no longer required.

Loaned equipment is tracked on BCES contractor's (Medequip) systems and labelled with a BCES bar code which displays the contact telephone number.

Contact the BCES depot when equipment is no longer required:

Medequip Assistive Technology Ltd.
Unit 105, Farendell Road
Emerald Park East
Emerson's Green
Bristol
BS16 7FF
Telephone: 0117 9579140
Email: emersonsgreen@medequip-uk.com

Medequip will arrange to collect the equipment and return it to store, at which time BCES receives a financial credit for the equipment which will be cleaned and sterilised, ready for re-use in the community. If necessary, Medequip will scrap equipment that cannot be reused. Care homes must not dispose of any BCES loan equipment themselves.

Contact Medequip to arrange a repair. Medequip technicians will arrange to visit, assess and repair BCES loaned equipment. If parts or specialist attention are required Medequip may need authorisation from a BCES prescriber or manager, according to the normal BCES procedures.

Medequip will track equipment requiring routine service and testing. Medequip will make contact with the care home to arrange to carry this out at the appropriate interval. The care home must comply with these inspections and allow Medequip to carry this out.

In addition, the Council's insurer, currently Zurich, may require that one of their agents carries out regular inspections of lifting equipment. Medequip and Zurich have been asked to ensure that their inspections take place at suitably spaced intervals. The care home must comply with and facilitate these inspections.

**Contact details for general BCES enquiries**

Any question or comment about Bristol Community Equipment Service may be addressed to the Contract Officer:

Tom Lander, c/o Bristol City Council,
People Directorate, Strategic Commissioning,
(formerly Health and Social Care Department),
c/o City Hall College Green Bristol BS1 5TR

Telephone 0117 3525858
Email tom.lander@bristol.gov.uk
or bces.feedback@bristol.gov.uk

**Purchase or hire of new equipment by care homes**

Care home owners and managers should always consider the latest guidance when purchasing new equipment. Regard should be given to arrangements for cleaning, infection control, maintenance and eventual replacement.

Consideration should be given to providing a variety of models to meet the range of needs, sizes and weights of the residents they will care for.

It is important to take into account the weight of a resident in relation to the upper weight limits of and safe working loads of all equipment. The needs of bariatric (obese) residents can be met by equipment with higher weight limits.

It is possible to hire equipment from local and national equipment providers.

BCES may be able to provide advice to assist care homes in choosing appropriate equipment.

Other sources of information include:-

- The national advice service the Disabled Living Foundation in London (telephone 020 7289 6111, www.dlf.org.uk)
- Living Driving and Mobility Centre in Fishponds, Bristol (telephone 0117 965 9353, www.thisisliving.org.uk )
- West of England Care and Repair, who have an equipment demonstration and information service (telephone 0300 323 0700, web site www.wecr.org.uk)

**General criteria for all BCES equipment loans**

- **The equipment will be for the exclusive use of the named resident.**
- The loaned equipment remains the property of BCES.
- The resident's need will be assessed by an authorised BCES prescriber for the individual named resident in question.
- Assessments and loan requests must be fully authorised by the appropriate BCES managers.
- The BCES contractor Medequip - and/or the prescriber - will deliver and demonstrate the equipment to key staff in the care home responsible for the individual's care. The key care home staff are then responsible for cascading this knowledge to colleagues within the care home.
- If appropriate, the equipment will also be demonstrated to the resident.
- Medequip (or the prescriber) should provide manufacturer's instructions for use and maintenance of the equipment.
- If the need for the equipment passes, the care home will notify the prescriber or BCES contractor (currently Medequip) who will make arrangements for the equipment to be returned to the BCES store.
- The care home must ensure there is a process of regular reviews of the resident's needs, ensuring continuity and cover if staffing changes.
- If responsibility for the resident moves from one BCES team or prescriber to another, for example from hospital to community, a review process must be established by the new team / prescriber.
- Care home staff must promptly notify the care manager - via the prescriber, prescriber's team, GP, or City Council contact centre - of any change in circumstance of the resident that affects their need for the equipment.
- BCES will retain responsibility for servicing, maintenance and repair of the loaned equipment.
- Day-to-day operation, cleaning and disinfection is the responsibility of the care home and must follow manufacturers' instructions and local guidelines.
- The care home will meet the cost of all repairs arising from negligence, damage or inappropriate use.
- The care home will reimburse the City Council the cost of replacement equipment if equipment is lost or not returned to the BCES store.

## References

Department of Health, "Integrating Community Equipment Services, Community equipment and care homes, 12 October 2004".

Extract from Department of Health Service / Local Authority Circular HSC 2003/006: LAC (2003)7 Guidance on NHS Funded Nursing Care paragraph 30:

> "… Where the NHS has determined that an individual requires a particular piece of equipment, it should ensure either that the care home provides it; or provide it on a temporary basis until the care home is able to provide it; or provide it to the individual for as long as they need it. It would be unreasonable to expect care homes to provide items of equipment that, by the nature of the design, size, and weight requirements, need to be specifically tailored to meet the individual's needs and would not be capable of being utilised by other care home residents. …"

Extract from The Department of Health publication "NHS-funded Nursing Care Practice Guide (revised) 2009":

> "Equipment
>
> 49. Where individuals in a care home require equipment to meet their care needs, there are several routes by which this may be provided:
>
> a) The care home may be required to provide certain equipment as part of regulatory standards or as part of its contract with the PCT [NHS Primary Care Trust, now Clinical Commissioning Group (CCG)]. Further details of the regulatory standards can be found on the Care Quality Commission's website at www.cqc.org.uk.
>
> b) Individuals who are entitled to NHS-funded nursing care have an entitlement – on the same basis as other patients – to joint equipment services. PCTs and LAs should ensure that the availability to those in receipt of NHS-funded nursing care is taken into account in the planning, commissioning and funding arrangements for these services.
>
> c) Some individuals will require bespoke equipment (or other non-bespoke equipment that is not available through routes (a) and (b) above) to meet specific assessed needs identified in their care plan. PCTs and (where relevant) LAs should make appropriate arrangements to meet these needs.

Extract from The Department of Health publication "The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care July 2009 (revised)":

> "Equipment
>
> 111. Where individuals in receipt of NHS continuing healthcare require equipment to meet their care needs, there are several routes by which this may be provided:
>
> a) If the individual is, or will be, supported in a care-home setting, the care home may be required to provide certain equipment as part of regulatory standards or as part of its contract with the PCT. Further details of the regulatory standards can be found on the Care Quality Commission's website at www.cqc.org.uk.

b) In accordance with the principles set out in paragraphs 102–106, individuals who are entitled to NHS continuing healthcare have an entitlement – on the same basis as other patients – to joint equipment services. PCTs should ensure that the availability to those in receipt of NHS continuing healthcare is taken into account in the planning, commissioning and funding arrangements for these services.

c) Some individuals will require bespoke equipment (or other non-bespoke equipment that is not available through routes (a) and (b) above) to meet specific assessed needs identified in their NHS continuing healthcare care plan. PCTs should make appropriate arrangements to meet these needs.

PCTs should ensure that there is clarity about which of the above arrangements is applicable in each individual case."

Care Quality Commission, CQC, www.cqc.org.uk

Outcome 11 : Safety, availability and suitability of equipment

People using the service and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs. This is because providers who comply with the regulations will:
- Make sure that equipment:
    - is suitable for its purpose
    - is available
    - is properly maintained
    - is used correctly and safely
    - promotes independence
    - is comfortable.
- Follow published guidance about how to use medical devices safely.

Department of Health, "Who Pays? Establishing the Responsible Commissioner", September 2007. This document sets out a framework for establishing responsibility for commissioning an individual's care within the NHS, i.e. determining who pays for a patient's care.

**Acknowledgements**

South Gloucestershire Community Equipment Service
North Somerset Community Equipment Service
Devon Community Equipment Service
Care Quality Commission South West

## Document version control

| | |
|---|---|
| Title | Bristol Policy for the Provision of Equipment in Care Homes |
| Author | Tom Lander, Bristol City Council (BCC) / NHS Bristol CCG (Contracts Officer, Bristol Integrated Community Equipment Service), tom.lander@bristol.gov.uk , Tel. 0117 35 25858. |
| File name | S:\OPPSI\ICES\Care & Nursing Homes\Bristol Policy\Bristol Care Home Equipment Policy 201411 DRAFT.doc |
| Version | Revision to current |
| Status (Draft/ Final) | Draft |
| Date | November / December 2014 |
| Approved by | Current version: Joint Directors Forum 3rd September 2012 |
| Date effective from | TBA |
| Date for Review | TBA |
| Policy / Strategy Lead | ICES Commissioners (Adults' Services):- Melanie Rogers, Tim Wye or Rob Logan (BCC), Emma Moody (NHS) |
| Target audience | Commissioners, managers, equipment prescribers and social work staff in NHS Bristol CCG, Bristol Community Health, University Hospitals Bristol and North Bristol NHS Trusts (BRI, BGH, South Bristol, Southmead and Frenchay hospitals) and Bristol City Council. Managers in care homes used by Bristol service users. (Excludes equipment in children's care homes). |
| Circulation list | Bristol City Council People Directorate (Health & Social Care) Department Commissioning Managers, NHS Bristol CCG Commissioning, NHS Bristol CHC/FNC Manager, Bristol ICES Management Board, Bristol ICES Clinical Reference Group, Providers Forum [Care Home Representatives] |

| **Review:** | |
|---|---|
| Author | Tom Lander |
| File name | S:\OPPSI\ICES\Care & Nursing Homes\Bristol Policy\Bristol Care Home Equipment Policy 2014-12.doc |
| Version | Final Revised |
| Status(Draft/ Approved) | Final |
| Date | 11/05/2015 |
| Approved by | Consultation November to December 2014 |
| Date effective from | 11/05/2015 |
| Date for Review | December 2017 |
| Policy/ Strategy Lead | NHS Bristol CCG and Bristol City Council leads for Integrated Community Equipment Service |

| **History:** | | |
|---|---|---|
| Version | Reviewed By | Date |
| A | Commissioners, CHC, Care Home providers forum, neighbouring authorities (NS & SG) | July 2011 to April 2012 |
| B | North Somerset and South Gloucestershire | 14/06/2012 |
| C | Added Joint Approach paragraph to preamble | 22/06/2012 |
| D | Care home providers forum | 16/08/2012 |
| Final | Joint Director Forum | 03/09/2012 |
| Draft 201411 | Tom Lander - Draft to take account of change of BCES contractor from NRS to Medequip from October 2014 and make some other minor updates | 31/12/2014 |
| Final Revised | Tom Lander and colleagues | 11/05/2015 |

**Appendix C**


**May 2013**

# Bristol City Council
# Sustainability Requirements and Guidance for New Build and Refurbished Facilities For Adult Social Care

## Sustainable City & Climate Change Service
## 2013

# Background

## *National requirements*

- New non-domestic buildings (which includes day centres and residential homes) must be zero carbon by 2019
- The Government proposes to achieve this target through more stringent Building Regulations. In the interim, the 2013 Building Regulations (Part L) will require substantial improvements in energy efficiency, both for new and refurbished buildings. These are expected to be in force by October 2013.

  To achieve zero carbon requires implementation of the energy/carbon hierarchy:

  1. **Reduce energy demand** – particularly through good passive design.
  2. **Drive out waste through better design** – the building's services should be energy efficient as possible.
  3. **Decarbonise energy supplies** – through low carbon fuels/biomass and on/near site renewable energy sources.
  4. **Neutralise energy supplies** - through "allowable solutions" e.g. offsite renewable energy provision, developing low carbon energy infrastructure.

  All social care building refurbishment/new builds/extensions should follow this carbon hierarchy model and contribute to meeting the adopted BCC carbon reduction targets. We should also aim for good practice in sustainable design and construction.

## *Bristol requirements*

- The adopted **Climate Change and Energy Security Framework** for Bristol, endorsed by Cabinet March 2012, sets out a target of a 40% reduction in carbon emissions by 2020, and required actions for HSC. This requires at least a 3% year-on-year reduction in carbon emissions, from a 2005 baseline.
- Action 12 in the CC&ESF is to: **'Plan and deliver advanced energy efficiency & renewable energy measures for Council buildings'**
- All major decisions submitted for approval by Cabinet require an **Eco Impact Assessment** to be approved by the Sustainable City & Climate Change Service
- Purchase of materials should comply with the **BCC Sustainable Procurement Policy**, including the **Timber Policy**

- Bristol Development Framework **Core Strategy Policy 13** requires the submission of a sustainability statement with planning applications, which sets out how sustainability and climate change (mitigation and adaptation) are addressed in the design.

- Bristol Development Framework **Core Strategy Policy 14** requires the submission of an energy strategy setting out how energy consumption will be constrained and carbon reduced. This strategy should follow the energy hierarchy in prioritising energy efficiency measures and then providing at least 20% of the remaining energy demand from onsite energy generation. More information is available below and in a practice note on the BCC planning pages.
- Bristol Development Framework **Core Strategy Policy 15** requires the submission of a BREEAM (multi-residential) assessment and sustainability statement with planning applications. A BREEAM scheme for refurbishment is currently in development.
- The **Bristol Central Area Plan**, to be adopted in summer 2013, sets defined standards through BREEAM for development and so these standards would apply to social care buildings in the central area.

## *Eco Impact Assessment Scheme*

For all major projects or decisions (expenditure of over £500,000 or where major policy impact results) an Eco Impact Assessment is required.
The scheme assesses whether there is any potential detrimental impact on:

- carbon emissions
- vulnerability to climate change
- consumption of non-renewable resources
- production, recycling and disposal of waste
- the appearance of the city
- pollution to land, water or air
- wildlife and habitats

and requires the identification of mitigation measures in respect of each of these to be agreed with the Sustainable City & Climate Change Service.

Eco Impact Assessments were part of the July 2012 Cabinet Decisions for the future of Residential and Day Services, and include the following requirements:

- commitment to high environmental standards in the commissioning arrangements, including a reduction in carbon emissions
- appropriate BREEAM target
- use of sustainable timber
- promotion of sustainable travel
- adoption of a Waste Management plan
- provision for climate-related impacts, such as protecting vulnerable people from heat

## *Renewable and low carbon energy*

Policy BCS14 in the Bristol Development Framework requires 20% renewable energy generation in new development, and the consideration of potential for district or community heat networks.

When new social care buildings or large-scale redevelopments take place, a detailed study of heat and power requirements in the vicinity of the social care building should take place, as there may be potential for community heating, and this can provide a balanced heat demand.

Biomass can be particularly suitable for social care buildings and installing a biomass boiler can be the most effective single measure a social care building can take to reduce its carbon footprint. Advice should be taken on potential air quality issues.

With the advent of the Feed in Tariff (FiT) and Renewable Heat Incentive (RHI), on-site renewables and CHP uptake should improve.

Solar thermal panels to provide hot water are particularly suitable for kitchens and WCs / showers.

Photovoltaic panels provide electricity and should always be considered, even where biomass is already specified, as electricity demand is high in social care buildings.

Funding may be available for the installation of energy efficient technology, via the SALIX scheme administered by Energy Management Unit and the ELENA project.

A wind turbine which provides electricity to the building can be considered on a large or edge of city site, and can be the focus of a community energy scheme, as recommended by DCLG.

The Feed in Tariff (clean energy cashback) scheme provides an annual cash payment for electricity from wind or PV from the government for 25 years, guaranteed and index linked, and makes these technologies much more viable. Although the FiT has been reduced, and is now less generous than on the introduction of the scheme, this still makes schemes viable, especially now that the price of solar panels is falling. A similar scheme for heat – the Renewable Heat Incentive – will apply from 2013.

## *Sustainability Specification*

### Sustainable Design

A BREEAM assessment is required (new build or refurbishment as appropriate) including post construction certification, to achieve:

*Essential*

- Sustainability Statement, giving an overview of sustainable design measures.
- BREEAM 'very good' rating

*Good practice*

- BREEAM 'excellent' rating

### Energy and carbon emissions

*Essential*

- energy strategy provided, summarising proposals for low carbon and decentralised energy
- reduction of energy consumption and lifetime running costs factored into the design
- energy efficiency maximised and passive measures such as natural ventilation and daylighting designed in: air conditioning avoided or kept to a minimum
- mechanical ventilation, where used, combined with heat recovery
- renewable energy incorporated into the design to provide at least 20% energy
- feasibility of district heating to surrounding buildings considered
- zoned, timed and weather responsive controls provided for heating, cooling and lighting zoned activities

*Desirable*

- output from renewable energy metered separately and displayed in the reception area
- design allows for future retrofitting of further measures – eg roof pitch and orientation for PV
- design allows for future extensions without loss of energy efficiency measures
- **A** rating achieved for both the EPC Asset Rating and the DEC Operational Rating
- Building Management System installed and correctly used, building users trained in use

- heating hours of operation set-point to be set at moderate temperature and reviewed in operation to prevent overheating
- intelligent lighting system with zoning, daylight dimming and PIRs
- voltage power optimisation, if possible, dependent on site survey (e.g PowerPerfector)

**Climate change adaptation and resilience**

*Essential*

- increased summer temperatures factored into design: shading, ventilation, orientation designed in to prevent future use of air conditioning
- buildings modelled to remain at an acceptable temperature when outside temperatures exceed 30C for five days or more
- green roofs considered, to provide insulation, reduction in water runoff, and nature conservation benefits

*Desirable*

- flood resilient design – eg hard surfaces at ground floor, high level electrical sockets
- design for cooling – increased floor to ceiling height, avoidance of internal rooms, avoidance of deep floorplate
- provision of communal 'cool room'

**Water**

*Essential*

- water strategy adopted, setting out how surface water management will ensure a reduction of 30% in runoff against pre-development baseline
- sustainable drainage specified, potentially including swales, attenuation ponds and permeable paving – where possible integrate into landscaping
- water efficiency: taps should be self closing and flow regulators should be fitted to give maximum rates of 6 litres per minute for wash hand basins and kitchenettes and 9 litres per minute for catering sinks. WCs should be dual flush, set at maximum 6 & 4 litres - existing WCs can be retrofitted with displacement devices in the cistern. Urinals should have flow regulators.

*Desirable*

- rainwater harvesting considered
- rainwater goods sized to cope with intense downpours

**Waste**

*Essential*

- waste management and recycling plan adopted with space allocated for safe and convenient storage and collection of recyclables
- demolition audit carried out of any existing buildings, re-use of at least 70% of demolition materials

*Desirable*

- use the WRAP Net Waste Tool or equivalent to forecast and monitor waste reduction

- recover and re-use 80% of demolition materials

**Materials**

*Essential*

- materials specified which are A or B rated in the BRE Green Guide to Specification
- PVC for building elements avoided where practicable
- materials specified with recycled content – see KPI for required percentage
- all timber FSC/ PEFC certified

*Desirable*

- use reclaimed materials where possible, and design for end of life re-use / recycling

**Nature conservation and horticulture**

*Essential*

- identify existing habitat and species using a qualified ecologist, and provide a report on the impact of development
- adopt a plan for mitigation (where necessary) and enhancement – eg replacing trees and hedges where removed, providing new planting
- use indigenous and fruit bearing species where possible

*Desirable*

- provide vegetable plots or raised beds suitable for service users to grow flowers and food
- consider creating sensory gardens
- engage with organisations such as Alive! or CSV to enhance service user knowledge of wildlife and involvement in growing food, plants and flowers.

**Service Level Agreement**

When the preferred partner is selected, we recommend that this Sustainability Specification is included in the Local Authority Requirements, and that Key Performance Indicators and targets relating to climate change and sustainability are agreed. Performance in relation to these KPIs should be subject to annual report and review.

# References

## *Bristol City Council*


Bristol Development Framework Core Strategy, Adopted Version, 2011

Eco Impact Assessment Scheme (BCC Intranet)

Sustainable Procurement Policy (BCC Intranet)

Climate Change and Energy Security Framework, Cabinet Report 25 February 2010 and March 2012

Climate Change and Sustainability Practice Note (December 2012)