

## Part 4 – SPECIFICATION

### INDEX

<b>4.1</b>	<b>Service Description</b>	<b>Page 4</b>
<b>4.1.2</b>	<b>Communication and Information Prior To Admission</b>	<b>Page 4</b>
<b>4.1.3</b>	<b>Communication and Information (After Admission)</b>	<b>Page 4</b>
<b>4.1.4</b>	<b>Visits Prior To Admission</b>	<b>Page 5</b>
<b>4.1.5</b>	<b>Individual Assessment of Needs</b>	<b>Page 5</b>
<b>4.1.6</b>	<b>Assessment of Existing Service Users Who Are In Hospital</b>	<b>Page 6</b>
<b>4.1.7</b>	<b>Meeting Service User Needs</b>	<b>Page 6</b>
<b>4.1.8</b>	<b>Service User Plan</b>	<b>Page 6</b>
<b>4.1.9</b>	<b>Service User Decisions</b>	<b>Page 7</b>
<b>4.1.10</b>	<b>Consultation and Involvement</b>	<b>Page 7</b>
<b>4.1.11</b>	<b>Promoting Independence</b>	<b>Page 7</b>
<b>4.1.12</b>	<b>Impaired Eyesight and/or Hearing</b>	<b>Page 8</b>
<b>4.1.13</b>	<b>Mobility, Exercise and Aids</b>	<b>Page 8</b>
<b>4.1.14</b>	<b>Service User Information</b>	<b>Page 9</b>
<b>4.1.15</b>	<b>Service User Personal Development</b>	<b>Page 9</b>
<b>4.1.16</b>	<b>Education, Training and Employment (Service Users)</b>	<b>Page 9</b>
<b>4.1.17</b>	<b>Community Engagement</b>	<b>Page 10</b>
<b>4.1.18</b>	<b>Leisure Activities</b>	<b>Page 10</b>
<b>4.1.19</b>	<b>Relationships and Social Activities</b>	<b>Page 10</b>
<b>4.1.20</b>	<b>Respecting Service Users</b>	<b>Page 12</b>
<b>4.1.21</b>	<b>Equal Opportunities</b>	<b>Page 12</b>
<b>4.1.22</b>	<b>Emotional Needs of Service Users</b>	<b>Page 13</b>
<b>4.1.23</b>	<b>Ensuring Safety</b>	<b>Page 13</b>
<b>4.1.24</b>	<b>Smoking</b>	<b>Page 14</b>
<b>4.1.25</b>	<b>Rest and Sleep</b>	<b>Page 15</b>
<b>4.1.26</b>	<b>Ensuring Comfort and Alleviating Pain - Nursing Homes Only</b>	<b>Page 15</b>
<b>4.1.27</b>	<b>Care until Death</b>	<b>Page 15</b>

<b>4.1.28 Personal Hygiene, Appearance and Foot Care</b>	<b>Page 16</b>
<b>4.1.29 Food Hygiene</b>	<b>Page 16</b>
<b>4.1.30 Eating and Drinking</b>	<b>Page 17</b>
<b>4.1.31 Oral Health and Hygiene</b>	<b>Page 18</b>
<b>4.1.32 Toilet Needs</b>	<b>Page 18</b>
<b>4.1.33 Preventing Pressure Ulcers</b>	<b>Page 19</b>
<b>4.1.34 Health Care</b>	<b>Page 19</b>
<b>4.1.35 Personal Support</b>	<b>Page 20</b>
<b>4.1.36 Physical, Emotional and Mental Health Needs</b>	<b>Page 20</b>
<b>4.1.37 Dementia</b>	<b>Page 21</b>
<b>4.1.38 Dementia-Registered Homes</b>	<b>Page 21</b>
<b>Physical Environment</b>	<b>Page 21</b>
<b>Staffing</b>	<b>Page 21</b>
<b>Activities</b>	<b>Page 21</b>
<b>4.1.39 Medication</b>	<b>Page 22</b>
<b>4.1.40 Expressed Wishes of the Service User</b>	<b>Page 22</b>
<b>4.1.41 Roles and Responsibilities of Staff</b>	<b>Page 23</b>
<b>4.1.42 Staff Training</b>	<b>Page 23</b>
<b>4.1.43 Service Users are supported by competent and qualified staff</b>	<b>Page 24</b>
<b>4.1.44 Nursing Care Services</b>	<b>Page 25</b>
<b>4.1.45 Service Users are supported by an Effective Staff Team</b>	<b>Page 25</b>
<b>4.1.46 Staff Recruitment</b>	<b>Page 25</b>
<b>Recruitment and Selection</b>	<b>Page 25</b>
<b>The Manager/Person in Charge</b>	<b>Page 26</b>
<b>Processes for Managing the Service are Open and Transparent</b>	<b>Page 26</b>
<b>4.1.47 Policies and Procedures</b>	<b>Page 26</b>
<b>4.1.48 Record Keeping</b>	<b>Page 27</b>
<b>Personal Service User Records</b>	<b>Page 27</b>
<b>Records In Relation to the Administration of Medicines</b>	<b>Page 27</b>
<b>Other Records</b>	<b>Page 28</b>
<b>Notifications Made to the Care Quality Commission</b>	<b>Page 28</b>
<b>Skills for Care National Minimum Dataset</b>	<b>Page 28</b>
<b>4.1.49 Health, Safety and Welfare of Service Users</b>	<b>Page 28</b>
<b>4.1.50 Management and Accountability</b>	<b>Page 29</b>
<b>4.1.51 Complaints and Concerns</b>	<b>Page 29</b>
<b>4.1.52 Service User Protection</b>	<b>Page 29</b>

<b>4.1.53 Monies of the Service User</b>	<b>Page 29</b>
<b>4.1.54 Wills And Gifts</b>	<b>Page 30</b>
<b>4.1.55 Transportation of Service Users in Vehicles Owned or Operated by the Provider</b>	<b>Page 30</b>
<b>4.1.56 Accommodation</b>	<b>Page 31</b>
<b>Equipment</b>	<b>Page 31</b>
<b>Lighting</b>	<b>Page 31</b>
<b>Access</b>	<b>Page 31</b>
<b>Fire Precautions</b>	<b>Page 31</b>
<b>Cleaning</b>	<b>Page 32</b>
<b>Laundry Facilities</b>	<b>Page 32</b>

## Part 4 - SPECIFICATION

### 4.1 Service Description

#### 4.1.1 Outcome:

***The purpose of Services is to meet the assessed needs of Service Users with social / nursing / complex health care needs and to enable them to live a life where they feel supported and cared for, whilst being enabled to exercise control of their own lives:***

- Individuality, dignity and potential risk to independence should always be an over-riding consideration when planning service delivery
- Services should be matched, as closely as possible, to the needs of each Service User, to
  1. Enable him/her to lead a life that is as fulfilling as is possible; and:
  2. Give choice and encourage independence;
  3. Promote self determination and reinforce dignity;
  4. Ensure that Service Users' rights are protected;
  5. Offer Service Users support in a way that will reinforce emotional wellbeing and offset the effects of emotional stress.
- Enable Service Users to transfer between care environments so as to most appropriately meet their needs and preferences.
- Provide opportunities for Service Users and carers to have access to services, which flexibly
- Respond to their needs, which are sensitive to their wishes and appropriately reflect their preferences.
- The Service Provider will be looking to provide a service that is innovative, creative, continuously develops and improves, and is designed to promote independence and recovery.
- Users with complex physical and mental health care needs which may include chronic and enduring physical and mental health problems, with complex needs and/or behaviour that can challenge
- Providers must meet the following aims and standards for the provision of care with accommodation.

#### 4.1.2 COMMUNICATION AND INFORMATION PRIOR TO ADMISSION

##### **Outcome:**

**Prospective Service Users are provided with the information they require in order to make an informed choice about where to live.**

- This includes the provision of an up to date Statement of Purpose for the Establishment
- An up to date Service Users' Guide in a clear accessible format

#### 4.1.3 COMMUNICATION AND INFORMATION (after admission)

##### **Outcome:**

**Service Users must receive full information about their care in a language, format and manner sensitive to their needs**

- Carers and Nurses shall spend time talking to the Service User with a view to understanding and communicating his/her particular needs.
- Carers and Nurses shall take time to listen and actively respond to any questions and concerns that the Service User or their relatives may have, referring on to more specialist advice where appropriate.
- Provide assistance or specialist aids to those with communication difficulties to enable them to receive and respond to information.
- Where required, the Provider will support access to a translator or access to a member of staff with appropriate language skills.
- Consult Service Users about any treatment and care they are to receive. A suitably knowledgeable person must explain treatment or care options so that the Service User can make informed choices, and their consent or refusal must be clearly and accurately recorded.
- Where a Service User has limited capacity to understand, every effort shall be made to help them comprehend what is being said and to involve them in decision making with their carer, next of kin and/or advocate/proxy.
- Where a Service User has been assessed as not having capacity under the Mental Capacity Act access to an Independent Mental Capacity Act Advocate (IMCA) must be facilitated by the Provider if appropriate
- Service Users shall be given information explaining how to comment on their care or make a complaint. This information must be available in different formats appropriate to their needs This may include Braille, Large Font, on CD or verbal explanation through interpreters, BSLs etc
- Service Users' personal records shall be regularly updated and available to them. To ensure confidentiality, records must be kept secure and must comply with the Data Protection Act 1998.
- Information relating to the Service User shall be treated as confidential and shall not be disclosed to anyone except for appropriate Staff, the Service User, the Care Manager, the Proxy or any other person authorised by the Service User.

#### **4.1.4 VISITS PRIOR TO ADMISSION**

**Outcome:**

**Prospective Service Users will have an opportunity to visit prior to admission**

- The Provider will offer a six-week trial 'settling in' period for placements of more than six months.

#### **4.1.5 INDIVIDUAL ASSESSMENT OF NEEDS**

**Outcome:**

**Prospective Service Users' individual aspirations and needs are assessed.**

- Service Users are admitted only on the basis of a full unified assessment having been undertaken by appropriately trained professionals and involving the prospective Service User
- A copy of the Care Plan is available within the Establishment for each individual Service User
- The service provider develops an individual Service User Plan consistent with the individual's assessed needs. This will include the management of identified risks
- Any potential restrictions on choice, freedom, service or facilities are discussed with the Service User during assessment.
- A clear documented plan of care will be agreed to address such restrictions and this will be reviewed at least monthly.
- Any potential Family and Carers interests and needs are taken into account, subject to Service User agreement.
- The provider will have established frameworks in place to ensure staff are fully informed and updated of Service User needs.

- During trial periods, open communication will be maintained with the Service User/carer/Advocate, Care Co-ordinator and relevant others involved in the Service Users care.

#### **4.1.6 ASSESSMENT OF EXISTING SERVICE USERS WHO ARE IN HOSPITAL**

##### **Outcome: Service Users are discharged at the appropriate time**

- Where an existing Service User has been admitted to hospital and the hospital has advised the home that the Service User is ready for discharge, the home must carry out a reassessment within 48 hours. When this falls on Fridays, weekends or bank holidays, reassessment should take place within the next two operational days (operational days mean Monday to Friday).

#### **4.1.7 MEETING SERVICE USER NEEDS**

##### **Outcome:**

##### **Prospective Service Users feel confident that the service will meet their needs and aspirations**

- All services offered will be based on current good practice and reflect relevant specialist and clinical guidance on meeting the needs of individuals with complex health care needs.
- The Provider will provide support that demonstrates respect for human rights, age, gender, sexual orientation, ethnic, religious and cultural diversity, and which promotes equal opportunities.
- The Provider will be able to demonstrate that staff have the skills and experience to deliver services for individuals with complex physical and/or mental illness and can provide evidence of continuing professional development for its workforce.
- The Provider will not offer a placement to an individual whose needs it cannot meet

#### **4.1.8 SERVICE USER PLAN**

##### **Outcome:**

##### ***Each Service User will have an individual Service User Care / Support Plan.***

##### **The Service User Plan:**

- Is developed and agreed with the Service User, the Provider and, where appropriate, any statutory agencies.
- The Plan will describe the services and facilities to be provided, the outcomes to be achieved and how these will meet their current and future needs and aspirations.
- Is consistent with their assessment of needs and Care Plan.
- Sets out how their needs will be met.
- Describes any limitations on choice and freedom including individualised approaches for service users at risk of challenging behaviour including self-harm.
- Identifies their key worker within the home & statutory case manager/ care co-ordinator.
- Outlines the respective roles of the care staff and how to contact them.
- Is reviewed at the request of the Service User or to reflect changing needs with changes recorded and actioned appropriately.
- Review meetings should occur six-monthly as a minimum.

#### 4.1.9 SERVICE USER DECISIONS

**Outcome:**

***Service Users make decisions about their lives with assistance as needed.***

- Care staff will respect a Service User's right to make decisions where they have capacity to do so, as determined by the Mental Capacity Act 2007
- Mental Capacity Assessments will be undertaken for each Service User and these assessments will be reviewed at least annually or where there is concern that there is a change in capacity.
- The Provider will secure the support of advocates/IMCAs where individuals are assessed as not having mental capacity to make decisions
- Care staff will provide Service Users with the information and support to make decisions about their own lives as appropriate
- Care staff will record how choices are made and by whom and why decisions are made by others
- Care staff will support Service Users to manage their own finances as far as possible
- Measures to prevent self harm, self neglect or abuse/harm to others are consistent with the Provider's duties and responsibilities under law and the Qualified Staff responsibilities under their registration bodies and Codes of Conduct

#### 4.1.10 CONSULTATION AND INVOLVEMENT

**Outcome:**

***Service Users are expected to be consulted with, and to participate in all aspects of life within their accommodation. Where the Service User does not have capacity, relatives' and friends' views will be taken into account.***

This will include:

- The Provider promoting opportunities for engagement in the business development through assisted support e.g. interpreters, advocates etc where necessary
- Developing policies and services
- Joining staff meetings and involvement in staff selection
- Contributing to Menu setting, Establishment procedures etc
- The Provider will undertake Service User satisfaction questionnaires and publish an annual Service User satisfaction report

#### 4.1.11 PROMOTING INDEPENDENCE

**Outcome:**

***Service Users are supported to take appropriate & responsible risks as part of an independent lifestyle. The care provided must respect the Service Users choices and agreed outcomes in making the most of their ability and desire to care for him / herself.***

- Care staff enable Service Users to take responsible risks within the context of the service users care plan, and the service Provider's risk assessment and management strategies
- Risk management assessments & strategies are understood, agreed and recorded prior to admission (to include relapse indicators)
- The service provider responds immediately to unexplained absences by Service Users according to written procedure and dependant on the service users Mental Health Act status.
- Care Staff shall ensure that time is available to support the Service User to care for him/herself

- Care Staff shall be aware of a Service User's requirements, strengths, abilities and potential
- Where possible, Service Users shall be shown different ways of doing things to help their independence.
- Care Staff shall refer to specialist support where required e.g. physiotherapists, occupational therapists etc
- Where appropriate, equipment shall be offered to help Service Users walk, move, eat, drink, hear, see and communicate. Any equipment used will be well maintained
- Equipment that is provided for a specific Service User shall be kept for his/her sole use and if applicable returned to the purchaser when no longer required.
- The Establishment environment shall be as accessible, comfortable and safe as possible
- Service Users shall be encouraged to be active, through work, exercise and/or recreation as far as their condition allows.

#### **4.1.12 IMPAIRED EYESIGHT AND/OR HEARING**

##### **Outcome:**

***Service users are assessed for sight and hearing impairment and appropriate aids are obtained***

- Service Users with poor eyesight and/or hearing difficulties shall be advised and encouraged to consult with their GP and attend sight/hearing appointments/ clinics etc. so that appropriate tests can be carried out.
- Sensory impaired Service Users shall be enabled to access external services where appropriate.
- Any changes to the sensory abilities of the Service User shall be recorded in the Service User's personal file and after consultation with the Service User, arrangements made to obtain, as appropriate, medical advice or treatment, registration as partially sighted or blind, registration as deaf or hard of hearing and sensory aids from outside agencies.
- The Provider shall enable/arrange for the Service User to have sight and hearing tests in accordance with the GP's or other relevant professional recommendations.
- Any sensory aids required shall be obtained from an appropriate source and repairs carried out at the Service User's expense, or statutory right without delay.
- Sensory aids shall be checked weekly
- If the Service User has sight problems and requests books, these shall be obtained in an appropriate format.

#### **4.1.13 MOBILITY, EXERCISE AND AIDS**

##### **Outcome:**

***Service Users shall be advised about the benefits of exercise and how it should be undertaken, in a manner, and at a level and pace appropriate to the Service User.***

- Where necessary Service User mobility needs and use of equipment will be assessed by a Physiotherapist and/or Occupational Therapist
- Service Users shall be assisted and enabled to participate in any exercise programme outlined in their Care Plan which has been formulated in liaison with an appropriate health professional
- Activities shall be planned and organised to encourage and maintain the Service User's personal mobility throughout the day. Such activities will be outlined in the Support Plan.
- The Service User shall be allowed to use their own walking stick, walking frame or wheelchair unless instructions to the contrary are received from his/her GP or other appropriate professional.

- The use of wheelchairs shall be specified within the Care Plan and shall not be used as a convenience for the Establishment where this is not specified
- The Provider shall ensure that the Service User receives instructions from an appropriate professional in the proper use of mobility appliances
- Mobility appliances shall be regularly inspected and kept in good repair. Any defective appliance shall be taken out of use and arrangements made for replacement/repair.
- The Service User shall be given as much safe, physical support and assistance as he/she feels is necessary and as recommended by the Service User's GP.

#### **4.1.14 SERVICE USER INFORMATION**

**Outcome:**

**Service Users are confident that information about them is managed appropriately and confidentially, according to the service provider's information sharing policies.**

- Written or witnessed consent from the Service User will be obtained prior to the sharing of any Service User information
- Where consent is unable to be gained, 'best interest' agreements between the Next of Kin/Advocate/Multidisciplinary Team will be clearly recorded in the Service Users records
- Respecting information given by Service Users in confidence except when significant risk information is received. This information must be acted on according to the agencies policies and procedures
- Having written policies with respect to the handling of information which accord with the Data Protection Act and other legal requirements
- Ensuring Service Users records are accurate, secure and confidential
- Staff training to ensure awareness of confidentiality and when information must be shared (and updated)
- Agreements between the Service Provider and statutory agencies with respect to sharing of information

#### **4.1.15 SERVICE USER PERSONAL DEVELOPMENT**

**Outcome:**

**Service Users have opportunities for personal development.**

- The Provider ensures that Service Users have opportunities to maintain and develop social, emotional, communication and independent living skills in accordance with individual outcomes
- Service Users will be assisted to access effective, professionally agreed interventions for personal development according to their assessed need

#### **4.1.16 EDUCATION, TRAINING AND EMPLOYMENT (SERVICE USERS)**

**Outcome:**

**Service Users are supported to take part in education, training and employment opportunities focused on exploring their full potential**

- Care Staff support Service Users to find and maintain appropriate employment, or to access education and training with appropriate support from voluntary, and/or statutory agencies, if required.
- Care Staff support Service Users to continue activities engaged in prior to entering the accommodation, or to re-establish activities in the new locality
- Care Staff support Service Users to take up opportunities for paid, supported or voluntary placements and training schemes

- Care Staff support Service Users with benefits and finances as identified in their care plan

#### 4.1.17 COMMUNITY ENGAGEMENT

**Outcome:**

***Service Users are supported to engage with the local community***

- The Service Provider provides opportunities for Service Users to participate in local community activities in accordance with their assessed needs and individual Support Plans
- Staff time and support for Service Users outside the accommodation is flexible and includes evenings and weekends

#### 4.1.18 LEISURE ACTIVITIES

**Outcome:**

**Service Users take part in a range of leisure activities which reflect individual choice**

- Service Users are encouraged and supported to pursue their own leisure pursuits and development both inside and outside of the accommodation.
- Service Users have the option of a minimum one week annual holiday which they help to plan and choose

#### 4.1.19 RELATIONSHIPS AND SOCIAL ACTIVITIES

**Outcome:**

**Service Users are supported to maintain their existing personal, family and sexual relationships and to develop relationships according to their wishes**

- Service Users shall be able to receive visitors within reasonable hours, sensitive to the needs of others. Visitors shall be made welcome.
- Care Staff support Service Users to maintain and develop family links and friendships within the context of their individual plan
- Appropriate family and friends are welcomed, and are involved in activities if desired by the Service User
- Service Users are free to choose when and whom they see in private. If a risk is perceived, Care Staff will undertake a risk assessment, and a risk management plan formulated and acted on. The Purchaser must also be informed.
- Support is given to allow Service Users to make appropriate decisions with respect to developing and maintaining personal relationships, with support from statutory and voluntary services when appropriate.
- The rights of the Service User to refuse to see a visitor shall be respected, and the Provider will accept the responsibility, if necessary, for informing the visitor of the Service User's wishes.
- The Service User shall be allowed to take visitors to his/her room or to other communal areas of the establishment and shall be enabled to go out with visitors if they so wish.
- A policy that details the standard of behaviour of visitors shall be in place
- Where a Service User is unable to make a decision for him/herself regarding visitors, those close to that person must be consulted.
- Where a Service User wishes to restrict visiting at any time, Care Staff must respect and support their decision. Where necessary, Care Staff will take responsibility for informing visitors of the Service User's wishes.
- In exceptional circumstances, the Provider may decide that it would not be in the best interests of the Service User to allow a particular visitor to see the Service User. If a

visitor is excluded from the Establishment for these reasons, then the Provider shall record the decision in writing and inform the Care Manger of the decision as soon as possible and in any event within 72 hours.

- Service Users shall be encouraged and enabled to be part of the community
- Service Users shall be encouraged and enabled to maintain contact with people and places that are/have been important to them.
- Service Users shall be able to decide how much their family and any informal carers are involved in their care.
- If a Service User becomes critically ill, arrangements shall be made to ensure that a relative or friend can stay overnight, either in the same place or in local accommodation.
- Service Users shall be offered support with verbal and written communication particularly if separated from friends and family in their home culture of country of origin.
- Service Users shall be able to access relevant voluntary services if they want them to provide a visiting service.
- Service Users shall be able to discuss their sexual health needs and be supported in planning to meet those needs.
- Private space shall be available for Service Users to talk to family and friends.
- Service Users shall be able to access local community or spiritual leaders as required.
- Any changes to the facilities and arrangements for visits shall be given to the Care Coordinator and the Service User.
- The Service User has the right to form personal relationships and will be supported to do this.

## **Social Activities**

- Service Users shall be offered a range of activities to meet their needs, and interests, including recreation and occupational activities
- Any materials reasonably required by the Service User to carry out his/her activities, interests, or hobbies shall be provided and may be paid for by the Service User with the Service User / their Advocates consent.
- The Service User shall be encouraged and enabled to pursue existing activities/interests or acquire new ones and to help around the Establishment, providing such activities do not interfere unduly with others or contravene Health and Safety and/ or Food Hygiene Regulations or put the Service User at risk.
- The Service User shall be encouraged to access any daily activities or interests identified in his/her Care Plan.
- The Service User shall be involved in the planning process and where appropriate take a lead in the activity.
- In addition to the normal daily range of activities, activities outside the Establishment shall also be arranged and appropriate transport organised. The costs of these activities including transportation may be borne by the Service User from his/her monies where appropriate.
- Television and radio facilities shall be provided for Service Users who want to use them but not as a substitute for other activities.
- Where a Service User does not take part in activities, Staff shall make every effort to identify reasons why and give assistance/ encouragement to remedy the situation. However, if the Service User does not wish to participate then this shall be respected
- Arrangements shall be made for library facilities to be made available to Service Users either within the Establishment or by outside agencies.
- If requested and appropriate, assistance shall be given to make holiday arrangements for Service Users. Any such arrangements shall be confirmed with the designated Care Coordinator and Commissioner.

#### 4.1.20 RESPECTING SERVICE USERS

**Outcome:**

**Basic human rights to dignity, privacy and informed choice must be protected at all times. The care provided must take account of the Service User's needs, abilities and wishes.**

- Staff shall receive training to understand the different rights and freedoms for Service Users protected by the Human Rights Act
- Staff shall receive training to ensure that Service Users are treated with respect, courtesy and politeness
- Service Users shall be able to access free and independent advice so that they can make choices about their care and lifestyle e.g. advocacy services
- The routines and rules of the service promote independence, choice, and freedom of movement subject to any restrictions agreed in the individual's plan
- Staff will enter Service Users' rooms only with permission, and will ensure privacy at all times except when it is believed that there is significant risk to the Service User or others
- Service Users shall be addressed by their preferred names
- Confidentiality and privacy shall be respected as far as possible, especially in public spaces and reception areas
- Mail shall always be given unopened unless the Service User has requested otherwise.
- Where the Service User is unable to open their mail, appropriate arrangements shall be made with their carers/relatives and documented
- Service Users' feelings, needs and wishes shall be actively listened to, acknowledged and respected.
- The Service User shall not be moved to an alternative room to facilitate ease of management in the Establishment unless he/she has positively expressed a wish to do so.
- Information and care shall always be provided with compassion and sensitivity
- Service Users' spiritual and cultural needs shall always be acknowledged and respected.
- Any specific ethnic, religious or cultural requirements, as contained in the Care Plan shall be provided, and wherever requested, the Service User will be enabled to make contact with an appropriate representative of the religion of his/her choice.
- Before assistance is given, the Service User shall be consulted and their consent obtained. Such action shall ensure distress or discomfort is avoided or minimised, paying particular attention to the Service User's health, safety and dignity.
- Intimate personal care shall be provided by Staff of the gender of the Service User's (or their proxy's) choice wherever possible. If in an emergency, or in very exceptional circumstances this cannot be followed, a record identifying the reasons for the action taken must be sent to the Care Co-ordinator
- The Service User shall be encouraged to choose his/her own clothes
- Where requested, appropriate screening shall be available to enhance privacy if a Service User does not solely occupy his/her room.
- Service Users' responsibility for household tasks is specified in the Service Users' guide and their individual plan
- Rules on smoking, alcohol and illicit drugs are clearly stated in the Service User's contract

#### 4.1.21 EQUAL OPPORTUNITIES

**Outcome:**

**Special requirements of residents from different ethnic, religious or cultural groups must be taken in to account, and appropriate arrangements put in place to meet need.**

- The provider will identify and comply with any special customs and services associated with the death of a Service User.
- The provider must ensure that it does not discriminate directly or indirectly on the grounds of gender, marital status, religion, race, disability, sexual orientation, colour, ethnic or national origin.
- Complies with employment legislation and has regard to the Codes of Practice of the Commission for Equality and Human Rights, Directorate-General for Employment and other similar agencies, in relation to equal opportunities in employment and service delivery for women, black and ethnic communities and people with disabilities
- Is able to prove to the commissioners reasonable satisfaction, its commitment to the elimination of unlawful discrimination on the grounds of gender, marital status, religion, race, disability, sexual orientation, colour, ethnic or national origin

#### 4.1.22 EMOTIONAL NEEDS OF SERVICE USERS

##### **Outcome:**

***Any specific emotional needs arising from a Service User experiencing a history of mental illness/learning disabilities/substance misuse must be taken account of in the planning and provision of Services.***

- Emotional needs shall be dealt with in an appropriate manner, which may include consultation with relevant professionals in line with any current management plans/guidance.
- Service Users shall not be subject to ridicule and within the bounds of appropriate behaviour, shall be allowed freedom of expression, which may include developing personal relationships.
- Any prolonged emotional problems, shall with the Service User's consent, be reported to the Service User's GP and Care Co-ordinator. Where there is significant risk to the Service User or others due to their emotional condition, immediate medical attention must be sought.
- A review programme to monitor the Service User's emotional state shall be introduced and maintained, where recommended by the Service User's GP.
- Where requested by the Service User, specialist advice and/or counselling shall be arranged if considered appropriate by the GP, in consultation with the Care Co-ordinator
- The Provider shall enable, and where appropriate, make arrangements for the Service User to attend events of a family or personal nature and maintain contacts with significant people.

#### 4.1.23 ENSURING SAFETY

##### **Outcome:**

**Service Users' health, safety and welfare must be actively promoted and protected. Risks must be identified, monitored and where possible, reduced or prevented.**

- Staff shall be trained in Safeguarding Adults.
- Staff shall receive appropriate information; training and supervision to ensure that the Service Users they care for are safe. This will include:
  - Moving and Handling
  - Use of equipment
  - Managing abusive and challenging behaviour
  - Medication management
  - First aid
  - Fire Safety
  - Infection control
  - Waste disposal
  - Handling of valuables

#### General health, safety and security

- Service Users shall receive support free from abuse, neglect and inappropriate care.
- The environment shall be clean, properly maintained, safe and secure.
- The Service User shall have his/her personal use of a flannel, sponge, towels and toiletries (including shaving equipment), which must not be shared or used for another Service User
- Staff shall be trained to take action to reduce Health Care Associated Infection and have the appropriate specialist support in place to comply with Department of Health guidance in relation to:
  - Standard precautions
  - Decontamination of the environment and equipment:
  - Hand Hygiene
  - Use of Personnel Protective Equipment
  - Sharps Use and disposal
  - Management of body fluid spillages
  - Transmission isolation
  - Linen Management
  - Isolation Precautions
  - Antimicrobial stewardship
  - Management of invasive devices
  - Prevention of surgical site infection

Not all of these apply to staff of Residential Homes.

- Service Users' independence and personal choice shall be respected.
- Equipment shall be clean, properly maintained and stored safely.
- Service Users shall be assessed for risks to their own safety and the safety of others. A plan of care for managing identified risk shall be agreed with the Service User and those caring for him/her.
- Service Users shall be encouraged as far as possible to develop and/or maintain the level of independence they wish, whilst maintaining a responsible balance between risk and safety.
- Any facilities that a Service User may require during the night shall be left within their easy reach – e.g. drink, bedside light, call button etc. Where Service Users are unable to manage themselves, the Provider will ensure that they are checked at regular intervals according to individual need.
- A record of accidents which happen in the Establishment shall be maintained, in accordance with the requirements of Care Quality Commission and this will comply at all times with the requirements of RIDDOR.
- Any accidents to the Service User shall also be recorded in his/her personal file together with records of any treatment received.
- If an accident results in serious injury or death, the Provider shall immediately report the incident to the Health and Safety Executive and inform the GP as soon as possible; the Service User's next of kin shall be notified without delay or in accordance with the requirements of the next of kin.
- The home shall have a procedure on what to do when it is believed that a Service user has died.

#### 4.1.24 SMOKING

##### **Outcome:**

**Service Users must be made aware of the health and safety issues resulting from smoking.**

- Service Users and Staff shall only smoke in designated smoking areas.
- The Provider shall take into account the advice of the Chief Fire Officer of the local Fire Authority and the relevant smoking legislation before designating areas for smoking.
- The Provider shall support Service Users who smoke to be aware of safety factors when using matches, lighters and cigarettes, cigars, pipes.

This does not apply to homes that are non-smoking.

#### **4.1.25 REST AND SLEEP**

**Outcome:**

**Consideration shall be given to the Service Users environment and comfort so that they may rest and sleep**

- Noise shall be minimised and levels of heat, light and ventilation controlled to help the Service User sleep at night
- The Service User's needs shall consider his/her rest and sleep patterns
- Televisions and radios in shared sleeping areas shall have earphones to enable individual listening.
- Waking, sleeping and resting times shall be as flexible as possible to meet individual needs and preferences
- If a Service User's sleep is disturbed, they shall be made comfortable and offered the support they need e.g. relaxation techniques.
- The Service User's bed shall be at a height, which allows ease of movement to and from the bed and promotes a good position providing this is consistent with health and safety legislation and individual risk assessments.
- Where required, Service Users shall be assisted to get in and out of bed using appropriate equipment where identified.
- Any facilities that may be required during the night shall be left within safe and easy reach of the Service User e.g. call button, drinks etc

#### **4.1.26 ENSURING COMFORT AND ALLEVIATING PAIN**

**Nursing Homes Only**

**Outcome:**

**Service Users shall be helped to be as comfortable and pain free as their condition and circumstances allow.**

- Service Users shall be encouraged and given the opportunity to express pain, discomfort or emotional distress with support or assistance offered promptly including the use of appropriate pain assessment and management tools
- Personal environments and abilities to effectively communicate shall be considered when discussing interventions that make the Service User feel comfortable.
- If special aids or equipment are required in order to maintain a comfortable position, these shall be provided and the Service User must be helped to use them correctly.
- The Service User's level of discomfort, pain or distress shall be assessed. A plan for controlling or relieving his/her pain or distress must be agreed, taking into account their preferences.
- Results of decisions shall be recorded to ensure continuity of care.
- Service Users shall have access to a range of appropriate pain relieving therapies and medication in accordance with an assessment of their needs
- Specialist advice shall be sought if the Service User's symptoms or emotional distress are not controlled or relieved.

#### **4.1.27 CARE UNTIL DEATH**

**Outcome:**

**Service Users end of life needs are provided with dignity and in accordance with the wishes of the service user**

- Where the Establishment's Statement of Aims includes the provision of Palliative Care, the Provider shall, subject to over-riding medical opinion, provide the appropriate care in the Service User's own room.
- If the Service User so wishes, the Provider shall keep relatives informed of the Service User's condition.
- Death must be diagnosed by a General Practitioner.
- Notification to relatives of a death shall be done in a sensitive manner.
- The Establishment will ensure that Staff are trained and able to participate in the End of Life Care Pathway if appropriate

#### 4.1.28 PERSONAL HYGIENE, APPEARANCE AND FOOT CARE

##### **Outcome:**

**Service Users shall be supported to be as independent as possible in taking care of their personal hygiene, appearance and foot care.**

- Personal hygiene, appearance and foot care shall be discussed with Service Users and assistance offered based on individual needs.
- Service Users shall be helped as necessary to keep their feet comfortable and to enable them to be as mobile as possible.
- Service Users shall be assisted and enabled to dress/undress according to individual needs, abilities and requirements including speed (i.e. he/she must not be rushed) and sequence of dressing, medical requirements and use of aids/equipment.
- Facilities and equipment for all aspects of personal hygiene and appearance shall be accessible, clean and well maintained. This includes washing, shaving, bathing, the use of make up, care of hair and nails, dressing and undressing.
- Wash bowls; flannels, towels, toiletries and shaving equipment shall be provided for personal use as necessary. After use, bowls must be promptly cleaned, dried and inverted for storage.
- Care shall be discreet and sensitive, ensuring privacy.
- Service Users shall be referred to State Registered Podiatrists/ Chiropodists for assessment if they have a condition or illness, which may require specialist foot care. A plan of care shall then be agreed with the Service User.
- Service Users shall be encouraged and helped to select, purchase and wear their own clothes and footwear.
- Arrangements shall be available for the Service User's clothes to be laundered and maintained.
- The Service User's clothing and footwear shall be retained for his/her sole use. The Establishment must not operate a pooled system for clothing and footwear.
- Assistance for personal grooming shall be identified according to individual support needs, and included in the Statement.
- Service Users shall have access to hairdressing, chiropody, dental and optical services.
- Service Users shall be encouraged to do what they are able, such as washing their own face if given a flannel.

#### 4.1.29 FOOD HYGIENE

##### **Outcome:**

***Service Users must be provided with food which has been prepared, handled and stored in conditions, which conform to food hygiene and safety standards established by statute and advised by the Environmental Health Officer***

- Staff involved in the preparation of food shall have undertaken the basic food hygiene training course
- Staff shall only be involved in a range of duties such as catering, care and domestic duties when they are aware of and can follow appropriate safety procedures.

- Services Users shall be encouraged to follow safety standards as established by statute and advised by the environment health officer, when preparing, handling and storing food.

#### 4.1.30 EATING AND DRINKING

##### **Outcome:**

**Service Users shall be offered a choice of food and drink that meets their nutritional and personal requirements and provided with any assistance that they may need to eat and drink. Service Users are encouraged to maintain a healthy diet**

- Service Users' nutritional needs and physical ability to eat and drink shall be regularly assessed. If necessary, specialist advice and support shall be provided.
- Service Users' nutritional needs are assessed and regularly reviewed including risks associated with malnutrition and obesity.
- Service Users shall be encouraged to eat a nutritious, varied and well balanced diet which is hygienically prepared and served at regular times
- Meals shall include at least breakfast, lunch and evening meals, one of which shall be a main meal and at least one of them being a hot meal.
- A choice of beverages shall be offered and served a minimum of seven times throughout the day, at and in between meals
- The Service User shall be encouraged to consume sufficient food and fluids to maintain his/her optimum body weight to height ratio or any medically recommended weight.
- Unless the Service User's dietary requirements state otherwise, meals shall contain foods rich in protein. The Service User's diet shall include adequate fibre content by including fresh fruit, vegetables and wholegrain bread and cereals. Fluid intake shall be considered in relation to fibre intake. The diet shall be balanced with consideration given to protein, carbohydrate, fat, vitamin and mineral content
- The advice of the community dietician shall be sought in any cases of uncertainty/doubt.
- Special dietary needs shall be provided for as agreed between the Service User, Care Coordinator, GP, dietician and the Establishment (these may be medical, religious, cultural and personal preferences)
- Foods purchased shall be of a suitable quality and condition to meet Service User requirements.
- Food and drink shall be served in an acceptable setting, which shall be at the right temperature and attractively presented. The furniture and layout of the dining room shall enable ease of movement and allow for meals to be served safely. Meals shall be served in an attractive and appealing manner, using family style service where appropriate
- If appropriate, Staff shall encourage and enable the Service User to clear away after meals and wash, dry and store dishes/utensils.
- Menus shall be prepared at least 48 hours in advance to ensure an adequately varied diet.
- Menus shall be reviewed regularly and consideration given to suitable choices and alternatives at mealtimes.
- Where practicable, times for all meals and light refreshments shall be at the Service User's choice and shall reflect individual requirements rather than the administrative requirements of the Establishment
- If a meal is missed, alternative food shall be offered and/or snacks and drinks shall be accessed at any time.
- Fresh drinking water shall be available at all times, except when restrictions are required as part of the Service User's treatment plan.
- Special diets shall be provided, in accordance with Service Users' medical, religious and cultural needs. This shall include modified foods.

- If eating and/or drinking cause the Service User difficulties, they shall receive prompt assistance, encouragement and appropriate aids or support. Where his/her ability to swallow food or fluid is compromised, careful attention should be given to the appropriate consistency of food, e.g. soft diet, pureed diet. This detail will be recorded in the Support Plan and communicated to all Staff.
- Where the Service User has difficulties with taking an appropriate diet of fluids, the Support Plan shall include fluid balance monitoring and regular weights.
- Service Users shall be referred to State Registered Dieticians and Speech and Language Therapists as and when appropriate and plans developed to reflect specialist advice.
- Service Users shall be encouraged to eat and drink independently. Assistance shall be provided in a manner that preserves dignity and respect.
- Aids to enable eating and drinking shall only be provided on specialist advice. Where provided, Staff must receive appropriate training to use such aids.
- Where appropriate, the Service User shall be enabled to menu plan, ensuring an adequately varied diet.
- Service Users shall be supported to undertake shopping activities.
- Service Users will be supported to eat out at cafes/restaurants when appropriate
- Service Users will have weights monitored at least monthly

#### 4.1.31 ORAL HEALTH AND HYGIENE

##### **Outcome:**

**Service Users shall be supported to maintain healthy, comfortable mouths and pain free teeth and gums, enabling them to eat well and prevent related problems.**

- Following assessment, a plan of care to keep the Service User's mouth and gums healthy and comfortable shall be agreed with them.
- Service Users shall be encouraged and helped to care for their mouths with all procedures and routines explained in advance, in accordance with their communication needs, and support shall be available when needed.
- A toothbrush and toothpaste or denture brush, cleaning agent and bowl shall be provided to meet Service User needs
- If appropriate, Service Users shall have their dentures identified with their name in case they are lost and they must be stored safely in the Service User's room when not in use.
- If a Service User has no teeth or dentures, he/she shall still receive support to ensure their mouth and gums are comfortable and healthy.
- If a Service User has any specific problems with his/her mouth, teeth, dentures or gums, arrangements shall be made for them to see a Dentist. This service will be made available within the Establishment if this is necessary.
- Service Users shall be offered appropriate check up appointments with a dentist in accordance with their individual needs.

#### 4.1.32 TOILET NEEDS

##### **Outcome:**

**Service Users must be provided with appropriate, discreet and prompt assistance when necessary, taking into account any specific needs and privacy.**

- An assessment shall be undertaken of the Service User's need for assistance to get to or use the toilet and if appropriate he/she must be enabled to use the toilet (or commode) independently. Any Assistance required to use the toilet shall be prompt.
- A Service User who has difficulty in controlling their bladder or bowel functions shall be offered an assessment by a professional health worker e.g. GP, continence

advisor etc and a plan of care shall be agreed. Details of the plan must be communicated to Staff, recorded in the Service User's personal file and regularly reviewed.

- Toilet facilities shall be clean and appropriately equipped with toilet paper, soap and fresh hand towels or paper towels where appropriate.
- Toilet facilities shared by others shall have clear signs and provide privacy.
- If required, Service Users shall be helped to manage their bladder and bowel functions with privacy and dignity, maintaining their continence and giving them as much independence as possible.
- Service Users shall be aware of and have easy access to methods for calling for assistance if required.
- Appropriate continence aids shall be available according to Service Users' needs and must be provided free of charge e.g. pads, colostomy bags.
- Body waste shall be hygienically disposed of promptly, appropriately and with sensitivity.
- Service Users shall have access to hand washing facilities after using the toilet or equivalent equipment e.g. a commode.
- Particular attention shall be given to infection control at all times.
- Service Users with continence problems and/or menstruation shall be supported in privacy and treated with dignity and they must not be left in discomfort
- A supply of continence equipment and sanitary wear adequate for the Service User must be maintained

#### **4.1.33 PREVENTING PRESSURE ULCERS**

**Outcome:**

**Service Users will be helped to look after their skin and every effort made to prevent them developing pressure ulcers**

- Service Users shall be assessed for risk to pressure ulcers and if considered at risk, they must receive further assessment by a registered Nurse, with a plan of care being drawn up
- Service Users shall be made aware of the risks of pressure sores and shown ways of preventing them.
- Service Users and Staff shall be encouraged and advised on appropriate care procedures.
- Appropriate beds, chairs and other equipment shall be available to reduce the risk of pressure sores.
- More specialist, bespoke preventative equipment is provided by NHS Manchester.
- All equipment shall be clean and properly maintained.
- Correct moving techniques shall be encouraged, including regular turning and appropriate self- care.
- If a Service User is at risk, his/her skin shall be checked at least once daily and at each time their personal hygiene is attended to.
- Ongoing risk assessments and review of treatment regimes shall be well documented in the Service User's records.
- Care Staff will remove all jewellery from hands or, if it is not possible to remove rings, turn them to avoid damaging skin.

#### **4.1.34 HEALTH CARE**

**Outcome:**

**Service Users must be enabled to access such health services as are available within the area of the Establishment including the provision of specialist nursing services**

- All Service Users will be enabled to access core and specialist NHS Services

- Details of ongoing Continuing NHS Healthcare intervention shall be outlined in the Statement to Provide Accommodation and Continuing Healthcare or equivalent document.
- In respect of NHS Funded Nursing Care nursing interventions shall be outlined in the Statement of Aims and should adhere to good practice guidelines as outlined in policy such as Fundamentals of Care.
- The Provider shall not charge the Service User for health services so provided where no charge is levied.
- Where access to core NHS Services is compromised, the Provider will immediately notify the Commissioner

#### 4.1.35 PERSONAL SUPPORT

**Outcome:**

***Personal support is provided in a manner which is sensitive to the needs and wishes of each individual***

- Staff provide sensitive and flexible personal support to maximise privacy, dignity, independence and personal control
- A person of the same gender will provide all personal or intimate support, if required, as far as possible. A chaperone will be provided where this is perceived as necessary
- Times for getting up/going to bed, baths, meals and other activities are flexible
- Service Users are encouraged to make their own choices re clothes, hairstyles, make up and their appearance, as far as possible
- Staff ensure consistency and continuity of support for Service Users at all times
- Each Service User has an identified key worker and an individual working record which sets out their preferences
- Service Users shall receive assistance with mobility, transport and escorting services, and shall be accompanied to hospital appointments. For routine appointments, accompaniment can be arranged with relatives although a staff member should accompany them when no relative is available. For emergency hospital attendance, staff must accompany the Service User.

#### 4.1.36 PHYSICAL, EMOTIONAL AND MENTAL HEALTH NEEDS

**Outcome:**

***Service Users' physical and emotional, and mental health needs are met***

- Service Users' mental, emotional and physical health will be assessed and monitored
- Care planning to maintain optimum health will be agreed with the Service User and relevant others involved in the care.
- Any relapse indicators will be noted and the care co-ordinator informed immediately
- The Provider liaises regularly with Community Mental Health Services and Statutory Community and Secondary NHS Services
- All Service Users will be registered with a local GP, Dentist and Optician
- Service Users have a minimum annual physical health check by their GP, and receive regular monitoring for side effects of their medication.
- Service Users are supported and facilitated to take control of and manage their own health care including:
  - Support to access information about health issues
  - Support to manage their own medical conditions
  - Support to choose a GP and make decisions about their own physical, emotional, and mental health

- Support to access NHS health care including liaison with local mental health services
- Support to attend outpatients and other appointments

#### **4.1.37 DEMENTIA**

##### **Outcome:**

***People suffering from dementia receive appropriate support***

##### **The following applies to all homes registered for older people**

- The home must have a nominated lead for dementia care.
- The home must keep a register of Service Users who have had a diagnosis of dementia.

#### **4.1.38 DEMENTIA-REGISTERED HOMES**

##### **Physical environment**

- The dementia and/or an active psychotic illness care is to be provided in a separate facility or a separate unit within the home.
- The home should have clear signage, which is easy to read and does not rely on the written word only.
- The home should have tactile and visual clues throughout to enable Service Users in the promotion of independence.
- The décor and colour schemes of the home must enable and orientate Service Users throughout the house to aid recognition of the home's key areas, and colour and contrast should be used in their own rooms to aid recognition of the furniture and fittings in it.
- The home must provide adequate security reflecting the special needs of people with dementia and/or an active psychotic illness and ensure that any grounds and gardens for use by Service Users are safe, secure and maintained so as to be accessible for people with poor mobility, those in wheelchairs and those with cognitive impairment.

##### **Staffing**

- The staffing duty roster must include an RMN or a nurse with a dementia qualification on every shift around the clock. Applies to nursing units only.
- The Service Provider must demonstrate that care staff have the training, skills, and understanding to communicate effectively with Service Users with dementia and/or a psychotic illness.
- The Service Provider must ensure that other non-care staff who have contact with the Service Users in the Home have completed dementia/mental health awareness training within 12 months of employment.

##### **Activities**

- The home shall provide activities that are specifically designed for Service Users with dementia.

#### **4.1.39 MEDICATION**

**Outcome:**

**Service Users retain, administer and control their own medication where appropriate and are protected by home policies and procedures for dealing with medication. The Provider shall comply with the requirements of CQC and the Department of Health concerning the Custody, Administration and Disposal of Medicines.**

- All medication administered by Nurses and Care shall be kept in a secure and lockable cabinet.
- Apart from simple household remedies as agreed by CQC, only medicines prescribed by the Service User's GP and administered in accordance with the instructions given by the GP shall be given to the Service User.
- Where medication is not prescribed, the provider will ensure that a Homely Remedy Policy is agreed with the Service User's GP
- The Service User shall be enabled to retain and administer his/her own prescribed medicines, within a risk management framework and where the Provider feels this is appropriate, and provided with facilities to secure the medication.
- Service Users shall not be forced to take medication. Where there is the need to administer medication in the Service User's best interest, a 'covert medication' procedure will be agreed with the Service Users GP or Resident Medical Officer
- Failure to take prescribed medication shall be reported to the GP and recorded on the Service User's personal file.
- The administration of medicines shall comply with the current guidance issued by the Nursing and Midwifery Council and guidance from the Care Quality Commission as appropriate.
- Consent to medication is obtained and recorded in the individuals plan
- Records are kept of all medicines received, administered and leaving the accommodation
- A record is maintained of current medication for each Service User
- Medicines in the custody of the Service Provider are handled according to the requirements of the Medicines Act 1968, Royal Pharmaceutical Society Guidance and the requirements of the Misuse of Drugs Act 1971
- Controlled drugs are stored in a metal cupboard which complies with the Misuse of Drugs (Safe Custody) Regulations 1973
- All medicines are administered by designated and appropriately trained staff
- Medicines training for Care Staff must be accredited and include basic knowledge of how medicines are used and how to recognise problems and the Service Provider's policy on medicine handling and recording
- Care Staff monitor the condition of Service Users on medication, and call in the GP or local statutory health services if they are concerned about any change in condition
- Where ever possible, all medications should be obtained via the Service Users GP
- The Provider will ensure medications are reviewed on a regular basis by the GP and/or Resident Medical Officer.
- In the event of a death, medicines should be retained until it is clear whether or not there will be a coroners inquest

**4.1.40 EXPRESSED WISHES OF THE SERVICE USER****Outcome:**

**The ageing, illness and death of a service user is handled with respect, and according to the individual's expressed wishes**

- Staff deal with Service User's ageing, illness and death with sensitivity and respect
- Service User's wishes are discussed and respected wherever practicable
- The changing needs of Service User's are reviewed in a timely manner and care altered to meet the needs as appropriate

- Other Service Users are supported to come to terms with the illness or death of another Service User within the service

#### 4.1.41 ROLES AND RESPONSIBILITIES OF STAFF

##### **Outcome:**

**Staff are clear about their roles and responsibilities.**

- Staff have clearly defined job descriptions, and a clearly identified line management structure
- Staff are expected to be aware of and maintain the aims and values of the Service Provider, as well as all policies and procedures
- Job descriptions will include encouraging and supporting Service Users to meet their identified goals
- Staff are encouraged to develop a professional relationship with Service Users they support, and are appropriately matched to Service Users in terms of their skills
- Staff are aware of their own knowledge and limitations and know when it is appropriate to involve others with more specific expertise or experience
- Staff have regular clinical supervision, both on a one-to-one and group basis no less than 6 times a year.

#### 4.1.42 STAFF TRAINING

##### **Outcome:**

**Staff will receive the appropriate induction and ongoing training to meet service user needs**

##### **Induction**

- The Provider will have an established Induction programme that complies with the CQC framework
- During the first day of employment, all new Staff including agency Staff shall be made aware of all health and safety policies and procedures and instructed and trained to ensure that they understand the fire precautions applicable to the building, and the action to be taken in the event of fire.
- In addition the Provider shall implement an induction programme for new Staff within four weeks of commencing employment.
- The programme shall include but not be limited to the following areas:
- Supervisory and Management Structure
- Physical features of the Establishment including details of Staff and Service User's accommodation, facilities, access and exit points and security measures.
- Daily routines of the Establishment
- Profile of Service Users and their preferred means of being addressed
- Emergency Procedures
- Medical Emergencies
- Service Users' unexplained absences from the Establishment
- Building related and equipment and breakdowns
- Problems with the Provision of public utilities, (e.g. Power Cuts)
- How to use call and alarm systems
- The approved system used by the Establishment for the security, administration and disposal of medicines.
- Food Hygiene regulations
- Health and safety at work regulations including safe lifting techniques.
- Procedures for providing Service Users with assistance to use the toilet or commode, to wash, to bathe, to dress and to eat.
- Details of the records required to be kept by the Establishment, the limitations of access to the information contained in the records and the levels of Confidentiality.
- The complaints procedure.

- The Provider shall record details of the induction training provided to Staff in their personal files.
- For Agency Staff, the Provider shall ensure that an information pack is available covering the key aspects of induction.

### **General Training**

- The Provider shall record details of the training provided to Staff in their personal files and maintain an updated Training Matrix. Staff shall be provided with on-going skills training and personal development. This shall cover all aspects of their responsibilities and tasks and shall include but not be limited to the following: -
  - Mandatory health and safety training
  - Assessment and risk management training
  - Care Planning and review training
  - Assisting Service Users in the safe and proper use of mobility aids.
  - Recognising the emotional problems frequently experienced by Service Users.
  - Communicating, assisting and enabling Service Users with sensory impairments.
  - The Establishment's policy regarding medication for Service Users and the use and side effects of medicines.
  - Basic first aid training with particular regard to the training required for Staff caring for people who have a complex physical and mental health needs.
  - Safeguarding of both Adults and Children training and procedures
  - Fundamentals of Care Standards
  - Care of the dying including End of Life Care Pathway
  - Relevant care and establishment policies and procedures eg COSHH, Infection Control etc

### **4.1.43 SERVICE USERS ARE SUPPORTED BY COMPETENT AND QUALIFIED STAFF**

#### **Outcome:**

**Staff will possess the appropriate competencies in relation to skills, knowledge and experience to meet the Service Specification and individual outcomes**

**The Provider employs appropriately trained and qualified staff.**

- Service Users should be able to visit the home prior to admission.
- The manager ensures that all staff have the appropriate competencies and qualities and skills to support Service Users with complex health needs
- As a minimum, 50% of care staff, including agency staff, are to hold NVQ level 2 or a similar qualification
- Staff have the skills, knowledge and experience necessary for the tasks they are expected to perform, including:
  - Knowledge of the specific symptoms of individual Service Users
  - An understanding of physical and verbal aggression and self harming behaviour
  - Techniques for rehabilitation including treatment and recovery for nursing homes only
  - Appropriate de-escalation techniques as identified within an individual's plan, and break away techniques
- The ability to maintain effective relationships with appropriate professionals, including GPs, social workers, CPNs and psychiatrists
- Knowledge of Safeguarding of both Adults and Children Policies and Procedures
- Knowledge of the Mental Capacity Act 2006
- Knowledge of the Mental Health Act 2007
- Knowledge of the Sex Offenders Act 1997

### **4.1.44 NURSING CARE SERVICES**

**Outcome:**

**Service Users will be provided with appropriate nursing care which meets their assessed needs.**

In providing nursing care the Provider shall:

- Employ the sufficient numbers of Registered Nurses to ensure 24 hour nursing care including any national standards that are appropriate
- Ensure qualified nurses are trained within a competency framework to deliver nursing care for the specified Service Users
- Ensure that Qualified Nurses act as Named Nurses for individual Service Users
- Ensure checks are made with the Nursing and Midwifery Council (NMC) regarding the up to date registration of all qualified nurses in the providers employment
- Keep a record of all PIN numbers for each qualified nurse
- Have sufficient medical, surgical and nursing equipment including treatment room facilities commensurate with the size of the Establishment and that comply with any legal requirements, and those of CQC.
- Provide the equipment necessary for the delivery of care it identifies in its "Statement of Purpose" for which the Establishment is registered.
- Make all necessary arrangements in accordance with the requirements of CQC, for the disposal of clinical waste including swabs, soiled dressings, incontinence pads, instruments and similar substances and materials, and shall seek appropriate advice from the relevant Environmental Services Department.

**4.1.45 SERVICE USERS ARE SUPPORTED BY AN EFFECTIVE STAFF TEAM**

**Outcome:**

**The Provider has an effective workforce to meet Service User needs**

- The Service Provider will have a strong settled and cohesive staff team with sufficient numbers, qualifications and skills to support Service Users assessed needs at all times
- The numbers and skill mix of staff on duty throughout each 24 hour period meets all of the Service Users assessed needs
- Staff numbers and skill mix will be flexible to allow changes to Service Users needs
- Where necessary efforts should be made to reduce sick leave and reduce the use of agency staff
- Where indicated specialist services are secured to support the assessed needs of Service Users
- Regular staff meetings take place and are recorded and actioned
- Staffing levels are regularly reviewed to reflect Service Users' needs

**4.1.46 STAFF RECRUITMENT**

**Outcome:**

**Staff are adequately trained, recruited and supported to meet Service Users' needs Services are well managed.**

**Recruitment and Selection**

- The provider will have appropriate Recruitment and Selection Policies and Procedures in place
- These Policies will comply with relevant legislation including employment law, equality and equal opportunities
- Staff will be employed through robust recruitment processes and all staff will have a job description and person specification commensurate with their roles and responsibilities
- The Provider will have in place appropriate Human Resource Policies and Procedures

- All staff involved in recruitment and selection will be appropriately trained
- 2 written references will be obtained prior to employment for all new employees. Wherever possible, at least one reference must be from a previous employer.
- CRB (Enhanced Level) and ISA checks will be undertaken prior to employment
- In emergencies, staff who start before the full CRB check has been received shall be supervised at all times until the CRB check has been received.
- All staff will be issued with Employment Contracts
- Service Users will be supported to engage in staff appointments
- Staff will be recruited promoting equal opportunities.

#### **The Manager/Person in Charge**

- The Manager/Person in charge shall possess an appropriate qualification and have evidence of maintaining their continuing professional development.
- Be the person in day-to-day charge of the Establishment and shall be on duty at reasonable times throughout the week.
- As such he/she shall be responsible for:  
Maintaining an acceptable standard of care and support for Service Users and quality of life.
- Ensuring that the administrative tasks necessary for the efficient running of the Establishment are undertaken.
- Management and supervision of Staff, volunteers and students.
- When the Manager/Person in Charge is off duty or absent from the Establishment there shall always be a designated member of Staff of appropriate experience in charge of the Establishment, no matter how brief the absence of the Manager. This person shall be identified on a rota.
- The requirements of this section also relate to a Provider who manages the Establishment him/herself.
- The manager may manage a second service only if that does not compromise the health and welfare of Service Users
- The manager undertakes regular training and development to maintain and update their competence to run the service
- The management approach creates an open, positive and inclusive environment

#### **Processes for managing the service are open and transparent**

- There is a commitment to equal opportunities within the service
- Providers must have a Risk Management Plan and policy on risk-taking in place. This should be communicated to all staff.
- Providers must have and implement a robust system for adverse incident monitoring, which incorporates a system of significant event auditing (in line with National Service User Safety Agency guidelines) to ensure lessons are learnt when incidents occur in conjunction with appropriate statutory agencies.
- Major or critical incidents and significant events must be reported to statutory agencies immediately with follow-up actions and clear

#### **4.1.47 POLICIES AND PROCEDURES**

##### **Outcome:**

##### **Policies and Procedures comply with statutory legislation, recognised standards and are relevant to the Service**

- The Provider's written policies and procedures comply with current legislation and recognised standards
- All policies will be dated and include a review date
- All Health and Safety Policies are relevant to the Establishment
- Staff understand and have access to up to date copies of all policies and procedures
- Service Users have access to relevant policies and procedures in appropriate formats

- Staff and Service Users are involved in developing policies and procedures, as appropriate

#### 4.1.48 RECORD KEEPING

##### **Outcome:**

##### **The Provider ensures records management complies with Welsh Risk Management Standard I (Records Management)**

##### **Personal Service User records**

A Personal File shall be maintained for the Service User which must contain the following information and comply with the requirements of this Specification, and the Data Protection Act:

- Demographic information including previous address and postcode
- The name and address of the responsible commissioner together with details of the Care co-ordinator assigned to the Service User
- The dates of admission and discharge (where applicable).
- The Service Users Date of Birth and Preferred Name
- Service Users NHS Number
- Any known allergies
- The name, address and telephone number of the Service User's next of kin, Proxy and GP.
- The name, address and telephone number of Power of Attorney, Appointee, Advocate etc if applicable
- Name of all Professionals/Relatives involved in the Service Users care
- A signed statement of who information can be shared with
- Emergency Contact Numbers
- The Service Provider Plan
- The Care Plan for the placement and details of any reviews to that Care Plan.
- The Service User's health and medication records.
- Details of any special needs and medical treatment required by the Service User.
- Information regarding any complaints made by the Service User.
- Miscellaneous information to include details of social activities, education needs, record of any problems regarding conduct of the Service User, changes in his/her abilities and any other relevant information.
- The file shall be kept in a secure place and access shall be limited to those Staff with overall responsibility for the day-to-day care of the Service User.
- The Provider shall ensure that anyone authorised to have access to the contents of the file is instructed in the proper handling of confidential information.
- The file shall be open to inspection by the Care Co-ordinator.
- The Provider shall allow the Service User's reasonable rights of access to his/her personal file.

##### **Records in relation to the administration of medicines**

- The Provider shall have in place a Medicines Management Policy.
- A medication record shall be maintained for the Service User. This shall record:
  - Details of drugs and medicines administered by Staff, including the time and amount given
  - The Staff member administering the drugs/medication shall initial the record clearly
  - Name and Signature Sheet of all qualified staff who may administer medication.
- A record shall be kept of controlled drugs and all medicines prescribed by the GP, including treatment prescribed, altered or discontinued by the GP.
- Medication records and medicines held by the Provider shall be reconciled monthly (or more frequently if necessary).
- Medication records shall be available for inspection by the Care co-ordinator and shall normally be available to the Service User.

- All record keeping should comply with the guidelines for records and record keeping issued by the Nursing and Midwifery Council including requirements under Caldicott and Data Protection and Nursing and Midwifery Council/Care Quality Commission
- Standards for medication management.

#### **Other Records**

The Provider shall maintain and make available for inspection the following records:

- A log of matters referred to the Care Co-ordinator
- Visits by persons authorised to inspect the Establishment
- Details of the Personal Expenses Allowance paid to the Service User when the Provider is handling any State benefit on his/her behalf
- Personal files and related Service User's records shall be held by the Provider for a minimum of seven years after the last entry.
- Medication records
- Records of social and leisure activities taking place in the home.

#### **Notifications made to the Care Quality Commission**

The Provider shall provide the Commissioner with copies of any statutory notifications made to the Regulator that concern serious incidents or accidents.

#### **Skills for Care National Minimum Dataset**

All the establishments providing a service commissioned by the local authority will be registered with the Skills for Care National Minimum Dataset (NMDS-SC) and the following three criteria must be met:

1. All establishments will complete a NMDS-SC organisational record and must update all of its organisational data at least once in the financial year.
2. The establishment must fully complete individual NMDS-SC worker records for a minimum of 90% of its total workforce (this includes any staff who are not care-providing).
3. Individual records for workers which are included in the 90% calculation must be both fully completed and updated at least once in the financial year.

#### **4.1.49 HEALTH, SAFETY AND WELFARE OF SERVICE USERS**

##### **Outcome:**

***The health, safety and welfare of all service users is protected***

The manager ensures safe working practices including

- Restraint and De-escalation techniques as required
- Fire safety
- First Aid
- Food Hygiene
- Infection Control
- Security of the home
- Security of Service Users based on assessment of their vulnerability
- Compliance with all relevant legislation
- Accident and Incident Reporting
- All staff receiving induction training and appropriate updates

#### **4.1.50 MANAGEMENT AND ACCOUNTABILITY**

**Outcome:**

**The service is managed competently and with appropriate accountability i.e. A business and financial plan exists for all homes**

- Insurance Cover is in place and appropriate (details of which are provided to the commissioner on an annual basis)
- Systems are in place to ensure, financial monitoring and control, HR planning, selection and recruitment of staff, quality monitoring
- Lines of accountability are clearly understood by staff and Service Users

**4.1.51 COMPLAINTS AND CONCERNS**

**Outcome:**

**Service Users and their families are confident that their complaints will be dealt with effectively**

- A clear and effective complaints procedure is in place
- Staff listen to and act on Service Users' concerns, and encourage discussion and action issues raised
- A record is kept of all issues or complaints raised, and of any actions taken

**4.1.52 SERVICE USER PROTECTION**

**Outcome:**

***Service Users are free from abuse***

- The manager ensures Service Users are safeguarded from physical, financial, psychological or sexual abuse, neglect, discriminatory abuse or self harm through deliberate intent, negligence or ignorance in accordance with written policy
- All allegations and incidents of abuse are reported utilising the local Authority's Safeguarding procedures of both Adults and Children
- Staff who may be unsuitable to work with Vulnerable Adults are referred for inclusion on the Safeguarding of both Adults and Children's register in accordance with relevant legislation
- Physical and verbal aggression by a Service User is understood and dealt with appropriately and physical intervention is used only as a last resort by trained staff in accordance with appropriate guidance
- The Service User may be subject to multi agency public protection arrangements and the provider would be fully conversant with these arrangements.

**4.1.53 MONIES OF THE SERVICE USER**

**Outcome:**

**Arrangements are in place to ensure appropriate management of Service Users' personal monies.**

- If the Service User appears incapable of managing his/her financial affairs, the Provider shall request a review of the Care Plan.
- The Service User shall be enabled to decide where he/she wishes to keep personal monies and valuables, and provided with a lockable drawer.
- A system shall be in place which has the prior approval of the Care Co-ordinator, to record:
  - Sums of the Service User's money which is kept in safe keeping
  - Who has been nominated to access the storage facilities for money and valuables when the Service User requests them.
- All documents shall be open for inspection by the Care Co-ordinator with the authorisation of the Service User.

- If requested by the Service User, he/she shall be helped to open a Bank or Building Society Account in a financial institution of his/her choice.
- The Service User shall be made aware of his/her responsibilities for the safe keeping of personal valuables and money.
- Any dispute regarding payment by the Service User for additional services provided by the Establishment (e.g. hairdressing, newspapers, toiletries) shall be referred to the Care Co-ordinator.

#### 4.1.54 WILLS AND GIFTS

**Outcome:**

***Service Users must be supported to access independent advice in the making of a will and appropriate arrangements must be in place if Service Users wish to give a gift to Staff.***

- Service Users shall be advised to obtain advice from an independent organisation such as the Citizens' Advice Bureau, Age Concern Manchester or an independent solicitor (with an advocate if necessary) before making a will.
- The Provider and Staff shall not act as witness to the Service User's will and in no circumstances shall the Provider or any member of staff become an executor of a will.
- The Provider and Staff shall not accept gifts from the Service User except for small token presents where refusal to accept the gift would cause offence. In such circumstances the member of Staff concerned shall report details of the gift to the Provider who shall record the information in the personal file of the Service User.
- If the Service User insists on making a larger gift to a Member of Staff, then he/she shall be advised to seek independent advice and the Provider shall discuss the issue with the Care Co-ordinator

#### 4.1.55 TRANSPORTATION OF SERVICE USERS IN VEHICLES OWNED OR OPERATED BY THE PROVIDER

**Outcome:**

***Service Users will be transported safely***

- The Provider shall ensure that all vehicles and equipment used to transport the Service User are maintained in a safe state and according to the manufacturer's instructions.
- The vehicles shall be taxed and comprehensively insured. Drivers of the vehicles shall have passed a driving test and possess a valid current licence appropriate for the vehicle.
- Staff shall be properly trained in the operation of tail lifts.
- Wheelchair anchor points and/or wheelchair grips shall conform to the relevant standard and used whenever the Service User is transported in a wheelchair.
- The Provider shall ensure that seat belts are available to all Service Users including Service Users being transported in wheelchairs and that they are used at all times during transportation of Service Users.

#### 4.1.56 ACCOMMODATION

**Outcome:**

***Service Users live in a homely, comfortable and safe environment***

**EQUIPMENT**

- The Establishment shall be fully equipped with sufficient appropriate furniture, furnishings, bed linens, towels, crockery, cutlery, kitchen and laundry appliances to

create a Homely, domestic environment and to cater for the maximum number of Service Users specified in the Establishment's certificate of registration.

- Wherever practical, Service Users should be involved in choosing and being enabled to choose furnishings and décor.
- The Establishment shall be equipped with appropriate aids and equipment to provide for the independence of Service Users who may have a range of disabilities whilst recognising the need to promote a Homely, domestic environment.
- The NHS will provide specialist bespoke medical and nursing equipment according to the needs identified in the care plan.
- The Establishment will enable Service Users to access assistive technology e.g. Telecare where this will support Service Users to maintain and/or maximise their independence
- Furniture shall be arranged within the Establishment in such a way as to facilitate the safe movement of all Service Users. The Provider shall familiarise visually impaired Service Users with the new layout whenever furniture is rearranged.

#### **LIGHTING**

- The Provider shall provide visually impaired Service Users with suitable supplementary lighting.
- The Provider will have sufficient general and emergency lighting systems

#### **ACCESS**

- The Establishment shall have access points, which allow for the safe and easy movement of Service Users and visitors and allow for full movement throughout the Establishment for people who have a physical disability.
- The Provider shall ensure that the Service User is allowed free and unhindered access to and from the Establishment during daylight hours.
- To facilitate this, the main entrance and other external doors shall remain unlocked during this period unless they need to be locked for the purposes of security or to prevent the Service User from leaving the Establishment where this is necessary for his/her safety and has been agreed by the Care co-ordinator; the details shall be recorded in the Support Plan. All actions taken shall be within the Deprivation of Liberty Guidelines.
- When it is necessary to restrict the movements of another Service User the Provider shall ensure that the Service User's access to and from the Establishment is unrestricted.
- External doors shall be locked at night for the purposes of security.

#### **FIRE PRECAUTIONS**

- Building design, fire regulations and drill shall conform to the requirements of the Chief Fire Officer of the local Fire Authority and CQC
- Furniture, bedding, curtains etc., used in the Establishment shall comply with the relevant British Standards in relation to being flame retardant
- If the Service User is immobile or because of infirmity, is unable to use a stairway, he/she, as far as practicable, shall be accommodated on the ground floor.
- All Service Users will have an individual Evacuation Plan
- A fire drill shall be arranged each quarter and training for Staff at least twice a year.
- A record of fire drills and/or inspections shall be entered in a fire log sheet after each fire drill with defects being addressed
- Appropriate Fire Notices shall be obtained and displayed conspicuously throughout the Establishment.
- All Staff (including casual and agency Staff) on commencement of their employment shall be made aware of, and instructed and trained to understand the fire precautions applicable to the building, and the action to be taken in the event of fire.
- Emergency fire alarm points shall be functional and this will be checked through regular tests, giving the Service User and Staff prior warning of such tests.
- Fire alarms and fire fighting equipment shall be working and in a good state of repair.

- Fire hoses and extinguishers shall be checked annually, in addition to regular monthly checks.
- Staff exercises shall be held during the months between the comprehensive fire drills; these shall test the capability of Staff to react in a proper manner to an emergency.

**The Provider shall: -**

- Activate weekly fire alarms tests
- Choose a different location for each exercise
- Staff shall check the following:
  - That all doors on the escape routes open easily
  - That all internal and external fire escape routes are free from obstruction
  - That the lighting of fire escape routes, both internal and external, on general and emergency systems is in working order.
- The Provider shall test the emergency lighting installation for efficiency every month and enter details in the fire log sheet.
- In addition six monthly and annual discharge tests shall be carried out in accordance with the requirement of BS5266.

**CLEANING**

- The Provider shall provide, organise and control an effective cleaning service for the whole of the Establishment.
- All areas including furniture, fixtures and fittings within these areas shall be cleaned to acceptable standards and frequencies, with particular emphasis being paid to sinks, lavatories, commodes, baths and showers.
- Cleaning shall be unobtrusive, i.e. planned when areas are least used. Where this is not possible, the methods of work chosen shall be quiet, fast and efficient, and aim not to disturb the Service Users.
- The Service User shall be encouraged and enabled to maintain his/her independence through tidying his/her own room.

- 

**LAUNDRY FACILITIES**

- The Provider shall or enable the Service User to (if appropriate) or will, on the Service Users behalf, undertake laundry duties. This will include the Service User's bed to suit his/her needs and preferences.
- Laundry Staff will be trained to manage infection control within their roles and responsibilities
- Any fouling of the mattress shall be removed immediately with the stains washed out as far as possible; the mattress must be dried before the bed is made up.
- Any other linen related duties as agreed on site
- The Provider shall employ up-to-date methods of managing odour within the Establishment.