

Appendices

8.1 Appendix 1

1. Scope

The Provider will ensure the service meets the following requirements:

1.1 Being informed and involved (QF standard 1) – Core Principles eg (1,2,3,5,6,8,9,10,11,12,13)

This standard refers to Residents being informed and involved from the time of selecting their Care Home, during their placement, and throughout their on-going care.

To enable the Resident to take a full role in managing their own care it is important that all efforts be made to ensure that they can communicate their needs and preferences effectively and that there is clear communication within the Care Home. The Care Home **must** enable people to maintain their wellbeing through maintaining their maximum possible level of independence, confidence and self-esteem. Achieving these aims should involve a range of approaches – the below list is not exhaustive:

Admission

The Provider will:

- Outline details relating to residency to prospective Residents; this will include the Provider's current CQC rating and Quality Framework achievement/objectives
- Take a proactive role in ensuring each Resident understands what the Care Home will offer
- Provide up to date information packs, which are explained to Residents and families prior to admission and which clearly detail exactly what services Residents are entitled to receive in the Care Home as well as detailed information about the fee structure, how to make complaints, how to raise safeguarding alerts and how to access independent financial advice and advocacy. In addition, notice periods for discharge should be made clear (i.e. the time period between the Provider/ Resident giving notice for the placement to end and the end of the placement)
- Ensure a clear schedule of top-up chargeable items (i.e. the level of the additional charge, and what additional service or facility it relates to, above that which is required to meet need) is made available to Residents before admission, where top ups are charged. Where top-ups are charged, the Provider will contribute to completion of the 'Top-up Contribution Agreement' attached to the North East Lincolnshire Top-ups Toolkit. A copy of this document will be provided to the person paying the top-up fees. The Top-up Contribution Agreement will be reviewed at least annually
- Where the care is wholly or partially funded as a result NHS Continuing Health Care (CHC) a separate agreement is required between the provider and resident/family. CHC are not responsible for reviewing any separate agreements between the provider and resident/family to fund costs over and above those required for care
- The provider will take responsibility for any separate agreements; in the event of top up default the NHS would not be responsible to fund anything that is not part of the assessed package of need
- The NHS will give consideration in exceptional circumstances to a costed care plan if the cost of care is above the agreed standard rate. (this would be due to the intensity of care needs) However, this should be undertaken prior to admission before agreement to accept the resident and/or should there be a significant change in need subsequent to admission. The NHS reserve the right to find alternative accommodation to meet needs within the standard rate agreed by the CCG

- Take responsibility for ensuring the information received from the referring organisation (focus/ Navigo/ Care Plus Group) is satisfactory in order for a full pre-admission assessment to be undertaken prior to receiving the Resident
- Complete a pre admission assessment of each Resident's needs and confirm whether the Care Home can or cannot meet their needs. This assessment will take account of the needs of Residents with protected characteristics as defined by the Equality Act 2010. The pre-admission assessment must be followed up post-admission with an assessment of needs
- Support proactive hospital discharge by ensuring that assessment requests made whilst a possible Resident is in hospital are carried out within 24 hours
- Work with the CCG on service wide strategic developments e.g. Support to Care Homes and trusted assessor
- Ensure a Resident Service Agreement is signed by all concerned and is available to Residents and staff at the point of admission
- Make admission processes welcoming, attentive and reassuring, with Residents and their families/ representatives given appropriate support during the admission process and following it
- Ensure keyworkers oversee the admission process wherever possible and keyworkers/other staff provide appropriate support for as long as is needed subsequently with the settling in and adjustment process

During a Resident's stay

The Provider will:

- Provide clear evidence that Residents/representatives and relatives are routinely and consistently well informed and well engaged in the running of the Care Home, changes and developments etc. and feedback is given to them on what has been done as a result of their input
- Ensure that the Resident's views are regularly sought, maximising their opportunity to influence their own care
- Facilitate and record Resident and group forums where Residents can influence care, and evidence their existence and effectiveness
- Fully involve Residents in care planning; Residents / representatives have copies of up to date care plans and understand the expected benefits from working toward mutually agreed goals, abilities and aspirations
- Ensure structured and on-going work in respect of rehabilitation, recovery and independence, properly resourced and facilitated by the Provider, which involves relevant health and social care professionals
- Ensure that where communication difficulties exist all appropriate steps are taken to overcome these, e.g. mechanical aids, training, translation, signing etc
- Enable the use of advocates where it is necessary to be sure that there are no constraints on a Resident expressing his/her views
- Plan the layout of seating (particularly when eating and drinking) to facilitate communication
- Use the Resident's key worker to communicate/ disseminate care strategies and to ensure that staff involved in the Resident's care follow them
- Have accessible environmental information in place e.g. toilet signs on doors, timetables of activities in visual format (photographs), photos of staff accessible to Residents
- Consideration and reasonable adaptations will be made to those residents with dementia.
- Regularly review Resident needs and care plans, to ensure the Provider can continue to provide appropriate support and meet all its Residents' needs. This includes, as a minimum a formal annual review
- Ensure that advice given by professionals involved in the care of the Resident is recorded in the care plan and staff are aware and are able to demonstrate they are working towards this advice. Where advice is not understood or staff do not agree with it, they must communicate this to the professional at the first opportunity
- Listen to and support Residents to express their needs and wants

- Engage with family members and carers as care partners
- Engage with the resident to identify their wishes regarding registration with a general dental practitioner or if accessed regularly in the past, ensure this continues if resident wishes
- Engage with resident to ensure that where they are engaged with other health service providers they are maintained if the resident wishes e.g. optometry, dental, chiropody etc
- Following admission, staff complete a full assessment of Residents' needs, capacity and expectations, with their involvement of the Residents and relatives/representatives as appropriate
- Residents/representatives and relatives are engaged in reviewing Resident care and support needs, are offered copies of reviews and are made aware of their right to request a review. This includes the review of funding top-up services as well as needs
- Health and social care professionals, as appropriate are invited to reviews
- There is a strong demonstrable emphasis on rehabilitation, recovery and independence, evidenced in on-going work

At the end of a Resident's stay

The Provider will:

- Use a wide range of strategies to continue to meet the needs of Residents appropriately. When needs can no longer be met, Residents / relatives and the Care Practitioner will be contacted to ensure a needs review can be undertaken with a view to overcoming any difficulties within the Care Home or beginning the process of seeking appropriate care elsewhere
- Confirm the arrangements with the Care Practitioner and with relatives, friends and carers where appropriate, in the event of a permanent or temporary discharge of a Resident. The Provider must give a minimum of 28 days' notice for any transfer and support the Resident/representatives through this process. Where this is in relation to a short stay a minimum of 48 hour notice is required
- Ensure that prior to planned discharge possessions, medication and copies of relevant records are packed in appropriate containers ready for forwarding or collection. Where this is not possible, copies of information on a resident's requirements (for example resident's passports) and latest care plans should be forwarded to the new residence. Where possible Meds should go with them if it is not possible to send the medication at the very least a copy of the MAR
- Where the discharge is acute or an emergency a copy of the MAR and a copy of the residents requirements should be provided – it is the home responsibility to ensure that all relevant information is provided to the receiving service
- Notify the Care Practitioner immediately in the event of a Resident discharging themselves, or transferring to another care setting for a period of more than 48 hours
- If the care practitioner believes that the care needs of the service user cannot be met in the home then the CCG may end the agreement by giving not less than 48 hours' notice
- The resident records that are not transferred to a new provider remain the responsibility of the Provider and must be retained for a minimum of 8 years

Death

If a Resident dies in hospital, the hospital will officially pronounce it and should contact the Provider. If the death occurs in the home, the Provider should notify the GP to begin the process. In either case the Provider should also notify the Care Practitioner immediately. CQC should also be notified. If there is a DoLS application in process the DoLS team must be informed by the care home.

If a Resident dies who is subject to a DoLS authorisation, the Provider will inform the coroner and the DoLS team and as soon as practicable, the Managing Authority must give a copy of the 'notification to a coroner' document to the Coroner's office (coroners@nelincs.gov.uk , Telephone : 01472 324005, Fax : 01472 324007) and the supervisory body for the care home (i.e. North East

Lincolnshire Council: focus.mcadols@nhs.net) and comply with the coroner's requirements as applicable at the time.

The records of the residents remain the responsibility of the home and must be maintained for 8 Years after death.

General

The Provider will:

- Keep their information on Services4Me up-to-date
- Provide NEL CCG annually with a list of the home's top-up fees for the upcoming year within the timescales set (to ensure all information is updated and fees are agreed in preparation for each new financial year, commencing on 1st April). The information will include a breakdown of any top-ups applied (the amount of the top-up and what it relates to)
- Ensure all relevant professionals are involved in the care of the Residents – with specific partnership working required with the 'Support to Care Homes Project' multi-disciplinary team
- Ensure staff demonstrate a good understanding of person centred planning and outcome focussed care, and can evidence how they put this into practice
- Staff support Residents in having a good awareness of the tools and strategies for coping with their needs, including how to identify triggers which suggest deterioration in their condition. Care plans and assessments will record Residents' strengths and clarify how these are being used to encourage Residents to be as independent as possible and/or aid their recovery
- The Resident's personalised care plan will have been designed with full involvement of the Resident, including those deemed as lacking capacity. Where appropriate, advocacy services are sought to represent the views of the Resident. Only where assessment indicates that a Resident's knowledge of the care plan goals could cause them harm are these aims not fully disclosed

Specifically Measurable

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| <ul style="list-style-type: none">• At least 90% of management / senior staff have undertaken person centred planning training and there is clear evidence of this being cascaded to all care staff. |
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1.2 Promoting Dignity and Wellbeing in Care (QF standard 2) – Core Principles e.g. (1,2,3,4,5,6,7,8,9,10,11,12,13,14)

The Care Home will take a proactive role in creating and maintaining Resident's dignity when delivering care and ensuring wellbeing is promoted. Please refer to www.dignityincare.org.uk which gives details of the role of a dignity champion, the dignity challenge, dignity tests, resources and materials. It is expected that the Care Home will:

- Evidence that all Residents are treated with respect, dignity, courtesy and politeness. This includes any needs arising from a Resident belonging to a group with a protected characteristic, as defined by the Equality Act 2010. Ensure that it has due regard to people's protected characteristics in the way in which staff meet all other regulatory requirements. For example, reflecting the person's preferences in relation to care and treatment or in relation to community involvement
- Have an active Dignity Champion(s) in place, who makes staff aware of meeting the dignity challenges, cascades information to them about best practice and Dignity in Care issues, challenges inappropriate practice and attends the local Dignity in Care Network
- Ensure staff can demonstrate the use of latest guidance, research and evidence based practice recommendations for providing dignity in care within the workplace, as directed by the Dignity Champion(s)
- Complete a Dignity Test/self-assessment audit and produce, implement and monitor action plans, and repeat this process periodically

- Offer support to maintain a Resident's autonomy and independence in line with their needs and stated preferences. When offering support, staff should respect Resident's expressed wishes to act independently but also identify and mitigate risks in order to support their continued independence as safely as possible
- Make sure that Residents, their carers and others using services are treated with dignity and respect. The Provider must demonstrate that they take all reasonable steps to make sure that people using their service are always treated with dignity and respect
- Ensure consideration of wellbeing is embedded in everyday practice; such consideration is recorded/ evidenced
- Ensure staff implement best practice for the client group and use a range of practical and psychological interventions to support Residents, for promotion of well-being
- Ensure staff recognise Resident triggers as soon as these are displayed to prevent instances of challenging behaviour. When challenging behaviour is displayed staff respond in line with good practice guidance for the relevant client group; staff will monitor Resident behaviour at all times, and request additional support or contact safeguarding/ best interest leads where appropriate
- Homes to be aware of potential loneliness and isolation and act to alleviate this. Residents must be supported to maintain relationships that are important to them
- Have a zero tolerance to all forms of abuse
- Have a Dignity in Care and Wellbeing Policy which is promoted throughout the Care Home and is implemented. This will include guidance on complaints processes, whistleblowing and safeguarding, and will enforce people's right to access these processes without fear of retribution
- Discuss Dignity in Care routinely at staff meetings
- Non-ambulant Residents accommodation should be risk assessed in line with their needs to ensure compliance with fire safety and CQC regulations
- Staff and Residents, relatives and representatives are aware of who the Dignity Champion (s) is, understand the role and are able to approach them with any concerns
- The role of the Dignity Champion is proactively promoted internally and externally
- Staff are fully conversant with the nature of care and treatment approaches for each Resident's needs, how to de-escalate any verbal or physical aggression and any general disagreements Residents may have
- The home is proactive and keeps abreast of developments within the Dignity in Care programme. There is a proactive dignity in care culture with evidence of the involvement of Residents, staff and where possible relatives
- Residents' clothes are laundered correctly in appropriate facilities within the Care Home, including ironing. Dry cleaning where necessary may be seen as an additional service for which the Resident will be charged

Specifically measurable
<ul style="list-style-type: none"> • Ensure at least 75% of staff have undertaken dignity and respect training at any one time. • At least 90% at any one time of staff have undertaken dignity and respect training.

1.3 Maintaining a safe care environment (QF standard 3) – Core Principles e.g. (1,2,3,4,5,6,7)

The safety and security of all Residents is a paramount concern and any neglect or abuse will not be tolerated by the CCG. The commissioner is a full partner in the local arrangements for safeguarding; the range of policies and procedures are available to providers on the website: www.focusadultsocialwork.co.uk/care-providers-safeguarding-information

All Provider staff must be aware of the safeguarding policy and enabled to access appropriate training at the level necessitated by their role. Providers who have no access to the internet may request a copy of the relevant documents from the Safeguarding Team. Assistance with safeguarding issues should be obtained from the Safeguarding Team.

The Provider must demonstrate a firm and public commitment of zero tolerance to all forms of abuse; it must also apply the MCA effectively. This standard refers to protecting and safeguarding people.

The Provider will:

- Comply with all legislation, policy and best practice with regards to safeguarding, MCA & DoLS
- Undertake a risk assessment of the Resident, the premises and each Resident's immediate environment, ensuring this is done by a person competent to undertake the assessment, prior to the commencement of service, at intervals of not more than twelve months and at any time that there is a significant change of circumstances following an accident or incident
- Ensure staff are aware of hazard identification and risk assessment procedures; staff should demonstrate a good understanding of safeguarding and report any situations which may affect service delivery or safety, including abuse
- Keep appropriate records relating to risk; these should be kept and made available to NEL CCG during routine contract monitoring (or immediately if the risk threatens continuation of service), and to the Care Practitioner if the risk relates to a specific Resident and his/her care
- Have appropriate mechanisms in place to receive Safety Alerts and respond to them in a timely manner. Response to alerts should be monitored and auditable
- Develop risk management plans as appropriate
- Younger Adults - Staff have received appropriate physical interventions training, which is delivered in line with BILD and DH recommended best practice by an approved trainer

Nursing: Nurses must follow evidence based best practice guidelines for working with the Residents in the Care Home.

Safeguarding

It is expected that Care Homes will:

- Ensure Residents are protected through adequate safeguarding practices. The Provider must fully comply with local safeguarding policies and procedures in respect of Residents, staff members and visitors
- Ensure staff are applying the principles of safeguarding and the MCA to their practice and are confident to be whistle blowers, if needed
- Ensure low level returns are completed for all incidents and accidents and returned monthly (by 14th) to the Safeguarding Team
- Seek support appropriately from the Safeguarding Team

Specifically measurable
<ul style="list-style-type: none"> • At least 90% of care staff and management / senior staff have undertaken the relevant levels of training for Safeguarding.
<ul style="list-style-type: none"> • Ensure at least 75% of management / senior staff have undertaken Safeguarding Intermediate Level training.
<ul style="list-style-type: none"> • Ensure at least 75% of care staff having undertaken Foundation Level Safeguarding training.

Mental Capacity and Deprivation of Liberty

The Provider must take account of the MCA and its underpinning principles. The MCA provides the legal framework for acting and making decisions on behalf of Residents who lack the mental capacity to make particular decisions for themselves. Everyone working with and/or caring for an adult who may lack capacity to make specific decisions must follow the MCA when making decisions or acting for that person. This rule applies whether the decisions are regarding life changing events or everyday matters.

All health and social care professionals must start from the assumption that any potential Resident/Resident has capacity to make a decision. Where there is any doubt about the ability of a Resident to make decisions for themselves this must be discussed with the Care Practitioner; the staff member must also consider whether the Resident needs additional support to make the decision. If all practical and appropriate steps fail or are not appropriate, the steps for assessing capacity under the MCA and the MCA Code of practice should be followed and evidenced. Staff must be able to explain when they need to use MCA, who has the right to make decisions for the Resident and differences between limitation, restriction and deprivation of liberty.

The capacity to make decisions or the intervention of others to make decisions in the best interests of a Resident is particularly important in respect of advance decisions to refuse treatment, where restraint is used, and where there is deprivation of liberty.

The provider must be aware that In certain circumstances the cumulative effect of any restrictions might constitute a deprivation of liberty and take appropriate action.

To support compliance with the MCA the Provider must ensure that:

- Staff are using the MCA processes as and when needed, and can explain when they need to use the MCA, who has the right to make decisions for the Resident and differences between limitation, restriction and deprivation of liberty
- Residents are protected through adequate MCA / DoLS practices. MCA assessments are appropriately undertaken, 'best interests' decisions are made where appropriate and appropriate DoLS referrals are made. All associated records are accurate and detail who was involved. MCA assessments will need to demonstrate that regard has been paid to the particular vulnerabilities and needs of Residents with a protected characteristic (as defined by the Equality Act 2010)
- Assessments as to whether a Resident lacks the capacity to decide whether or not to accept care or treatment are carried out by staff in line with the MCA
- Good practice is adhered to in care planning and that Resident care plans are followed
- Restrictions are the least possible i.e. the minimum restriction for the shortest time. Staff show a good understanding of how to work with Residents in this way. The Provider will ensure all decisions to impose restrictions are taken, and reviewed, in a structured way and the assessment and reasons for making the decision recorded in the care plan
- Proper steps have been taken to help retain contact with family, friends and carers
- Access to advocacy services is facilitated
- Staff seek support appropriately from the MCA Lead
- Residents are regularly reviewed to make sure they would not be subject to requirements of the Mental Capacity Act
- When Residents are deemed to lack capacity the staff take the appropriate steps to put best interest decision mechanisms in place, under the MCA
- Copies of attorney documents (both Enduring and Lasting Powers of Attorney), deputyship orders, DoLS standard and urgent applications are lodged with the care plan

Specifically measurable
<ul style="list-style-type: none"> • 100% of management / senior staff have undertaken MCA Level 2 training; the Provider will ensure staff apply this to their practice and are confident to be whistle-blowers, if needed.
<ul style="list-style-type: none"> • 100% of management / senior staff have undertaken DoLS Level 2 training; the Provider will ensure staff apply this to their practice and are confident to be whistle-blowers, if needed.
<ul style="list-style-type: none"> • At any one time at least 90% of care staff have undertaken Basic Awareness Level MCA training; the Provider will ensure staff apply this to their practice and are confident to be whistle-blowers, if needed.
<ul style="list-style-type: none"> • At any one time at least 90% of care staff have undertaken Basic Awareness Level DoLS training; the Provider will ensure staff apply this to their practice and are confident to be whistle-blowers, if needed.

1.4 The service is person centred (QF standard 4) – Core Principles e.g. (1,2,3,4,5,6,9,10,11)

This standard requires that person centred planning and outcome focussed care processes are in place and used in the Care Home, and refers to the empowerment of people using the service.

The Provider will ensure:

- Staff are fully conversant with the nature of care and treatment approaches for each person's care needs. Staff follow the best practice for the Resident client group when supporting them to make choices. Each Resident will have a fully personalised care plan, which addresses all of their relevant assessed needs
- Goals and objectives in care plans are discussed with and mutually agreed with Residents and their support networks where appropriate. All discussions regarding care planning is documented
- Care plans are written in a clear and accessible manner, so that Residents can understand the purpose of interventions. Equality and diversity is respected and promoted in line with the Public Sector Equality Duty and the needs of Residents with protected characteristics as defined by the Equality Act 2010. A one page summary about the Resident and their needs and outcomes will accompany every care file
- As a minimum, care plans must include biographical assessment, SMART objectives, clear care pathways, risk assessments, moving and handling risk assessments if appropriate, MCA consideration (and support/requirements if appropriate), nutritional assessments and palliative care / EoLC documentation as appropriate. The care plan clearly identifies the support to be given and preferences in line with Residents' diverse needs. Care plans are informed by life story work
- The home completes the 'What If' document or equivalent such as My Future Care Plan, to help Residents plan for their future. Note this is not about end of life care planning; the 'What If' document is a generic document that can be used with any Resident to help them plan for future eventualities which include general planning around death
- Dementia – While it is important for staff to recognise the worth of using the Resident's life story to tailor how they work with the Resident, and put measures in place so each Resident can follow routines associated with the points in their lived history, it is particularly pertinent for those Residents with Dementia. For example a Resident may believe they are of working age and their children are at school and so follow the routines related to this period of their life
- The times at which a Resident gets up or goes to bed are a matter of personal preference and not a result of staff rotas or other needs of the Care Home

Nursing - Nurses provide clear assessments of Residents' nursing care needs, produce care plans for all treatment needs and ensure these are evaluated and updated regularly.

1.5 Residents are encouraged to engage in meaningful activity (QF standard 5) – Core Principles e.g. (4,5,11,13)

This standard relates to leading an ordinary life. The Provider should ensure that the well-being and social inclusion of Residents is fully integrated into the values and actions of all staff. There should be an emphasis on encouraging Residents to **stay physically active and mobile**. Advice should be sought on gentle physical activity and programmes to increase daily mobility. Exercise and physical activity programmes should focus on:

1. Mixed exercise programmes of moderate intensity e.g. dancing, walking, swimming
2. Strength and resistance exercise
3. Toning and stretching exercise
4. Weight bearing exercise for older people to help keep bones strong

An extensive range of literature and evidence based practice can be found about this aspect of care practice.

The Provider will:

- Identify the interests, hobbies and activities Residents prefer through care planning and ensure this is communicated to staff and kept under review. Needs of Residents are identified with due care to protected characteristics as defined by the Equality Act 2010, e.g. hobbies and activities are culturally sensitive
- Support Residents to access and engage in positive, meaningful and inclusive activities such as volunteering, making friends, developing new interests or maintain existing ones. Staff will encourage Residents to structure their day so that they can engage in activities, and support them in any risks to do the activities / have the contacts they enjoy
- Ensure that the Residents' social and emotional needs are met in accordance with DH, Social services and Public Safety National Minimum Standards for Residential and/or Nursing Homes. Ensuring Residents are helped to identify, construct, rehearse and carry out daily routines and activities that help to maintain or improve their health and wellbeing
- Demonstrate that it routinely engages Residents creatively and meaningfully on an individual and group basis, enabling Residents to engage in a chosen range of hobbies, social and leisure and educational / vocational activities. Such activities should take account of Residents' physical, emotional, cognitive, social, and spiritual needs. All transport associated with such activities should be provided by the Provider
- Ensure all Residents have a range of items and activities they can independently select at hand (such as rummage tubs, doll therapy, reminiscence for those with dementia). Staff delivering activities have appropriate skills and sufficient resources are available
- Ensure activities are well resourced, with evidence of good quality and varied activity materials
- Ensure records are maintained on activities / events held
- Ensure there is an activities coordinator in place or dedicated staff time for regular activities and helping Residents access and participate in them
- Staff encourage Residents to retain and/or continue to develop skills associated with leading an ordinary life (i.e. where a Resident has lost the skill to cook, they are supported to relearn). The home must demonstrate that it routinely engages Residents creatively and meaningfully on an individual and group basis. Such activities take account of Resident physical, emotional, cognitive, social, and spiritual needs
- Residents/relatives and staff contribute to ideas for activities etc. and there is documented evidence to support this e.g. Residents/staff/relatives meetings. Activities are linked to life story work
- Sufficient financial and other resources are available to enable Residents to make effective use of the local community based activities and also for activities within the home
- Evidence demonstrates that activities are undertaken on a regular basis and there are good quality and varied activity materials
- Ensure sufficient staff are available to provide one-to-one work with Residents within community settings (both within the home and in the wider community as appropriate)

1.6 Maintaining good nutrition/hydration and dining experience (QF standard 6) – Core Principles e.g. (1,2,3,4,7,12.)

Good nutrition is one of the major determinants of successful ageing; good nutrition may improve the quality of life for older people. Eating a healthy diet, even late in life, can have a number of health benefits including increased or maintained levels of functional ability, reduced risk of chronic diseases such as heart disease and diabetes and an improved sense of wellbeing.

It is expected that Residents receive high quality nutrition and hydration in surroundings that are conducive to encouraging a good dietary intake. Residents will have access to good quality food, regular fluids and dining experiences.

The Provider will ensure:

- There is a sufficient catering budget that enables the purchase of quality ingredients and allows for choices at each meal
- Staff are always available to provide dignified assistance to those who need it. Residents have a choice as to when and where they wish to eat
- All Residents are screened using a CCG approved nutritional screening tool on admission; if there is any clinical concern during residency, Residents should be screened again, and then screened subsequently on a periodic basis. Appropriate referrals are made to the dietician. Residents at risk of malnutrition are supported to enhance their diet with enriched foods as an alternative to supplements, where this is possible and advised. There will be no major concerns about hydration / nutrition in the Care Home; the Provider will liaise appropriately with the dietician and act effectively on the advice and instruction given by them. The advice given by the dietician, and the Provider's actions in response, must be recorded. Clearly identified measures and treatment goals will be detailed within their care plan; these measures will include social and practical measures to ensure adequate dietary intake and help with drinking / feeding. The plan will also record food and fluid intake, any modified diets, dietetic advice, oral nutritional supplements being taken and / or any artificial nutritional support
- Meals are well balanced, nutritious and varied. Special diets and cultural/ religious requirements are properly catered for. Healthy eating is promoted and this includes use of the 'Eat Well Guide' principles. There is a wide variety and choice of food including vegetables and fruit. Providers should note that many older adults, for example, don't eat enough calcium rich foods and the aging body is less efficient in absorbing calcium from food
- Will support personal choice with a range of health eating options in line with applicable guidance. Staff are aware of the relationship between nutrition and the particular client group they are supporting. Older adults need the same nutrients as younger people, but in differing amounts. It is essential that Residents are provided with an eating plan that supplies a range of nutrients in plentiful amounts, without too many calories
- Staff are competent in dealing with swallowing and eating difficulties and using a range of techniques to ensure adequate and appropriate diets are taken
- Residents are able to shop for the ingredients and / or cook their meals, where they so wish
- Staff understand the relationship between dementia and nutrition / hydration and are competent in dealing with eating difficulties, and using a range of techniques to stimulate interest in food (e.g. menu cards, cooking activities) and ensure adequate diets are taken. A range of fortified foods and finger foods are supplied so Residents can consume the necessary calories to maintain their weight and remain well-nourished
- Staff appreciate that the resident's oral health and/or provision and fit of dental prosthetics can have a significant impact on their ability to eat and ensure adjustments are made accordingly
- Fresh drinking water and juices are always available, accessible and presented attractively. Residents are offered a minimum of 7 drinks per day and given a drink at any time of day or night on request
- Regular recorded weight checks should be made and where appropriate referral made to the dietician
- Goals are monitored regularly on the basis of level of risk
- Resident feedback on quality, choice and variety of food is excellent
- Facilities are provided for Residents to independently make drinks and, if appropriate, snacks. Use may be subject to risk assessments. Facilities can be used by relatives etc. to make themselves and/or the Resident a drink
- Catering staff regularly seek the views of Resident about the quality of the food and review how well each meal was received. This is recorded and acted upon. Residents' feedback on quality, choice and variety of meals is good

- Catering staff, as well as being appropriately qualified, have completed specific training in maintaining a good dietary intake. They are knowledgeable and competent about meeting hydration / nutrition needs and provide advice and support to staff and Residents

Nursing - Nursing staff are competent in nutritional screening and assessment, care planning, implementation and evaluation of nutritional care. They have a good understanding of the principles of nutritional science. They are competent in providing nursing care to Residents who have artificial (enteral and parenteral) feeding requirements.

Specifically measurable

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| <ul style="list-style-type: none"> • At least 75% of care and senior staff have undertaken nutrition training. All staff that enter the kitchen have up to date Food Hygiene training. Staff fully understand the principles of good nutrition and hydration and how to encourage Residents to maintain an adequate diet. |
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1.7 Proactive steps are taken to reduce the risk of ill health & improve tissue viability (QF standard 7) – Core Principles e.g. (1,2,4,5,7,)

The Provider must enable people to maintain the maximum possible level of independence, confidence and self-esteem. An important part of achieving this is to ensure that they sustain the best possible level of health and wellbeing. The important underpinning principle is that of sustaining health and wellbeing wherever possible and not accepting unnecessary deterioration.

This standard refers to physical and mental health care. People with physical and mental health needs are assisted to reduce the risk of ill health and promote self-care, with reference to NICE guidance and evidence based practice.

The Provider will ensure:

- Staff demonstrate high levels of knowledge of wellbeing needs of Residents (including signs and symptoms) and competence as to how to meet them. Where appropriate, referrals are made to health and social care professionals
- Staff provide robust evidence of working with health and social care professionals (e.g. GPs, consultants, psychology, psychiatry, falls specialists, mental health & learning disability professionals, care coordinators / case managers, district and specialist nurses and Allied Health professionals) to ensure that appropriate care plans and treatment regimens are in place for the management of Residents' physical and mental health conditions and overall wellbeing. Evidence demonstrates how these plans and interventions have been effective
- Decisions about healthcare and medication needs are made with the involvement of the Residents and their representatives, with assistance as needed. Where appropriate, advocacy services are sought to represent the views of the Resident. The needs of people with protected characteristics (as defined by the Equality Act 2010) should be taken into account as part of this decision making
- Care is taken to observe fluctuations in ambient temperatures and weather so that Residents can be helped to stay warm in winter and cool in summer (immobile Residents or those on some medications can be particularly at risk from direct sunlight or changes in temperature)
- Encourage all Residents to have an annual health check
- Staff receive training around physical and mental health conditions such as diabetes, dementia, continence and COPD
- Staff demonstrate high levels of knowledge of the physical and mental health needs of Residents (including signs and symptoms) and competence as to how to meet them
- Staff receive training around additional physical and mental health conditions such as epilepsy, stroke, cardiac problems, neurological disorders, or mental health problems etc. It is evident that an on-going programme is in place

- Self-care (care taken by Residents towards their own physical and mental health and well-being, including social and psychological needs)) is encouraged and relevant support given; this will include things such as medication choices, healthy lifestyle/ health education, keeping active, preventing illness or accidents, care for minor ailments and long term conditions, maintaining health and well-being after acute illness, continuing to pursue activities important to the Resident and work/volunteering where appropriate

Nursing: need to be able to meet/comply/deliver

1. Formal grading of pressure ulcers using European Pressure Ulcers Advisory Panel Classification Tool.
2. 100% compliance on reporting Grade 3 and 4 pressure ulcers.
3. Recording and compliance with any plans determined by community nurses or community matrons (Tissue Viability).
4. Regular assessment and monitoring of pressure damage.
5. Maintenance as appropriate of safety and function of pressure relieving devices.
6. Pressure reduction approaches – reduction treatment plans in place.
7. Healing outcomes are measured by the person determining the treatment approach and staff use this to evaluate the treatment plan and improvements.
8. Cooperation with NELCCG and other relevant agencies/providers and, when appropriate, assistance in the completion of root cause analysis (RCA).
9. Chronic wounds are regularly assessed and monitored and chronic wound dressings and rationale are documented. Exception reporting is undertaken as required.
10. Liaison and partnership working with community matrons (Tissue Viability)
11. Maintenance of skills and knowledge in wound management, with routine updates or other opportunities for continuing professional development
12. A development in understanding of long term condition management, liaising closely with GP practices to manage the health needs of Residents (including planning for exacerbations of existing conditions).
13. An understanding of the physical and psychological effects of incontinence on the Resident, maintain a good understanding of issues affecting continence and work with the GP and specialist services to manage or improve continence of Residents.
14. Recognise the symptoms of common mental health issues and promptly use validated screening tools to assess and inform action.

Specifically Measurable
<ul style="list-style-type: none"> • At least 75% of staff should be trained in dementia and in traffic light model using local Care Plus Group training.
<ul style="list-style-type: none"> • At least 90% of staff should be trained in dementia and in the traffic light model using local Care Plus Group training.

In particular the Provider should adhere to the following:

Costs of care

The Provider will not make a charge for any prescribed treatment or medication offered by an NHS body or by an external agency commissioned by the NHS. This includes district nursing or specialist services (e.g. continence advice, nursing aids, physiotherapy, speech and language therapy, podiatry) as well as GPs and hospital services.

In a Care Home providing nursing care the Provider must not make a charge for provision by the NHS of specialist nursing services (e.g. physiotherapy, speech and language therapy, podiatry). General nursing care needs, including the cost of incontinence and nursing supplies (to the extent that these may not be available on NHS prescription or through the provisions of this contract) shall be provided as part of the service by the Provider to the Resident.

Access to planned care

It is the responsibility of the Care Home to ensure that residence does not become an obstacle to accessing the whole range of health and social care services that are available in the community (in particular Primary or Secondary care). Where the Resident or their advocate (in the case of no capacity) gives consent, friends and family will be encouraged to be involved in helping Residents access the community; however, no-one should be deprived of care because of the unavailability or unwillingness of relatives.

Help in this area may involve:

- Accessing primary medical or nursing care services - all relevant conditions should be brought to the attention of the Resident's GP and full use be made of the general and specialist nursing care teams as well as the peripatetic chiropody, dentistry and optometry services accessible via the GP
- Ensuring Residents can attend necessary appointments e.g. hospital, dental, opticians etc.; this may include providing an escort or arranging for provision of an escort. This is particularly important where Residents need support to give explanations, during treatment, in understanding diagnosis and instructions, and with general reassurance.
- Collection of prescriptions
- Accessing the chiropodist - although it may be reasonable that people pay for basic foot care, toe nail cutting etc., it is important that they be helped to access such services and that care staff remain alert to the need for more sophisticated levels of care to assist with mobility
- Accessing the dentist - it is important wherever possible to ensure sound teeth and gums or the provision of well fitting, effective dentures. Effort should be made to ensure that when dentures are available they are used and any difficulties with their use reported to the Resident's dentist
- Accessing eye care - Residents should be encouraged to obtain and use any aids to vision which they require either through the optician or through the Sight Impairment Service (SIS) when their problems demand such arrangements. Efforts should be made to ensure Residents' glasses are identifiable; staff should block misuse of eyewear by others
- Accessing hearing services - Access to their provision and advice on their use should be facilitated. Residents should be encouraged to use hearing aids
- Accessing equipment (person specific) – The Provider should ensure that any apparent need for person specific disability equipment is brought to the attention of the Care Practitioner and assessment is sought. Aids to Daily Living equipment and wheelchairs can be direct purchased from the Assisted Living Centre (ALC), or loaned if the Resident is eligible at assessment. The Resident may still choose to self-purchase if found eligible. Self-purchased equipment once provided should be properly maintained/repared (the cost of maintenance/repair falls to the Resident) and stored (by the Home). Equipment on loan will be maintained/repared by the ALC. In either case, the equipment should be used only for/by the Resident for whom it is provided
- Accessing equipment (general) – The Provider should have available all the usual disability equipment, materials and sundry items required by DH, Social Services and Public Safety National Minimum Standards for the use of the client group in the Care Home. Such equipment should be provided and properly maintained and stored at the Provider's expense
- Accessing mobility aids – Any Aids provided on loan via the ALC will be maintained and repaired by the ALC. The Provider should arrange for any aids to mobility that are self-purchased to be maintained in full working order at all times at the expense of the owner of the equipment (or such other person who is liable at law to maintain the same)
- Assessing the ALC - It should be noted that the ALC provides both low level assessment and demonstration rooms for equipment to be trialled at its premises – should a Resident be able and desiring to attend the ALC for this purpose, the Provider should ensure they are supported to do so
- Return of loaned equipment – When a Resident no longer needs equipment loaned from the ALC, the Provider must arrange to contact the ALC for collection of the equipment. The ALC

can also dispose of (or recycle) equipment where the items were self-purchased, should the Resident/Resident's next of kin wish this

- Comply with guidance given with regards to any Equipment and Mobility Aids
- The Provider having in place a process for responding to national or local medical/health alert bulletins (i.e. from the Department of Health or NEL CCG Comms)

Moving & handling

Adequate training in manual moving and handling must be provided to all staff prior to working with Residents, and refreshed at appropriate intervals thereafter. All necessary equipment for facilitating safe transfers should be available and well maintained.

The Provider must also ensure that staff training and procedures are tailored to any specific needs which Residents have demonstrated in their risk assessment.

Oral health & hygiene

Older people or those with long term conditions are more likely to take medication that causes dry mouth, leading to tooth decay and infections of the mouth. Oro –dental problems can lead to a decline in general health, social acceptability, self-esteem and quality of life.

The Provider will ensure Residents:

- Have access to general and specialist dental services appropriate to their needs and are given an annual dental review by a registered dentist
- Engage in regular teeth-brushing (i.e. twice a day, with a soft-headed brush, small enough to reach all areas of the mouth) to current oral hygiene standards (i.e. for at least 2 minutes, paying attention to the gum and tooth line, with fluoride toothpaste)
- Are provided with a new toothbrush every 3-4 months
- Are supported to use dental hygiene aids such as mouth wash and floss where that preference has been expressed or identified

Tissue viability

The Provider will ensure:

- The traffic light pressure damage prevention model is in place where care involves older people and any others who may be at risk of developing pressure areas
- All Residents have skin integrity risk assessments on admission, whenever the Resident's condition changes and/ or at least monthly. Evidence of this should be recorded in the Resident's care plan
- Feedback from Community Matrons (Tissue Viability) indicates standards are adequate overall in accordance with their local criteria
- All Residents are put on the appropriate traffic light monitoring and skin inspection regime and advice / assistance is sought from the relevant professionals
- Staff working in the Care Home follow best practice as indicated in national and local guidelines with regards to tissue viability
- Care plans and notes evidence that staff are working to guidelines. There is a requirement to report to NEL CCG on the incidence of pressure damage within the Care Home and to include questions on the issue in Resident/carers/family satisfaction surveys

Personal care

The Provider will ensure:

- Residents are given prompt assistance where required with daily living tasks (expected examples of this are: choosing appropriate clothing and help with dressing, moving about or transferring to support aids). In particular, intimate care tasks (e.g. assisting with changing colostomy bags) should be provided in a discreet and dignified manner, with emphasis on the comfort and convenience of the Resident
- They address and seek to alleviate any incontinence problems of Residents with discretion and dignity. Advice on appropriate aids is available from community nursing staff and the Continence Adviser is available in complex cases. They will ensure appropriate products are ordered
- That the gender and ability of the person assisting the Resident in intimate care tasks is such as to avoid embarrassment or discomfort of the Resident and the assistant
- They provide soap, towels and toilet paper etc. as part of the service although the Resident may use their own if this is a matter of personal choice and preference
- Residents should be assisted as far as is necessary with all aspects of personal hygiene and grooming, e.g. bathing, shaving, tooth and dental care, nail care, while seeking to promote independence as far as is possible. Where they wish to access professional grooming services (e.g. hairdressing) they should be aided as required; any costs for such services must be clearly communicated and recorded

Continence

Where relevant Residents should have a continence plan as part of their general care plan – this should seek to promote the restoration of continence wherever possible. Community nursing staff and, in complex cases, the Continence Adviser is available to help with assessment, planning and the provision of products.

The Continence Adviser offers continence promotion training at intervals throughout the year; this is delivered separately to qualified and unqualified staff to ensure that training is delivered at the correct level. The Provider is expected to keep up to date with this training.

1.8 Effective infection control standards (QF standard 8) – Core Principles e.g. (1,4,6,7)

Effective systems are operated to assess risk of and prevent, detect and control the spread of infection. Please refer to NICE guidance and evidence based practice. Providers must comply with DH Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

The Provider will:

- Ensure standards of hygiene, cleanliness and infection control are demonstrably high
- Clear and written cleaning schedules are in place and followed
- Ensure all staff that have an involvement in preparing and serving food should have appropriate training in food hygiene
- Have infection control champions who monitor staff practice to ensure all adhere to the Code of Practice. Infection Control Champions can demonstrate access to and knowledge of the Code of Practice and how they are meeting it. They or a designated competent person undertakes 4 monthly infection control audits – both environmental, systems and staff practices. These form a part of the Provider's quality assurance system and therefore corrective actions can be evidenced
- Implement the Essential Steps programme requirements for these standards which include link trainers in place, a self-assessment audit tool, and annual practical assessments of staff (link trainers will no longer receive update training from the community matron in their own right but must attend the annual infection control update training the same as all other staff). There should be no concerns

- Ensure basic required practices are in place – COSHH assessments, colour coding of cleaning products and waste, hand washing, use of PPE as appropriate (changing between dirty and clean tasks and each episode of care)
- Manage Residents and/ or staff with known infections according to DH Infection Control Guidance for Care Homes. GPs and the local Infection Control Team must be contacted to report incidences of infection. Any outbreak of infection (two or more incidences) will be reported to the Infection Control Team and the Commissioning Lead so appropriate measures including monitoring can be taken
- Supply staff with appropriate equipment to prevent/manage health care associated infection (i.e. personal protective equipment and appropriate hand decontamination facilities)
- Handle dirty linen in accordance with DH Infection Control Guidance for Care Homes
- Ensure that staff encourage and support Residents to maintain a high level of personal hygiene using baths or showers
- Encourage good standards of personal hygiene for staff, along with routine use of personal protective clothing including a minimum of daily uniform changes and discouraging the wearing of uniforms when travelling to and from work
- Ensure the District Nursing Team collects the sharps bins in Residential Care Homes; the District Nurse will also provide nursing care, in respect of residential beds in care homes. Sharps collection in care homes providing Nursing Care should be carried out as per local arrangements
- The inter-healthcare patient infection risk assessment form should be used as a communication tool for Residents transferring from one care setting to another (see http://mrsaactionuk.net/Improvement%20Foundation/Essential_steps_interhealthcare.pdf)

Specifically Measurable
<ul style="list-style-type: none"> • Ensure at least 90% of staff have received basic infection control training at induction, and annual refresher training.
<ul style="list-style-type: none"> • Maintain standards of infection control - community matrons will deem standards of infection control to be good overall in accordance with their local criteria. In addition, the Provider's environmental audit by the community matrons (infection control) must achieve between 80% and 99% to be average or good. Outbreaks of infection are reported in a timely manner in accordance with the Code of Practice.
<ul style="list-style-type: none"> • Standards of infection control are demonstrably high and 100% of staff have received infection control training (including updates) within the induction period, and reviewed within the relevant time frame.

1.9 Safe handling of medication (QF standard 9) – Core Principles e.g. (1,4,6,7)

Effective systems must be in place to ensure that Residents receive any medication they have been prescribed and this is administered in line with expected practice (i.e. staff administering medication have a general awareness of the effects of medication and why it was prescribed). Staff obtain, store and administer medication in line with the Royal Pharmaceutical Society Guidance.

To achieve best practice the Provider will ensure:

- All CQC standards and health & safety standards in respect of receipt, appropriate storage and disposal of medication must be observed
- Care records reflect when Residents are on medication and the health conditions which these are prescribed for. There is information available in medication records regarding why medications (including temporary medications and creams) have been prescribed and instructions for use. Staff liaise with the local pharmacist supplying the medication to seek advice about best practice
- All care staff are aware of health conditions which medication is required/prescribed for and can recognise signs and symptoms which indicate if a Resident demonstrates any side effects from the medication

- All staff administering medicines fully understand how to maintain adequate stocks in the Care Home and how to store medications appropriately
- Any errors in administration are rare; if they do occur the appropriate parties (medical assistance if the Resident becomes unwell, the CQC if the incident is “notifiable”, the Care Home’s own reporting system for *all* errors) are notified of the error, the error is investigated, reviewed and lessons learnt and shared with staff
- A systematic approach to ordering, collecting prescriptions and dealing with/ reducing incidents of near misses is used
- That administration of medication is completed in a safe manner by competently trained staff who have successfully gained the safe handling of medications qualification. In Care Homes offering nursing care, only qualified nurses should administer medication; in residential homes all staff undertaking the task must have completed the appropriate training (and are subject to on-going competency checks)
- Medicine stocks are formally audited on a quarterly basis (ideally support from a pharmacist should be sought)
- Medication practices are formally audited by the manager or a suitably trained senior staff member on an annual basis
- Staff assess Residents’ ability to administer their own medication. Residents are only prevented from administering their own medication if they have been assessed as unable to do so in a safe manner. A process must be put in place to ensure risk assessment are carried out on a regular basis to ensure that residents remain safe to do so. The home is to encourage those are able to self-medicate
- All Residents who self-medicate have a lockable facility for medication in their bedroom; the medication stored in Residents’ rooms is routinely checked to ensure adequate supplies are maintained. Lockable facilities would be provided if requested or Residents are assessed as self-medicating
- The local pharmacist supplying medication visits on at least an annual basis to audit the medicine stocks and checks staff practices, this is in addition to the quarterly review
- For all long term conditions including dementia where high risk medication is administered a suitable care pathway should be developed and utilised to ensure that regular reviews of medication is undertaken
- Staff administering medication are aware of the effects of medication, can explain the purpose of the medication and why it was prescribed. *Please note: BNF books should no longer be used as the online BNF has replaced these, www.medicinescomplete.com/mc/*
- The ability to self-medicate is encouraged and regularly evaluated; this is demonstrated in care records
- Staff work proactively with GPs / CCG around health and medicines monitoring and reviews and reduce anti-psychotic medication where this is appropriate. Reductions can be demonstrated
- Weekly monitoring checks are conducted. There is clear management of stock to ensure required stock is always available, therefore medicines only run out of stock in exceptional circumstances and medicines consistently balance
- There are clearer mechanisms in place to ensure that wastage of medication is minimised, that only what is needed is ordered

1.10 The Provider enables people to control their care as they reach the end of their life (QF standard 10) – Core Principles e.g. (1,2,3,4,5,6,7,9,13)

In line with the national and local End of Life Care Strategies and best practice.

The Provider will:

- Liaise as appropriate with Residents, Residents’ representatives (advocates), family members and all relevant health and social care professionals to ensure effective end of life care for the Resident

- Ensure the Care Home has processes in place to identify the training needs of all employees and volunteers, that take into account the four core common requirements for workforce development – communication skills (i.e. discussing end of life issues with Residents and their families/carers); assessment and care planning; advance care planning and symptom management as they apply to end of life care
- Resident requirements related to protected characteristics (as defined by the Equality Act 2010) will be fully acknowledged and built in to care planning
- Nominate a key worker for each Resident approaching the end of life. This worker will have overall responsibility for ensuring the Care Home accesses specialist palliative care services at appropriate points in the end of life journey
- Ensure processes are in place to support staff and carers following a Resident's death using team reflective practice
- Support other Residents during and after a death in the Care Home
- Put processes in place to review all transfers into and out of the Care Homes for Residents approaching the end of life
- Ensure that when a Resident dies the required Regulation 16 Form is submitted to CQC
- Ensure that at least one member of staff attends the Care Home Links group
- Give support to relatives and staff following bereavement as appropriate
- Audit End of Life care practices and review them at least annually
- Where a Resident dies who is subject to a Deprivation of Liberty Safeguards authorisation, the Provider will comply with the corners requirements as applicable at the time and notify the DoLS Team in line with local processes
- Ensure appropriate and timely use of End of Life Care Planning which is embedded into the Resident's care plan. This records a Resident's beliefs and values, preferences for end of life care and how those preferences will be met as well as detailing attorney documents (including Enduring and Lasting Powers of Attorney), deputyship orders, DoLS standard and urgent applications and court of protection orders
- There is evidence that Residents and their families are provided with information re: advance care planning (ACP) and advance decisions to refuse treatment and that support is offered to enable Residents to make informed decisions. Where appropriate, advocacy services are sought to represent the views of the Resident
- Records demonstrate that Staff make appropriate referrals to the End of Life Care team if extra support is required
- The Care Home has continuous monitoring processes in place to evidence effective end of life care planning
- Inclusion of End of Life Care in home's quality assurance surveys and analysis
- Respond to changes in guidance for end of life care nationally and locally

Specifically Measurable

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| <ul style="list-style-type: none"> • Ensure at least 75% of care staff, senior staff and management have received training in palliative care / end of life care. |
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1.11 Residents enjoy a positive and appropriate environment (QF standard 11) – Core Principles e.g. (1,2,3,5,6,7,)

When requested, the Provider will collaborate with NEL CCG in completing the Accommodation Schedule and a Schedule of Facilities (See Appendix 2 for example. (Please note the information required may change from time to time.). Any future changes to this will be communicated to the commissioner, and any such changes which materially affect the Service will be agreed between the commissioner and the Care Home.

The arrangement in respect of each Resident is for a specifically designated room and may not be changed without the agreement of the Resident, their representative where applicable and the Care Practitioner.

The Provider must provide a clean, comfortable and safe environment that meets the needs of Residents. The Provider will:

- Ensure the Care Home is kept clean/ tidy and free from offensive odours and is provided with adequate facilities and equipment for the needs of the Residents which are properly maintained and in a satisfactory state of repair - these may include lifts, adaptations and rails, moving and handling equipment, specialist equipment, bathrooms, showers, private area, communal areas, and activity areas)
- Ensure the Care Home complies with all relevant access standards, and for the individual needs of the Resident (i.e. a wheelchair user's room will need to be large enough to accommodate their equipment when in use)
- Ensure the Care Home is kept at an appropriate temperature in all areas. The Care Home is free from health and safety hazards
- Give careful thought to the layout of the Care Home in respect of bedrooms and toilet/bathing facilities to ensure that access, privacy and dignity are respected
- Ensure the communal areas are suitable for the number of people accommodated and for the needs of Residents, appropriately located across the Care Home, comfortable and decorated, furnished and maintained to a very high standard (includes dining and lounge)
- Ensure all bedrooms, access to communal areas, the range of communal areas and garden can easily and safely be used by Residents. The Resident will have access to all shared facilities in the Care Home, except during necessary cleaning and refurbishment; access to these facilities must not be unreasonably withheld
- Ensure that the dining room is well signposted with clear access. The dining experience is a pleasant one, with written menus, good quality table coverings / place mats, cutlery and crockery and adapted cutlery/crockery for those that require it to aid independence in feeding and drinking
- Ensure Residents with disabilities can access all floors that form a part of the accommodation and have easy egress around and from the Care Home
- Ensure the needs of Residents with protected characteristics are catered for by the physical environment
- Give careful thought to the layout of the Care Home in respect of bedrooms and toilet/bathing facilities to ensure that privacy and dignity are respected
- The home is designed in line with best practice guidance for people with dementia care needs such as those produced by Stirling University
- The home (or any significant modifications to the home) is designed with consideration of best practice guidance for preventing and controlling infection. Advice should be sought from the Infection Prevention and Control team in the planning stage
- Ensure the Care Home is adequately maintained (i.e. decorated, furnished and sustained) to a good standard. The home consults with Residents/ families about the quality of the environment both in terms of individual rooms and communal areas etc. on a periodic basis and can demonstrate what has been done to act on problems and suggestions, and how Residents/ families have been involved in making decisions about the environment
- There is a range of good facilities and equipment for the needs of the Residents which are properly maintained
- Regular environmental health and safety audits are carried out, recorded and acted upon

Fire Precautions

The Provider shall:

- Comply with the Regulatory Reform (Fire Safety) Order 2005 or any replacement provisions enforced, and follow the recommendations and guidance given in the HM Government Guide - Fire Safety Risk Assessment: Residential Care Premises. There are copies of these on the www.gov.uk website
- Comply with local arrangements as published by North East Lincolnshire's Fire & Rescue Service in regards to Fire Safety Orders

- Take into account any recommendations from North East Lincolnshire Fire & Rescue Service to ensure that contingency and action plans are realistic and achievable considering staffing and times of day
- Ensure that the premises has a fire risk assessment which has been carried out by a competent person and is updated annually or when there is any significant change in risk
- Ensure that the 'responsible person' (as defined in the Regulatory Reform (Fire Safety Order 2005) undertakes a fire risk assessment which focuses on the safety in case of fire of all 'relevant persons' (as defined in the Regulatory Reform (Fire Safety) Order 2005)
- Develop, where relevant, a personal emergency evacuation plan (PEEP) and incorporate this into the Resident's care plan. The Provider shall ensure adequate staffing levels which take into account all persons on the premises including those who may need assistance to escape
- Provide in accordance with the HM Government Guide (Fire Safety Risk Assessment: Residential Care Premises) the appropriate fire fighting equipment and fire detection and warning system for the home; the Provider will also ensure the maintenance of the equipment provided. The Provider will also carry out and record periodic checks of the equipment as advised to ensure that it is working properly
- Have a written fire safety/prevention procedure and will ensure that all members of staff are trained (including refresher training) in the use of the home's fire detection and fire fighting equipment

The Provider shall ensure that the training includes:

- Action to be taken on discovering a fire/hearing the fire alarm (respond in an emergency)
- Raising the alarm and the location/use of equipment
- Calling the fire and rescue service
- The method of evacuation/escape routes
- Maintain training records which will include the date training has been provided, the content of the training, the name/employer of the trainer and the name of the member of staff who has received training (including the member of staff's signature)
- Document the outcome of all discussions with the Fire and Rescue Authority or other expert including details of action undertaken and action planned

NEL CCG does not accept any liability in respect of deficiencies within the risk assessments, personal emergency evacuation plan, policies and procedures adopted by the Provider in respect of Fire Safety.

1.12 People are cared for by a competent workforce (QF standard 12) – Core Principles e.g. (14)

The Care Home will be staffed by a team of employees who are skilled and able to meet the specific needs of the Resident group using their service.

The Provider will ensure:

- Staff interviews cover dignity in care matters
- Staff are recruited with due consideration given to the requirements of Schedule 3 and 4 of the Health and Social Care Act (2008); the evidence required will be kept in the employee's record and updated as required
- Recruitment processes comply with all of the safeguarding controls listed in the contract and required by the Registration Body. The DH, Social services and Public Safety National Minimum Standards for Residential and/or Nursing Homes set out the requirements for the safe recruitment of staff - as a minimum this is interview, two references, police check, and satisfactory check of the Protection of Children and Vulnerable Adults and NMC registers
- That it is only in exceptional circumstances staff are permitted to work prior to the receipt of the DBS; this may only be done following a risk assessment and provision of assurance that the member of staff is supervised at all times
- That staff provide a reference from their most recent employer (especially where this has been for another long term conditions provider)

- Induction programmes meet the care industry expectations (e.g. The Care Certificate; <http://www.skillsforhealth.org.uk/care-certificate>) and also comply with the dignity tests
- Staff receive mandatory training when they commence employment, which includes moving and handling, infection control, health and safety, COSHH, emergency first aid, safeguarding, equality and diversity awareness and food hygiene. Refresher mandatory training is undertaken before the fixed expiry date is reached
- Staffing levels and the skill mix of staff on duty are satisfactory to meet the needs of the Residents accommodated
- Staffing arrangements are flexible to fit around the lifestyles of Residents and provide appropriate support particularly at busy times of the day, with a staffing structure based around the needs of Residents, not led by staff requirements. Residents get adequate time, when they need it, for what they need and are not rushed or left waiting unduly for attention
- Recruitment practices are comprehensive and safe and include a full work history check, DBS checks and at least 2 references (must include current / last employer), which are acquired by the home's manager, not the applicant, before commencement. The manager will ensure that references have come from a manager authorised to provide references
- References provided by the Care Home's management for existing or former staff are written and accurate and reflect conduct and ability
- Equality and diversity monitoring takes place for staff recruited with a view to the staff demographic being relevant to the Resident demographic
- Adequate communication and handover systems are in place and guarantee continuity of care and safeguarding
- Staff meetings (recorded) are held at least every 3 months
- That all managers of the service are suitably qualified, and have had training in the management of care services and the supervision of staff
- That managers have an understanding and awareness of promoting independence and enablement and the knowledge, skills and competence to supervise care staff in the provision of an enabling service, which supports Residents to achieve maximum independence
- That managers are supported and given the opportunity to develop their own leadership and management skills and knowledge
- They have sufficient administrative support and effective administration systems to provide all requirements of the contract including effective I.T systems
- That regular professional supervision is provided for all managers of the service
- All care staff will meet formally for supervision with their line manager / supervisor to discuss their work at least bi monthly, and written records on the content and outcome of each meeting will be kept. With the consent of the Resident, at least one of these meetings should incorporate a direct observation of the staff member providing care/ support to a Resident with whom they work regularly
- An annual appraisal for all staff, which sets clear goals and learning needs
- That all staff have completed (as appropriate to the client group and service design) mental health, learning disability and physical disability awareness training
- Two staff on each shift will have completed more in depth training around dementia care and have the opportunity to complete nationally recognised awards including Dementia Mapping and Degrees in Dementia Care
- Good communication and handover systems are in place, and are well understood and effective in dealing with continuity of care and safeguarding. Staff meetings are held at least bi monthly and these are recorded
- There should be a programme of training which includes HSC (QCF) Level 3 (other than medication)
- Staff meetings are utilised to gain feedback on the quality of service, concerns etc. and these are acted upon; actions can be audited through meeting minutes

Nursing - Nurses are supported by the Care/Nursing Home to complete NMC registration and revalidation requirements. Where appropriate the nurse should be encouraged to complete additional training such as nurse prescriber, phlebotomy and to meet service specific nursing needs. Nurses should be supported to seek opportunities to learn with other clinicians, through

participation in forums and workshops. All nurses are trained to complete and do complete a yearly competency assessment in the use of syringe drivers. Agency nurses are supported with a documented orientation process which includes relevant local policies, procedures and guidance; adherence is monitored and where necessary reported in line with their contract.

Specifically Measurable

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| <ul style="list-style-type: none">• At least 75% of staff are in the process of studying (beyond enrolment) or have been trained in a Diploma in Health and Social Care (HSC) Level 2 /NVQ Level 2 or equivalent. |
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Leavers

An exit interview should be offered, and analysis undertaken of the reasons for staff leaving their employment with the Provider. Any patterns or concerns from this analysis should be built into the Provider's development plan.

Where staff leave the Provider it is important that any issues which are relevant regarding the police or that would register under the Protection of Children and Vulnerable Adults and NMC registers are dealt with properly so that staff judged not to be offering acceptable care, or offering any threat to Residents, are not able to work for other providers in the future.

Providers should be prepared to offer factual and evidence based references to future employers which help them to make appropriate decisions about the employee's abilities to work in the care sector.

Disclosure and Barring Service

The Provider shall ensure that:

- They obtain the Enhanced level of 'Disclosure' from the Disclosure and Barring Service (formerly the Criminal Records Bureau) in respect of members of staff and members of staff disclosures shall be reviewed in line with national guidance. Employers have the responsibility to ensure that a risk assessment has been completed regarding the frequency of repeated DBS checks for staff and a clear plan is in place which reflects this
- Any members of staff who pose a risk of harm to children and/or vulnerable adults is referred to the Disclosure and Barring Service (formerly the Independent Safeguarding Authority) for consideration regarding inclusion onto the Disclosure and Barring Service Barred List (formerly the Children's Barred List and/or Adults Barred List)
- When using staffing agencies, they have a written contract / terms of reference with no more than two staffing agencies to ensure continuity of staff, training and induction processes

1.13 Feedback is valued and used to improve service (QF standard 13) Core Principles e.g. (12,14)

There should be a wide range of mechanisms in use to invite and gather feedback from Residents, families, staff and relevant professionals. This refers to using all types of feedback to improve the quality of the service.

The Provider will ensure:

- Residents are enabled to complete surveys about different aspects of practice within the Care Home and are encouraged to make comments, raise concerns and discuss areas of good practice without any fear of retribution
- The needs of Residents with protected characteristics and those who require advocacy services are taken into account so that they are able to fully participate in surveys and give feedback

- Relatives are surveyed about the different aspects of practice in the Care Home and are encouraged to make comments, raise concerns and discuss areas of good practice
- Complaints procedures are in line with Local Authority Social Services and NHS Complaints (England) Regulations 2009 and DH Listening, Responding, Improving: A guide to better customer care 2009. Complaints processes are well publicised and understood, complaints are properly investigated and details / outcomes recorded and fed back to complainants
- It is clear within the information pack for Residents that they have the option of going to the NEL CCG if unhappy about the Provider's response, as opposed to going straight to the Ombudsman, but the choice is theirs. It should also be clear in response letters to complainants that concerns re procedures / guidance will be passed by Contract Officer through to Customer Care
- Residents, relatives and representatives feel able to voice concerns and know how to complain
- The manager can clearly show how information from the various feedback mechanisms has been used to improve the service and appropriate action has been taken in respect of addressing complaints and safeguarding issues
- There is clear evidence available to show how the staff work to constantly improve the service, actively use feedback and embed information from action plans and lessons learnt into their practices
- Periodic surveys/gathering of views about the operation of the Care Home are undertaken. These views are used within the service development plan and feedback is routinely provided around how the opinions were used
- Resident and relative meetings (which are recorded) take place on at least a 3 monthly basis for information sharing, consultation and the sharing of ideas/seeking of views around where to develop the service. Records are made available, and evidence exists to show the home acts on the information given
- There are other forms of communication e.g. newsletters

1.14 The Provider's quality assurance system is effective (QF standard 14) – Core Principles e.g. (1,2,3,4,5,6,7,8,9,10,11,12,13,14)

The quality of life in the Care Home will be improved on an on-going basis. Audits reflect continuing improvements in practice.

The Provider will:

- Have a range of quality assurance systems in place (which it can describe), to ensure acceptable standards are maintained. This includes comprehensive policies and procedures, which staff are aware of and have ready access to
- Task the manager to perform regular checks on the quality of services and standards being achieved
- Carry out a formal self-assessment at least annually
- Put a formal system in place for Residents, relatives, staff and professionals to raise concerns and suggestions about standards, ineffective procedures etc. (not complaints). These are recorded and acted upon via a corrective actions procedure, with feedback on what action has been taken given to whoever originally identified the matter and that the system is reviewed
- The home undertakes audits on at least an annual basis in the operation of the home and care practices. This may be done through themed audits on certain areas or through reviews of policies and procedures. Audit findings are demonstrably acted upon, and action plans are put in place, which identify how the service will be improved or developed
- Ensure that exceptions are reported to the commissioning officer
- Involve staff actively in the audit process; results are shared at meetings and the opinions of staff sought on how to improve the service
- Ensure actions on necessary improvements are recorded, with named individuals responsible and timescales for action; this should be made known to staff and Residents, as appropriate

- Audit findings are made available to Residents, relatives and staff in easily understandable formats and language
- Ensure compliance of the Care Home with regulations assessed by the CQC
- Provide data as required from its Quality Assurance system at agreed intervals. This may include extra data to support participation in the Quality framework or other locally agreed or accepted initiatives
- Home had developed its own formal quality assurance system. Evidence indicates it is being implemented effectively
- Business /service/ improvement plans are demonstrably informed by all audits and other quality assurance activities

Nursing - The manager checks the validity of the nurse NMC registration on employment and on an annual basis thereafter.

2. General Overview

Funded Nursing Care (FNC) (Care Homes with Nursing only)

Assessment of existing Residents:

Where a care home manager considers that an existing Resident's needs have changed from requiring residential care only to needing the input of a Registered Nurse, the Registered Manager or deputy of the home has a responsibility, *before* charging the Resident for registered nursing care, to arrange for an assessment of the Resident to be undertaken. This assessment must be completed by a Registered Nurse employed by Care Plus or Yarborough Clee, after consent or best interest has been obtained from the Resident or person with Power of Attorney for this purpose. The home must also contact the District Nurse/Community nurse to request a nursing assessment; the nurse will ensure the completion of the NHS CHC checklist.

If the Resident refuses initial consent then this should be recorded and the CCG notified in writing (via the CHC team). The Provider should use reasonable endeavours to co-operate with relevant staff (i.e. CHC staff, district nurse, etc.) in facilitating the assessment in accordance with an individual Resident's needs, by:

- Allowing the CCG's agents or representatives access to the Care Home
- Ensuring that the relevant CCG has access to up-to-date and complete care notes in respect of each of its Residents

The home should expect to receive a copy of the completed assessment or confirmation of refusal. If the Resident does not meet criteria for FNC and the Resident or relevant person with Power of Attorney wish to privately fund registered nursing care then the appropriate consent needs to be recorded and documented by the home and a separate contract between the home and the individual made. The Care Home will not be a party to the decision to privately fund nursing care.

If the community or District Nurses from Care Plus Group or Yarborough Clee are unable for any reason to complete the checklist the CCG must be immediately informed.

2.1 Population covered

This specification covers commissioned placements for Residents of North East Lincolnshire and those Residents who are registered with a NHS North East Lincolnshire GP practice residing or looking to reside in a NEL CCG commissioned Care Home.

2.2 Any acceptance and exclusion criteria and thresholds

The specification does not refer to Residents of North East Lincolnshire or Residents who are registered with a NHS North East Lincolnshire GP practice residing or looking to reside in a NEL CCG commissioned Residential Care Home who are under 18 years of age. The specification also does not apply to self-funders in NEL CCG commissioned Care Homes.

2.3 Joint working and interdependence

Providers will be expected to develop and sustain productive working relationships with other professionals involved with Residents. Seamless service delivery is dependent on building and maintaining effective working relationships, including the development of robust communication and liaison mechanisms. The Provider needs to work in an integrated and collaborative way with other health and social care providers and professionals. These may include but are not limited to:

- A3 – Single Point of Access
- Allied Health Professionals
- Other Care Homes
- Carers' Support Services
- Community Nursing Service
- Domiciliary Care Providers
- Equipment (Aids and Adaptation) Services
- Focus Independent Adult Social Work
- GP Practices
- Dental services Intermediate Tier Services (Rapid Response, the Beacon)
- Mental Health Services
- Northern Lincolnshire and Goole Hospital Trust
- North East Lincolnshire Council
- Supported Living Providers
- Third sector providers including community and voluntary sector organisations
- The Support to Care Homes Multidisciplinary Team

The Provider must ensure that there are effective systems in place to share appropriate information with other services, providing the Resident's consent has been sought or there is a justifiable reason for sharing it without consent – taking account of data protection legislation – and disclosure does not contravene any confidentiality requirements. The Provider will need to be familiar with the roles and expected functions being undertaken by any other organisation contributing to the care and support of the Resident. The Provider will liaise with other organisations involved with the Resident and will keep them informed as appropriate.

8.2 Appendix 2

Long Term Care Service Specification

Addendum for nursing care

This addendum compliments the Long Term Care service specification; it applies to people who require long term care in a residential setting but in addition to a social care need have been assessed and found to require the 24 hour care of a qualified nurse.

Scope

This addendum compliments the Long Term Care service specification; it applies to people who require long term care in a residential setting but in addition to a social care need have been assessed and found to require the 24 hour care of a qualified nurse.

This addendum does not apply to children below the age of 16 years.

Aims and Objectives

All aims and objectives of the Long Term Care service specification apply in the case of Nursing Care. In addition to those aims and objectives, the following also apply:

Aims:

In Nursing Care Homes, nursing provision will be in place 24 hours a day to meet Residents' needs.

Objectives:

The Nursing Care Provider will:

- Provide clinical oversight of Residents in their care, monitoring their health conditions and recognising and acting on signs of deterioration as required
- Deliver clinical interventions for which a registered nurse is required
- Ensure that at all times there is access to a registered nurse who is competent and confident to deliver the following care where there is an identified need:
 - Taking vital signs and recognising when an individual's health is deteriorating and responding appropriately
 - Top to toe holistic assessment using clinical judgement supported with a variety of validated assessment tools
 - Administration of medication via all common routes
 - Both male, female and supra pubic catheterisation and management of indwelling urinary catheter
 - Wound care and chronic wound management
 - Escalating concerns regarding a service user's condition
 - In enteral nutrition including care of gastrostomies and use of feed pumps
 - Verification of expected death
 - Bowel care including management of stomas
 - Manage a syringe driver used for the administration of medication
- Seek advice from and cooperate with other organisations and specialties to provide holistic care to Residents which meets all of their health and wellbeing needs
- Ensure Residents receive high quality, evidence based nursing care

Detailed Service Description

Maintaining a safe care environment (QF standard 3)

The Provider will ensure that nursing care:

- Actively pursues a reduction of health care related infections through engaging with local infection prevention and control strategies, developing local strategies and policy in order to maintain high standards as required by the Infection Prevention Code. Maintenance of these standards is to be monitored through rigorous audit and staff training. Where incidents of infection do occur these are to be reported as required and the provider is to liaise with the Infection Prevention and Control team for expert advice. Outbreaks should be investigated to identify root cause
- Will in addition to health and safety risk management identify clinical risks. These should be identified, assessed, minimised or mitigated where possible and an up to date risk register maintained
- Systems should be in place to enable incidents and near misses of varying severity to be reported, in addition to obligations to report to CQC. These systems should result in a thorough investigation of untoward incidents in order to identify if there are any lessons to be learnt. A positive reporting culture should be encouraged where staff see reporting as an opportunity to improve the care of residents
- Robust policies and procedures should be developed based on the guidelines and best evidence available. The nursing staff should have input in to the policies and procedures which affect their area of work. These policies should be reviewed routinely or in response to new evidence or an untoward incident
- Ensure nursing staff are well supported and are able to access a network of peers
- Support a nurse in meeting the requirements for NMC revalidation with the offer of sufficient continuing professional development, constructive feedback through a rigorous appraisal process and confirmation when necessary
- Not ask nurses in their employ to practice beyond their competence and confidence, and empower them to escalate training needs when they develop
- Facilitate the provision of an opportunity for clinical supervision
- Ensure nurses employed are competent and confident to practice the clinical skills which are required for their residents and receive regular updates to ensure best practice is followed. Clinical skills and mandatory training should be regularly updated and records of competency held
- Maintain links with agencies who provide nurses to ensure high standards of care and competency are maintained
- Nurses in their employ understand their duties with respect to whistleblowing, in particular understanding the NMC guidance on raising concerns
- Is delivered safely with adequate staff. This should be supported with a safe staffing policy and regular assessment of staffing need when the needs of residents change
- Empower nurses and other staff to escalate concerns regarding staffing levels and skills mix

Experience

The provider will ensure that nursing care:

- Contributes to resident experience by improving the continuity of care. The provider will encourage staff retention
- Reflects NMC guidance on obtaining consent, and where appropriate involves the principles of MCA and DoLS to ensure care is in the best interest of the resident
- Fulfils duties as defined by the NMC with respect to confidentiality and information governance, in addition to statutory obligations

Effectiveness

The provider will ensure that nursing care:

- Is practiced in line with the best available evidence, as per the NMC code
- Is delivered with clear communication, both with residents, colleagues and other agencies. All reasonable efforts should be made to communicate in ways that meets individual's needs
- Is monitored with a robust schedule of clinical audit, which will reflect aspects of clinical care delivery. For example the completion of forward planning documentation for Residents end of life care
- Is based on care pathways which include:
 - A full assessment is to be carried out of the resident before admission, there must be clinical oversight of this process to ensure residents are placed appropriately and their needs can be adequately met by the provider
 - Further assessment following admission of the resident involving advocate, relatives and carers (with consent of the resident as appropriate) individualised nursing care plans should be developed. Goals of these care plans should be agreed mutually with the resident (or their advocate if they lack capacity). The care plans should be communicated to the resident and agreed with. These care plans should be reviewed at regular intervals and in the event of any change to the resident's condition
 - Where a resident is under the care of several professionals, the provider will ensure continuity of care between them by using their knowledge of the resident to advocate and coordinate these services on behalf of the resident if required and the residents wishes
 - A clear pathway for escalation when a nurse has concerns about a resident, they deteriorate unexpectedly or their care cannot be safely managed in the home. They should escalate their concerns promptly by the most appropriate route which most effectively meets the needs of the resident

8.3 Appendix 3

CQC Mandatory Training

Course	Duration
Clinical Moving and Handling	1 day
Emergency First Aid	1 day
Fire Training	
Food Hygiene (if serving or preparing food)	1 day
Health and Safety in the Care Home	1 day
Infection Control	2 hours
Safeguarding Adults (Foundation)	2.5 hours
MCA Basic Awareness	Half day
Equality & Diversity	Half day

Quality Scheme Mandatory Training

Course	Duration
Basic Understanding of Dementia	Full Day
Dignity in Care	Half day
Nutrition/hydration	Specialist nurse, own arrangement
MCA Managers	Half day
Palliative/EOL Care	Full Day
Person Centred Planning	Full Day
Safeguarding for Managers	Full Day
Tissue Viability	Half day
Traffic Light	Half day
Providing Meaningful Activities	Full Day
Reminiscence	Full Day

Refresher Training

Course	Duration
Health & Safety in the Care Home	Refresher recommended every 3 years
Fire training (own responsibility)	Refresher required every year
Basic Food Hygiene	Refresher recommended every 5 years
Clinical Moving & Handling	Refresher required every 3 years
Emergency First Aid	Refresher required every 3 years
Infection Control	Refresher required every year
Safeguarding Adults Foundation Level	Refresher recommended every 3 years
Three-day First Aid (if applicable)	Refresher required every 3 years
Train the Trainers Moving & Handling (if applicable)	Refresher required every 2 years
Traffic Light Update	Refresher required every 2 years

Please note:-

CQC may require you to refresh on a more frequent basis. It is also recommended that in between the recommended refresher times, staff can be refreshed via a variety of methods. E.g. Team meetings, Supervision, DVD's, quizzes.

Evidence will be required for CQC and the contracting team that this has taken place

8.4 Appendix 4

Room schedule for long term care home in respect of the NELCTP Local Contract

Name of Home							Period Covered:	
Room no (add no's as req'd by size of home)	Name of Current Resident <i>(if supported by NELCTP both Social Care and NHS)</i> List also all vacant rooms available under the Contract	FNC?	CHC?	Tick if shared occupancy √	Amount of Third Party Top Up(if any)	Any extra facility relevant to room?	Is room restricted to use for specific purposes (e.g. nursing, dementia,etc,w/c user etc.	Any other restriction
1								
2								
3								
4								
5								
6								
7								

8.5 Appendix 5

Current guidance

Oral Health

- http://www.nes.scot.nhs.uk/media/2603965/caring_for_smiles_guide_for_care_homes.pdf
- delivering better oral health
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367563/DB_OHv32014OCTMainDocument_3.pdf
- NICE Oral Health for adults in care homes <https://www.nice.org.uk/guidance/ng48>

Continence

- www.bladderandbowel.org/

Tissue Viability

- NICE clinical guidelines for the prevention and treatment of pressure ulcers
www.nice.org.uk
- RCN – Venous Leg Ulcer Management Guidelines 2006 www.rcm.org.uk
- North East Lincolnshire guidelines:
 - Prevention and Management of Pressure Damage Guidelines
 - Leg Ulcer Management Guidelines
 - Traffic Light Pressure Damage Prevention Model
 - Wound Management Guidelines

DBS

- <http://www.cqc.org.uk/sites/default/files/Disclosure%20and%20barring%20service%20checks%20guidance%20100646.pdf>
- <http://www.cqc.org.uk/content/regulation-19-fit-and-proper-persons-employed>