

NORTH YORKSHIRE COUNTY COUNCIL
Health & Adult Services Directorate

Service Specification for Care Homes and Nursing Homes

BACKGROUND

This Specification sets out the core Service being purchased by the Council and the standard of Service the Council requires. The Specification is based on themes within the CQC Fundamental Standards, Care Act 2014, Health and Social Care Act 2012, the Council's Health and Adult Services Outcomes Framework, Public Health Outcomes Framework and the NHS Outcomes Framework. These documents set the context of the personalisation in all areas of service delivery, prevention and well-being. The specification also encompasses good practice identified from relevant guidance and recognised Government reviews.

DIGNITY AND RESPECT

The Council requires all services it commissions to hold the principles of dignity and respect, in line with the Department of Health Dignity Challenge, at the heart of everything it does. These principles underpin every aspect of social care support and therefore must be evident in the delivery of support.

The principles are to:

- Have a zero tolerance of all forms of abuse;
- Support people with the same respect you would want for yourself or a member of your family;
- Treat each person as an individual by offering a personalised service;
- Enable people to maintain the maximum possible level of independence, choice and control;
- Listen and support people to express their needs and want;
- Respect people's right to privacy;
- Ensure people feel able to complain without fear of retribution;
- Engage with family members and carers as care partners;
- Assist people to maintain confidence and a positive self-esteem;
- Act to alleviate people's loneliness and isolation.

All Providers shall have in place arrangements for health and personal care which ensures that People's privacy and dignity are respected at all times, and with particular regard to:

- personal care-giving, including nursing, bathing, washing, using the toilet or commode to be undertaken in private;
- consultation with, and examination by, health and social care professionals being conducted in the Person's own room, with communal rooms only being used at the request of the Person and with no one else present;
- consultation with legal and financial advisors in private;
- maintaining social contacts with relatives and friends;
- entering bedrooms, toilets and bathrooms, by knocking prior to entering, etc.

- People having easy access to a telephone for use in private and receive their mail unopened, unless otherwise agreed and recorded;
- People wearing their own clothes at all times;
- use the term of address preferred by the Person.

The Provider shall ensure that all Staff are instructed during induction on how to treat People with respect at all times.

In providing support to People the Provider promotes independence, choice and self-care. People will be supported to undertake tasks themselves, wherever possible, and every opportunity to promote the regaining or improvement of self-care skills will be explored.

1. Pre-admission

- 1.1 The Provider shall maintain an up to date Statement of Purpose which sets out the aims, objectives, services offered and from whom, facilities (including number of beds and specialisms), an overview of the process of the delivery of support from referral through needs and risk assessments and support planning to review of support and quality assurance, terms and conditions, complaints and commendations procedure and Client Guide for current and future users of the Service. This document will also detail areas which may be particularly important to prospective users of the Service i.e. ability to smoke in the Home, keep pets, bring furniture, how consistency of Staff will be maintained and will actively discuss its contents with the Person and/or their families/representatives.
- 1.2 The Provider shall produce and maintain a Client Guide which shall demonstrate that staff individually and collectively have the skills and experience to deliver the services relevant to the specialisms the Provider is registered to offer. The Provider shall demonstrate that specialist services offered are based on current good practice and specific training for the specialism.
- 1.3 The Provider shall ensure the Client Guide includes details of additional services which may be offered outside of the Service, with clear details of charges and how these charges will be collected, together with terms and conditions of Service. Any charges for additional services will be met by the Person and will not form part of the Service.
- 1.4 Prior to admission the Provider shall ensure that each Person receives a Client's Contract detailing:
 - room to be occupied;
 - overall care and services (including food) covered by the fee;
 - fees payable and by whom (Person, local or health authority, relative or another);
 - additional services (which may include newspapers, personal toiletries, etc.) to be paid for over and above those included in the fees and justification for additional costs;
 - rights and obligations of the Person and Provider and who is liable if there is a breach of contract;
 - terms and conditions of occupancy, including period of notice (e.g. short/long term intermediate care/respite).
- 1.5 Where the Person's support package is funded by the Council and there is a conflict of contract terms .the Client's Contract, and where applicable Client Guide, the Provider shall make it clear that the Council's contract takes precedent.
- 1.6 The Statement of Purpose, Client Guide and Client's Contract are written in plain English and are available in other formats, on request.

2. Referral, Assessment & Review Process

- 2.1 The Council will coordinate an assessment of need for the Person which will include joint working with other statutory agencies where appropriate, i.e. Clinical Commissioning

Groups. The assessment will identify the eligible needs of the Person and the support required. The Person's Support Plan will then be developed, by the Council, prior to the service being requested from the Provider.

- 2.2 Relevant information from the Person's Support Plan will be shared with the Provider, by the Council's Brokerage Support Officer. This information will be sufficiently detailed to allow the Provider to assess whether they can meet the individual needs of the Person, taking into account how skill mix and training of Staff meets the assessed needs of the Person and whether their individual outcomes can be achieved. The Provider shall complete their pre-admission assessment process within 48 hours of receiving the request from the Council. At this stage there is no obligation upon the Council to purchase the Service or upon the Provider to deliver the Service.
- 2.3 The Provider shall understand and meet the needs and preference of specific minority ethnic communities, social/cultural or religious groups and shall evidence the skills of Staff to meet these specific requirements in assessing the Provider's ability to provide the Service.
- 2.4 When the Provider has confirmed to the Council that they can deliver the Service, the Provider shall arrange to visit the Person prior to the commencement of the Service. The visit shall be undertaken by Staff who are appropriately trained in the completion of assessments, in accordance with the Providers procedures. The Provider shall use the visit to:
- complete Provider Support Plans and risk assessments specific to the Person's needs;
 - include the Person and/or their representative in developing Provider Support Plans;
 - ensure the Staff skill mix and training is appropriate to deliver the required Service, including cultural and religious requirements;
 - ensure, where possible, that any health and safety issues are identified and mitigated;
 - share the Client Guide and Statement of Purpose in an accessible format suitable to their needs.
- 2.5 If a Person lives some distance away and a pre-admission assessment cannot be completed in person for practical reasons the Provider shall complete an assessment by phone, taking into account information which can be obtained from the Person's current care giver, where consent has been obtained. A full assessment shall be completed within 48 hours of the Person's arrival at the Home.
- 2.6 In the event that an emergency admission is made to the Home the Provider shall evidence that they have considered all aspects of the Person's assessed needs and that the Service meets those needs. Where the Person is admitted as an emergency the Provider shall discuss key aspects of the Service with the Person within 48 hours of admission. Unplanned admissions shall be avoided where possible.
- 2.7 For a Person accessing the Service for regular respite, risk assessments and support planning paperwork is reviewed in advance of the admission, where possible, to ensure that care provided remains appropriate to the Person's needs. If it is not possible to update the assessment prior to admission, due to the admission being an emergency, this is completed within 48 hours of admission.
- 2.8 For individuals referred by the Council, the Provider shall obtain a copy of the Person's Support Plan produced for care management purposes prior to admission. If the detail contained in the Person's Support Plan differs significantly from the information given to the Provider when the placement was being sourced and leads the Provider to believe they cannot support the Person this must be raised with the Council, by the Provider, immediately.
- 2.9 If the Provider does not receive the Support Plan in a timely fashion the Provider may have to delay the admission of the Person to the Home, until such as time as they feel they have sufficient information to be able to Support the Person appropriately.
- 2.10 People, and their representatives where appropriate, are encouraged to visit the Service

prior to making the decision to move in. Also, the Service shall offer admissions on a trial basis, to allow time for People to make a considered decision to move in to the Home on a permanent basis.

- 2.11 Once the Council has confirmed the arrangements for the provision of the Service an IPA will be issued to the Provider detailing the financial aspects of the Service.
- 2.12 The Provider shall demonstrate the Home's capacity to meet the assessed needs (including specialist needs) of People admitted to the Home. All specialisms offered (e.g. services for people with dementia or other cognitive impairments, sensory impairment, physical disabilities, learning disabilities, intermediate or respite care) shall be demonstrably based on current good practice, and reflect relevant specialist and clinical guidance.
- 2.13 An initial review will be undertaken by the Council within 6 weeks of the commencement of the Service and then at least annually. The purpose of the review is to consider whether there has been any change in the assessed needs of the Person, whether the Service being delivered is meeting the Person's outcomes and is in line with the Person's Support Plan and to assess the Person's satisfaction with the Service.
- 2.14 The Provider shall contribute to the review by submitting a report or attending in person, whichever is felt to be the most appropriate by the Social Care Assessor (SCA)/Social Care Co-ordinator (SCC). The Provider shall ensure that Staff attending the reviews understand their role in the process and can make an effective contribution to the discussion.
- 2.15 Following the review the SCA/SCC shall notify the Provider and Council's Brokerage Support Officer of any agreed changes to the Service so that relevant documentation, i.e. Individual Placement Agreements (IPAs), Support Plans, Risk Assessments, may be updated and reissued, where appropriate.
- 2.16 The SCC/SCA shall be informed immediately of any change in need which may have an impact on the Service provided so that a reassessment may be considered.
- 2.17 A review may be requested by the Person, the Provider or the Council and may involve health care professionals, advocates, relevant family members/representatives, and Staff involved in the provision of the Service to the Person.
- 2.18 Although the Council will regularly review the needs of the Person, as part of its statutory functions, the Provider shall have its own review process in place which shall monitor the Service being provided to the Person, ensures the Service is detailed in and delivered in accordance with the Person's Support Plan and this Agreement, and shall ensure that the Person's satisfaction with the Service remains high.

3. Health & Personal Care

- 3.1 Provider's Support Plans shall be compiled by the Provider with each Person. The Provider's Support Plans shall detail the Service to be delivered and the actions to be taken by Staff to ensure that all relevant health, personal and social care needs of the Person are met. The Provider shall ensure that the Provider's Support Plan meets relevant clinical guidelines produced by the relevant professional bodies concerned with the Service being provided to the client group/specialism, and shall include risk assessments, with particular attention to the Person's individual needs, including, for example, prevention of falls and nutrition.
- 3.2 The Provider shall ensure that each Person has a Provider's Support Plan for daily living, and longer term outcomes, based on the Person's Support Plan and the Provider's own needs assessment and reflects the Person's choice about how the Service will be provided with reference to the following, as appropriate:
 - sight, hearing and communication;
 - personal care and physical well-being, including promoting healthy lifestyles including smoking and alcohol consumption (using the Audit – C assessment tool);
 - oral care;

- continence care;
 - skin integrity;
 - foot care;
 - dietary preferences and nutrition;
 - social interests & hobbies;
 - religious, cultural and emotional needs;
 - carer and family involvement, personal relationships and other social contacts/relationships;
 - mental capacity and cognition;
 - mobility and dexterity, including moving and handling, physical environment, risk of falls, physical activity;
 - medication management and access to vaccinations;
 - personal safety and risk, including Personal Evacuation Plans, where required;
 - death and dying;
- 3.3 The Provider shall ensure that the Provider's Support Plans are reviewed by Staff in the Service once every 3 months or when a change in need has been identified or when a review has been requested, is updated to reflect changing needs and current objectives for health and personal care and any required action shall be taken and followed up, where appropriate. The Council may agree to vary this requirement and allow the Service to review Provider's Support Plans less frequently in the event that the Provider can evidence robust planning and auditing arrangements which are satisfactory to the Council.
- 3.4 The Provider shall ensure that Provider's Support Plans are developed with input from the Person, where possible, are recorded in a style which is accessible to the Person, discussed with and agreed and signed by the Person whenever possible and/or discussed with a representative (if appropriate).
- 3.5 Where the Person is accessing nursing care in a care home setting the registered nursing input shall be determined by NHS registered nurses using a recognised assessment tool, according to Department of Health guidance (FNC).
- 3.6 Nursing Staff shall not administer nursing care to any Person who has not been assessed by the relevant NHS registered nurse as being eligible for nursing care. Any nursing intervention required by a Person who has not been assessed as requiring nursing care shall be met by the relevant district nursing team/external health professional.
- 3.7 Staff shall promote and maintain the Person's health and access to free health care services to meet assessed needs shall be facilitated unless the Person chooses to access private health services. Staff shall ensure that Peoples' entitlements to NHS services are upheld in accordance with guidance and legislation by providing information about entitlements and ensuring access to advice.
- 3.8 Staff shall support People to register with a GP and dentist of their choice (if the GP/dentist is in agreement).
- 3.9 Staff shall enable People to have access to specialist medical, nursing, dental, pharmaceutical, ophthalmic, audiology, chiropody and therapeutic services and care from hospitals and community health services according to need, including the provision of appropriate aids.
- 3.10 Where a Person is transported to an alternative care setting, i.e. hospital or as result of emergency evacuation, the Provider shall ensure that an accurate "Pink Passport", "Transfer Document Checklist" or "Must Do Care Plan" is available to accompany the Person so that key relevant information is available to staff in those settings.
- 3.11 The Provider shall ensure the Provider's Support Plan covers, where appropriate to the Person, the following:
- 3.11.1 **Sight, hearing and communication;**

- The Provider shall ensure that the Provider's Support Plan highlights to Staff that the Person has an impairment and what action should be taken to communicate effectively with them;
- The Provider shall ensure that all Staff receive appropriate training in relation to the different methods of communication used by the Person and this is recorded in the Provider's Support Plan;
- In providing the Service to the Person on a day to day basis, and where appropriate, Staff shall highlight any issues, such as lost hearing aids, hearing aids needing new batteries, broken spectacles, to the Registered Manager so that support may be identified to remedy the situation, which may include contacting the Person's representative. Where necessary the Provider shall notify the Council;
- The Provider shall notify the Council where they become aware that a Person may benefit from specialised equipment so that referrals to other professionals or services can be progressed, as appropriate.

3.11.2 Personal care and physical well-being including promoting healthy lifestyles including smoking and alcohol consumption;

- Staff shall ensure that the Person receives a level of support and encouragement to maintain, regain or develop their personal care skills;
- Where assistance is required with personal care, Staff shall offer as much support as necessary to complete the task to the Person's satisfaction and comfort;
- Assistance is given in a discreet and dignified manner;
- The Provider shall ensure that, wherever possible, the Person is given a choice of the gender of the Staff assisting with personal care;
- The Provider shall ensure that the times and frequency of support in bathing and washing are in line with the Person's preferences and Support Plan;
- When assisting the Person in bathing or showering, the Provider shall ensure that the Provider's Support Plan shall state the Person's preferred temperature for baths/showers. Staff shall test the temperature of the water with a thermometer prior to the Person accessing the bath/shower. The Provider shall ensure a record is kept of the Staff providing the support and the temperature recorded;
- Where a Person chooses not to have their personal care needs met for a period of time and as a consequence their health or wellbeing is at risk the Provider shall notify the Council;
- Where the use of relevant equipment to assist with moving and handling is required the Provider shall undertake a moving and handling assessment to ensure safe practice is observed. The Provider's Support Plan shall detail the Person's moving and handling requirements and reflects the Occupational Therapists assessment, where provided;
- Where the Person experiences ongoing difficulties in accessing the bath/shower in a safe manner the Provider shall inform the SCA/SCC;
- Staff shall ensure that commodes, chemical toilets and/or urinal bottles, where used, are emptied regularly to maintain a safe and hygienic living environment for the Person, ensuring the Person is aware when cleaning materials, such a toilet cleaner/bleach have been left in the bowl/pan;
- Staff shall promote healthy lifestyle choices to the Person and shall monitor smoking levels and alcohol consumption. Alcohol consumption shall be monitored using the Audit C tool;
- Staff shall refer to and support the Person to access smoking cessation support and alcohol brief advice, as appropriate. Staff shall provide additional motivation and support for changes in behaviour, in line with relevant training, as a result in reducing or ceasing alcohol consumption or smoking.

3.11.3 **Oral care;**

- Staff shall encourage the Person to register with a local dental practice;
- Staff shall maintain the oral hygiene of each Person and, wherever possible, support the Person's own capacity for self-care and independence;
- Where the Person has dentures Staff shall support the Person in cleaning them, where required;
- Staff shall ensure that appropriate equipment is provided to ensure that oral care is undertaken, i.e. Person's preference for specific type of toothbrush, denture cleaning tablets, denture adhesive, etc.;
- Staff shall ensure that the Person is wearing their own dentures and Staff shall take care to ensure dentures are not mislaid or used by others;
- Where it is identified that dentures may be missing the Provider shall take all reasonable steps to locate them.

3.11.4 **Continence care;**

- Staff shall ensure that appropriate advice about the promotion of continence is sought, where required, from a relevant health professional and acted upon and aids and equipment which are required shall be provided.
- The Provider shall ensure that a Provider's Support Plan for continence is in place, where applicable, and agreed with the Person.
- Staff shall ensure that where the Person experiences incontinence they are offered assistance with washing and changing into clean, dry clothes, when necessary.
- Where identified in the Provider's Support Plan, Staff shall assist with the changing of colostomy bags, having first received advice and training from a continence advisor/stoma nurse or GP and Staff are able to demonstrate their competence in undertaking the task.
- The Provider shall ensure that Staff involved in continence care have received relevant Person specific training and competency reviews are undertaken to confirm that they can undertake the tasks.

3.11.5 **Skin integrity;**

- The Provider shall have a procedure in place in relation to skin care;
- The Provider shall have in place risk assessments and Provider's Support Plans relating to maintaining skin integrity where appropriate;
- The Provider shall ensure that appropriately trained Staff shall assess the Person to identify whether they have developed, or are at risk of developing, pressure areas using an appropriate monitoring tool and any intervention required is recorded in the Provider's Support Plan and body map, where relevant, together with details of their treatment and outcome. Also, the Provider shall ensure that input from any relevant external professional is recorded and that the situation is reviewed on a continuing basis;
- The Provider shall contact the local Tissue Viability Nurse where they have concerns regarding the Person's tissue viability and shall inform the SCA/SCC;
- Staff shall support the Person to use pressure relieving equipment appropriately and as directed by district/tissue viability nurses.

3.11.6 **Foot care;**

- Staff shall provide assistance with foot care to those People who require it and where this is identified in the Provider's Support Plan;
- Where a Person has Diabetes, suffers from circulation difficulties or has problem nails, the Provider shall ensure that care is only provided after consultation with a qualified chiropodist who is responsible for the Person's foot care;
- The Provider shall ensure that Staff assisting with foot care have received instruction from the qualified chiropodist and have been judged by them to be competent,

competence has been recorded by the Provider and Staff have appropriate equipment for the task.

3.11.7 **Dietary preferences and nutrition;**

- Staff shall undertake nutritional screening when the Person is admitted to the Home and this will be reviewed on a regular basis. Staff shall maintain a record of nutritional requirements including weight gain or loss, and appropriate action taken, including referrals to GPs, Dieticians, etc.;
- The Provider shall ensure that the Person receives a varied, appealing, nutritious and balanced diet, which is suited to their assessed and recorded requirements. Meals shall be taken in a congenial setting and at flexible times;
- The Provider shall ensure that the Person is offered three full meals each day (at least one of which shall be cooked) at intervals of not more than five hours;
- The Provider shall ensure that hot and cold drinks and snacks are available at all times and offered regularly. A snack meal may be offered in the evening and the interval between the snack meal and breakfast the following morning should be no more than 12 hours;
- The Provider shall ensure that food, including purified meals, shall be presented in a manner which is attractive and appealing in terms of texture, flavour and appearance, in order to maintain appetite and nutrition, in line with the Provider's Support Plan;
- Special therapeutic diets, drinks, etc. shall be provided when advised by health care and dietetic staff and shall be used by the Person for whom they are prescribed only;
- The Provider shall ensure that religious or cultural dietary needs are catered for, as agreed on admission, and recorded in the Provider's Support Plan and that specific meals for special occasions are supported;
- The Provider shall ensure that menus (which are changed regularly), offer a choice of meals in written or other formats to suit the Persons preferred method of communication. The Provider shall ensure the Person is given choices of meals and, if requested, arrangements are made for them to eat at a time of their choosing;
- The Provider ensures mealtimes are unhurried with People being given sufficient time to eat. Staff shall be available to offer assistance in eating where necessary, discreetly, sensitively and individually;
- The Provider shall ensure that independent eating is encouraged for as long as possible and appropriate cutlery and crockery shall be available to promote this;
- Where a Person is identified as at risk of weight change, for example scoring Medium or High on the BAPEN Malnutrition Universal Screening Tool (MUST), or similar risk assessment, the Provider shall ensure a Provider's Support Plan is implemented detailing the need for food record charts to be completed, monitored and reviewed as appropriate.

3.11.8 **Social interests & hobbies;**

- The Provider shall ensure the Person is offered opportunities for appropriate exercise and physical activity. Staff shall take appropriate action to support the Person to join such activities, where they choose to, while considering any mitigating action required as a result of the Person's risk assessment, where appropriate;
- The Provider shall ensure that the routines of daily living and activities made available to the Person are flexible and varied to suit the Person's expectations, preferences and capacities;
- The Provider shall ensure the Person has the opportunity to exercise their choice in relation to:
 - leisure and social activities and cultural interests;
 - food, meals and mealtimes;
 - routines of daily living;

- leaving the Home and accessing the community;
- personal and social relationships;
- religious observance.
- The Provider shall ensure the Person's interests are recorded and they are given opportunities for stimulation through leisure and recreational activities in and outside the Home which suit their needs, preferences and capacities;
- The Provider shall undertake a risk assessment for activities, where appropriate;
- The Provider shall ensure that up to date information about activities is provided to the Person in formats appropriate to their chosen method of communication.

3.11.9 **Religious, cultural and emotional needs;**

- The Provider shall ensure that the Person's religious, cultural and emotional needs are recognised and accepted within every element of care offered and that the Person receives a sensitive response from Staff;
- The Provider shall ensure that Staff are aware of the religious and cultural needs and requirements of People from specific ethnic, religious and cultural groups and reflect this in the delivery of the Service;
- The Provider shall ensure that Staff providing support are acquainted with any specific requirements associated with personal care, hair care, dress, emotional and religious needs, e.g. days of significance and fasting, and customs;
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- The Provider shall ensure that particular attention is given to assist the Person with any feelings of grief they may have in relation to their loss of ability and bereavements, but also fear and anxiety about the future;
- The Provider shall ensure that where a Person wishes to maintain religious worship, assistance to contact the appropriate church/religious advisor is offered and given.

3.11.10 **Carer and family involvement, personal relationships and other social contacts/relationships.**

- The Provider shall ensure information is available for relatives, friends and representatives of People regarding the Home's policy on maintaining relatives and friends' involvement and this is made available when the Person moves into the home;
- The Provider shall ensure Staff acknowledge existing personal relationships, respecting gay, lesbian and trans-gender relationships as they would heterosexual relationships, if in accordance with the Person's wishes;
- The Provider ensures that any Person who wishes to discuss their personal relationships with Staff do so safe in the knowledge that they will not be discriminated against as a result of the information they share and that Staff are trained to meet any cultural or relationship needs that may be disclosed to them;
- The Provider shall ensure that People and their relatives and friends are informed of how to contact external agents (e.g. advocates), who will act in their interests;
- The Provider shall ensure that the Person is able to have visitors at any reasonable time and links with the local community are developed and/or maintained in accordance with Person's preferences;
- The Provider ensures that the Person can receive visitors in private and can choose whom they see and do not see. Staff shall not impose restrictions on visits except when requested to do so by People, whose wishes are recorded, or where a Best Interest decision determines access should not be granted to an individual or where legal restrictions are in place.

3.11.11 **Mental capacity and cognition;**

The Provider shall ensure that People are encouraged and supported to make choices about the Service they receive and that People are encouraged and

supported to be involved in any decisions which affect them, for example participating in the development of Provider's Support Plans.

- The Provider shall promote self-care and independence, ensuring that People can take control over their daily life, regardless of the scale of the impact, recognising that a choice made by a Person which may seem minor could be a major achievement for someone else.
- The Provider shall ensure that Staff have undertaken appropriate training in relation to the Mental Capacity Act 2005 and understand the impact on daily living. The Provider shall ensure that Staff understand when capacity assessments must be undertaken and used in accordance with legislation and procedures.
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- If there is reasonable belief that the person lacks the mental capacity for a particular decision then a capacity assessment must be undertaken. Where there is potential for a Person's capacity to fluctuate the Provider shall ensure that capacity assessments are completed at different times of the day to identify whether there is potential for the Person to make decisions, for example at a specific time of the day.
- The capacity assessment must provide evidence that the service has taken all steps to enable the person to make the decision. The Provider shall ensure that Staff work in line with the 5 principles of the Mental Capacity Act 2005 which are:
- A Person must be assumed to have capacity unless it is established that he lacks capacity;
- A Person is to be deemed to be as able to make a decision unless all practicable steps to help him/her to do so have been taken without success;
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision;
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made in his best interests;
- Before the act is done, or the decision made, regard must be had to whether the purposes for which it is needed can be as effectively achieved in a way that is less restrictive of a person's rights and freedom of action.
- The Provider shall ensure that the Person's psychological health is monitored regularly and recorded. Staff shall promote positive mental health and actively support the Person to engage in appropriate activities, taking into account the Person's wishes and preferences;
- The Provider shall ensure that the policies and practices of the Home ensure that physical and/or verbal aggression by People living in the Home is understood and dealt with appropriately, and that physical intervention is used only as a last resort, in accordance with Department of Health guidance and a policy is in place and appropriate training has been undertaken by Staff;
- The Provider shall ensure that any Best Interest decision is topic specific and recorded in sufficient detail to justify how the decision was arrived at;
- The best interest assessment must show: that family/friends have been consulted and their views taken into account, where there is no one to consult there should be an IMCA or advocate involved in the decision.
- The best interest decision must if at all possible show different options and the pros and cons of each option. It must also discuss which is the least restrictive option.
- The views of the person must be included in the best interest decision.
- The best interest decision must show the reason for the decision and if the views of the person could not be followed the reason for this.
- There should be a review date and this should be reviewed regularly

- The Provider shall ensure that where a Person lacks capacity to be involved in support planning and there is no suitable representative this is recorded and the Council is notified in writing, including details of how decisions are being made;
- The Provider shall ensure that Staff can recognise the possible signs of cognitive issues and understand why depression, delirium and age related memory impairment may be mistaken for dementia;
- Where the Person is in receipt of secondary mental health services or subject to requirements under the Mental Health Act 1983, the Provider's Support Plan shall take this into account fully;
- Where the Provider is informed that a Lasting Power of Attorney is in place, either for Health & Welfare or Property and Financial Affairs, the Provider ensures that a copy is obtained and retained on the Person's file to ensure that it is relevant and registered with the Office of the Public Guardian;
- The Provider shall ensure that the Person's right to participate in the political process is upheld, for example, by enabling them to vote in elections, where appropriate;
- Each person who lacks capacity to consent to care and support have had a DoLS application made if they are under continuous supervisions and control and are not free to leave.

3.11.12 Mobility and dexterity, including moving and handling, physical environment, risk of falls and physical activity;

- The Provider shall have a policy and procedure which covers mobility and dexterity which includes areas such as moving and handling, promoting mobility, risk of falls and physical activity where possible, etc.;
- The Provider shall ensure that each Person, where relevant, has an individual moving & handling assessment and risk assessment;
- The Provider shall ensure that Staff receive training on how to complete the risk assessment before they undertake any assessments themselves. This training shall be provided by a suitably qualified person;
- The Provider shall ensure that Staff complete a basic falls risk assessment and, where appropriate, complete an onward referral to an appropriate health professional;
- The Provider shall ensure that all Staff assisting with dressing, fitting of callipers, artificial limbs and other appliances, are aware of the effect of any illness and physical impairment of the Person and assist without causing discomfort;
- Staff shall routinely clean and visually check and record the condition of relevant equipment such as hoists, etc. each time they use the equipment and take appropriate action where a defect is noted;
- Where hoists are used the Provider shall ensure that the appropriate number of Staff are available to provide support to the Person, in line with the Occupational Therapists assessment;
- The Provider shall ensure that any Person using equipment to aid their mobility, e.g. a wheelchair, walking frame, is supported in its use and any adaptations are used correctly, i.e. footplates on wheelchairs;
- Where a Person persists in refusing to use equipment appropriately, i.e. refusing to use the footplates on a wheelchair, the Provider shall ensure this is communicated to the SCA/SCC immediately so that safe practice may be agreed.

3.11.13 Medication management;

- The Provider shall have in place, and shall ensure staff adhere to, a medication policy which includes the receipt, recording, storage, handling, administration and disposal of medicines. The Provider shall ensure that People are able to take responsibility for their own medication if they wish, within a risk management

framework;

- The Provider shall ensure that the Person, following completion of a risk assessment supporting self-administration of medication, has a lockable space in which to store medication, to which suitably trained, designated staff may have access with the Person's permission. The Provider ensures the risk assessment is reviewed regularly to ensure its ongoing relevance;
- The Provider shall ensure that records are kept of all medication received, administered and leaving the home or disposed of to ensure that there is no mishandling. The Provider shall ensure an accurate record is maintained of current medication for each Person (including those self-administering);
- The Provider shall ensure that staff record the receipt, administration and disposal of Controlled Drugs in a Controlled Drugs register;
- The Provider shall ensure that Controlled Drugs administered by Staff are stored in a metal cupboard, which complies with the Misuse of Drugs (Safe Custody) Regulations 1973;
- The administration of Controlled Drugs is witnessed by another designated, appropriately trained member of Staff;
- The Provider shall ensure that medicines managed by the Home are handled according to the requirements of the Medicines Act 1968, guidelines from the Royal Pharmaceutical Society, the requirements of the Misuse of Drugs Act 1971 and that nursing staff abide by the Nursing & Midwifery Council Standards for Medicines Management;
- The Provider shall ensure that the training of Staff is in line with current best practice and shall include:
 - basic knowledge of how medicines are used and how to recognise and deal with problems in use;
 - the principles behind all aspects of the Provider's policy on medicines handling and records.
- The Provider shall ensure that medication, including Controlled Drugs, for People receiving nursing care (except those for self-administration) are administered by a medical practitioner, registered nurse or designated and appropriately trained Staff.
- The Provider shall ensure that in residential care homes medication, including Controlled Drugs, (except those for self-administration and those to be administered by a medical practitioner) are administered by designated and appropriately trained Staff;
- The Provider shall ensure that Staff providing assistance and administration of prescribed medication have been formally assessed and judged to be competent and are skilled in this regard in advance of undertaking the task;
- The Provider shall ensure that in a nursing home, a nurse is working on site at all times of the day and night, unless specifically agreed with the Council, in advance, and confirmed in writing;
- Staff shall monitor the condition of People taking medication and contact the GP if they are concerned about any change in condition which may be a result of medication, and Staff shall prompt the review of medication on a regular basis. Staff shall be aware of potential side effects of medication or know how to access this information;
- The Provider shall ensure that medication audits and Staff competency assessments are undertaken on a regular basis. The Provider shall ensure that the audit includes medication storage, records and documentation and reconciliation. The Provider may undertake themed audits focussing on one of these areas on a rotation basis. The Provider ensures that Staff competency assessments ensure that Staff

demonstrate that they are following good practice;

- The Provider shall maintain an up to date record of Staff who are trained in the administration of medication. The Provider shall ensure that a list of Staff signatures used on MAR charts is maintained and corresponds to the list of Staff signatures of the MARs charts and is available for monitoring purposes.
- The Provider shall ensure that Staff support and encourage the Person to access their seasonal flu vaccination, liaising with the Person's GP to arrange an appointment, where appropriate;
- When a Person dies, the Provider shall ensure that medication shall be retained for a period of seven days in case there is a coroner's inquest. At the end of this period the Provider shall ensure the destruction, or return to the pharmacy, of unused medication following their usual procedure;
- Where the Council has concerns regarding medication management they may request that a representative of the Pharmacy Team be involved in a Baseline Assessment Visit. Similarly, the Provider may be advised to contact the Pharmacy Team to request an audit visit. The Provider shall ensure that any recommendation made by the Pharmacy Team shall be actioned within a reasonable timescale.

3.11.14 Personal safety and risk;

- The Provider shall ensure that an environmental risk assessment is undertaken to ensure that any risks are identified and mitigated, where possible. The Provider shall ensure that the environmental risk assessment is reviewed on a regular basis and at least annually;
- The Provider shall ensure that Staff notify the Person of any alleged loss of money, property or breakage of property. If appropriate, this information will be shared with the Person's representative;
- In the case of loss of money or belongings the Provider shall consider whether a safeguarding concern should be raised and shall take further action, as appropriate, including informing the Police after gaining consent from the Person;
- The Provider shall ensure that the Person may hold a key for their own room so that they may lock the door when they are not in the room or may choose to lock the door for privacy overnight. The Provider shall undertake a risk assessment and any risks identified shall be discussed with the Person. The Provider shall also ensure that a master key is available so that access to the room may be gained, for example during the night to undertake checks on the Person or to facilitate the evacuation of the building in the case of fire.

3.11.15 Death and dying including end of life care;

- The Provider shall ensure that policies and procedures for handling dying and death are in place, observed by Staff and regularly reviewed to ensure they are effective;
- The Provider shall ensure that a process is in place to identify training needs for Staff taking into account the four core common requirements for workforce development (communication skills, assessment and Support Planning, advance care planning and symptom management) as they apply to end of life care, particularly for Staff directly involved in discussing end of life issues with People and their families;
- The Provider shall ensure that the Person's wishes concerning death and dying and arrangements after death are discussed, recorded and carried out. The Provider shall ensure that People are encouraged to make choices and decisions about their preferred options including treatment, pain management, involvement of family and friends, etc.;
- The Provider shall ensure that the Person's needs are assessed on an ongoing basis and changes are recorded to reflect changing needs and views of the individual;
- The Provider shall ensure that Staff understand that discussions about death and

dying and arrangements after death may take some time and be held over a period of time, responding to the Person's wish to discuss the matter. If the Person indicates that they are ready to have a discussion regarding death and dying Staff shall make time for the Person. If the Person expresses their wishes Staff shall record this in the Provider's Support Plan and ensure other Staff are aware, together with the Council and relatives, where appropriate;

- The Provider shall ensure that people who are dying will be entered on to an end of life care pathway. Staff shall engage in dialogue with relevant healthcare professionals regarding end of life care and support needs of the Person, including any pre-existing decision records relating to their death;
- The Provider shall ensure it is aware of available end of life care training and shall enable Staff to access or attend appropriate programmes, dependent on their identified training needs;
- Staff shall ensure that a Person's death is handled with dignity, and their spiritual needs, rites and functions observed. A keyworker will be allocated to take the lead and co-ordinate support on behalf of the Person;
- The Provider shall ensure that the privacy and dignity of the Person who is dying are maintained at all times. Staff ensure that People are able to spend their final days in their own rooms, surrounded by their personal belongings, unless there are strong medical reasons to prevent this. The Provider shall ensure care and comfort will be given to the Person who is dying. Staff shall ensure that the Person receives appropriate attention and pain relief in a timely fashion;
- The Provider shall ensure that processes are in place to review all transfers into and out of the Home for People approaching the end of life. The Provider shall ensure arrangements are in place ensure the minimum unnecessary disruption to the care, treatment, support and accommodation of the Person;
- The Person's family and friends are involved (if that is what the Person wants) in planning for and dealing with increasing infirmity, terminal illness and death. Staff will enable relatives and friends of a Person who is dying to stay with him/her, unless the Person makes it clear that they do not want them to, for as long as they wish;
- The Provider will ensure that Staff and People who wish to offer comfort to a Person who is dying are enabled and supported to do so, if that is what the Person who is dying wants;
- The Provider shall ensure end of life care, practical assistance and advice, and bereavement counselling are provided by trained professionals /specialist agencies if the Person wishes;
- The Provide shall ensure that the changing needs of People with deteriorating conditions or dementia, for personal support or technical aids, are reviewed and met swiftly to ensure the Person retains maximum control over their daily life;
- The Provider shall ensure that the body of a Person who has died is handled with dignity, and time is allowed for family and friends to pay their respects. The Provider shall ensure that the Provider's Support Plan, detailing how their body and possessions are to be handled after their death, will be followed;
- The Provider shall ensure that other people in the Home will be supported following the death of a fellow Person in the Home.

4. Equipment

4.1 The Provider shall ensure that any equipment required to enable the delivery of the Service is supplied by the Provider in a timely fashion and the cost will be met by the Provider.

4.2 The Provider shall ensure that all equipment is maintained and in good working order on

an ongoing basis.

4.3 The Provider shall ensure that all equipment is clean and fit for purpose.

5. Personal Property, Finance & Gifts

5.1 The Provider shall ensure that personal autonomy and choice is promoted with all People living in the home. People handle their own financial affairs for as long as they wish to and as long as they are able to and have the capacity to do so.

5.2 The Provider shall ensure that People are entitled to bring personal possessions with them, the extent of which will be agreed prior to admission.

5.3 The Provider shall ensure that Staff treat the Person's personal property with care and respect and that Staff understand that what may appear to be of little value to them may have significant personal value to the Person.

5.4 The Provider shall ensure that any item belonging to the Person is only disposed of with the Person's permission. Any discussion regarding disposal of property shall be recorded in daily records

5.5 If any of the Person's property, including accumulated property, is causing a hazard, Staff shall inform the SCA/SCC.

5.6 The Provider shall ensure that there are clear procedures in place in relation to the handling of client's money, gifts & bequests.

5.7 The Provider shall ensure that the procedure for handling the Person's money includes, but is not limited to, the need for:

- written records of all transactions;
- receipts are given to the Person detailing the amount of money they have given to Staff for items, such as shopping; and
- a record of change given together with receipts detailing what has been purchased and spent.

5.8 The Provider shall ensure that, where possible, Staff do not have access to the Person's debit/credit card and PIN (Personal Identification Number).

5.9 The Provider shall ensure that where the Person has capacity and agrees with the Provider that they undertake tasks which require access to the Person's debit/credit card and PIN the Provider has in place procedures to ensure a risk assessment is undertaken together with a signed written agreement between the Person and the Provider, prior to these tasks being completed. The Person shall be made aware that this arrangement is at their own risk and the Council is not liable for any losses and any disputes will be dealt with between the Person and the Provider. In all instances the Provider shall make the SCA/SCC aware of any financial arrangement made between the Person and the Provider.

5.10 The Provider shall ensure that the procedure for gifts and bequests includes, but is not limited to:

- the non-acceptance of gifts or gratuities from the Person or their representatives over a minimal value of, for example, £10, and only as a one-off gift;
- Repeat gifts and monetary gifts must be returned;
- Staff are not to be beneficiaries of the Person's (or their representative's) Will;
- that the Person is strongly advised to obtain independent advice in relation to making a Will if they raise the topic with Staff.

5.11 The Provider shall ensure information regarding the procedure for gifts and bequests is included in the Client Guide so that the Person is aware that Staff will be unable to accept gifts, therefore minimising the potential for offence to be caused by Staff having to refuse or return a gift or bequest.

5.12 When it is apparent that the Person is not coping with the day to day management of their finances the Provider shall notify the SCA/SCC immediately.

5.13 Where the money of individual People is handled, the Provider shall ensure that the

personal allowances of these People are not pooled and appropriate records and receipts are kept. Separate bank accounts shall be maintained for each person.

5.14 The Provider shall ensure that where the Registered Manager has been appointed as agent for a Person where no other individual is available:

- the Council is aware, where funding the placement;
- records are kept of all incoming and outgoing payments.

5.15 The Provider shall ensure that where the Registered Manager is to be an appointee for benefits purposes, the Department of Work & Pensions shall be given appropriate notice and is notified when staffing changes occur, with relevant documentation contained on file.

5.16 The Provider shall ensure that secure facilities are provided for the safe-keeping of money and valuables on behalf of the Person, i.e. use of a safe. The Provider shall ensure clear and accurate records and receipts are kept of possessions handed over for safe keeping.

6. Environment

6.1 The Provider shall ensure that the location and layout of the Home is suitable for its stated purpose. The Provider shall ensure that it is accessible, safe, well-maintained, clean and meets Peoples' individual and collective needs in a comfortable and homely way.

6.2 The Provider shall ensure that the premises are kept clean, hygienic and free from offensive odours throughout and the Provider shall have in place robust systems to control the spread of infection, in accordance with relevant legislation and published professional guidance.

6.3 The Provider shall ensure a programme of routine maintenance and renewal of the fabric and decoration of the Home is produced and implemented with records kept.

6.4 The Provider shall ensure that the grounds surrounding the Home are kept tidy, safe, attractive and accessible to People living in the Home, and allow access to natural sunlight.

6.5 Where there is outdoor space, the Provider shall ensure that it is accessible to those in wheelchairs or with other mobility problems, with seating designed to meet the needs of all people including those with physical, sensory and cognitive impairments.

6.6 The Provider shall ensure that the building complies with the requirements of the local Fire Service and Environmental Health department. The Provider shall ensure that accurate and up to date Fire Risk Assessments and Safer Food: Better Business records are in place and are maintained.

6.7 The Provider shall ensure that the use of CCTV cameras is restricted to entrance areas for security purposes only and does not intrude on the daily life of people in the Home.

6.8 The Provider shall ensure that communal space is available which includes:

- rooms in which a variety of social, cultural and religious activities can take place;
- People can meet visitors in private;
- dining room(s) to cater for all People;
- a smoke-free sitting room.

6.9 The Provider shall ensure that furnishings of communal rooms are domestic in character and of good quality, and suitable for the range of interests and activities preferred by People, with sufficient space to enable safe practices.

6.10 The Provider shall ensure that People living in the Home have access to all parts of the Home's communal areas and the Person's private space, through the provision of ramps and passenger lifts, where required to achieve this, or stair/chair lifts where they meet the assessed needs of People.

6.11 The Provider shall ensure that in communal areas, such as lounges, where call systems are used, furniture shall be placed appropriately so that access to the call system is not restricted. If this is not possible the Provider shall ensure that a staff member is present at all times.

- 6.12 The Provider shall ensure the Home provides grab rails and other aids in corridors, bathrooms, toilets, communal rooms and, where necessary, in Person's own accommodation.
- 6.13 The Provider shall ensure that aids, hoists, assisted toilets and baths and other equipment are installed which are capable of meeting the assessed needs of People. Servicing of equipment shall be the responsibility of the Provider and records will be maintained, by the Provider and made available to the Council upon request.
- 6.14 The Provider shall ensure that doorways into communal areas, People' rooms, bathing and toilet facilities and other spaces, are of a width sufficient to allow adequate access when using wheelchairs. The Provider shall ensure that en-suite facilities in rooms accommodating People using wheelchairs or other aids, are accessible to them.
- 6.15 The Provider shall ensure that the lighting in communal rooms is domestic in character, sufficiently bright and positioned to facilitate reading and other activities.
- 6.16 The Provider shall ensure that where People have chosen to share a room, screening is provided to ensure that their privacy is not compromised when personal care is being given or at any other time. Staff shall evidence discussions with NYCC and the Person regarding the sharing of a room, including any appropriate capacity assessments.
- 6.17 The Provider shall ensure that when a place becomes vacant in a shared room, the remaining Person has the opportunity to choose not to share, by moving into a different room if necessary.
- 6.18 The Provider shall ensure that toilet, washing and bathing facilities are provided to meet the needs of People living in the home and have appropriate signage so that People with a cognitive impairment can identify the purpose of the room, where appropriate.
- 6.19 The Provider shall ensure that each Person has a toilet within close proximity of his/her private accommodation.
- 6.20 The Provider shall ensure that facilities, including communication aids (eg a loop system), and signs are provided to assist all People, taking account of their individual needs.
- 6.21 The Provider shall ensure that storage areas are provided for aids and equipment, including wheelchairs, to ensure they do not inhibit ease of movement throughout the home or prevent access to or egress from the building.
- 6.22 The Provider shall ensure that call bell systems with an accessible alarm facility are provided in every room and are within easy reach of the Person when they are in bed or seated in their room, the use of which, by the Person has been risk assessed and recorded by the Provider. Where a Person cannot use a call system for any reason a the Provider shall ensure the Provider's Support Plan is in place to ensure that a mechanism, is in place which enables the Person to obtain assistance when required.
- 6.23 The Provider shall ensure that the Home provides private accommodation for each Person which is furnished and equipped to assure comfort and privacy, and meets the assessed needs of the Person.
- 6.24 The Provider shall ensure that individual bedroom layout ensures that there is room on either side of the bed, to enable access for carers and any equipment needed.
- 6.25 The Provider shall ensure that equipment, including specialist beds, where assessed as required for the Person, is provided in a timely fashion by the Provider, who will be responsible for its on-going maintenance.
- 6.26 The Provider shall ensure that the Person's room is carpeted or has another appropriate floor covering.
- 6.27 The Provider shall ensure that doors to the Person's private accommodation is fitted with locks suited to the Person's capabilities and ensures accessibility of Staff in emergencies. People are provided with keys unless the Provider has undertaken a relevant risk assessment which identifies this to be inappropriate.
- 6.28 The Provider shall ensure that the Person has a lockable storage space for medication,

money and valuables and the Person is provided with the key which he or she can retain (unless the reason for not doing so is explained in the Provider's Support Plan and risk assessment).

- 6.29 The Provider shall ensure that the Person can access their own private accommodation at any time without the need to seek consent from Staff, unless otherwise detailed within the Provider's Support Plan.
- 6.30 The Provider shall ensure that the heating, lighting, water supply and ventilation of Peoples' accommodation meet the relevant environmental health and safety requirements and the needs of People living in the Home.
- 6.31 The Provider shall ensure emergency lighting is provided throughout the home to promote safe exit in an emergency and emergency exits are clearly marked.
- 6.32 To prevent risks from scalding, the Provider shall ensure pre-set valves of a type unaffected by changes in water pressure and which have fail safe devices are fitted locally to provide water close to 43°C. If this is not in place the Provider shall ensure that Staff record the temperature of water in baths or sinks prior to use.
- 6.33 The Provider shall ensure that laundry facilities are sited so that soiled articles, clothing and infected linen are not carried through areas where food is stored, prepared, cooked or eaten and do not intrude on People living in the home unless there is no reasonable alternative.
- 6.34 The Provider shall ensure hand washing facilities are prominently sited in areas where infected material and/or clinical waste are being handled.
- 6.35 The Provider shall ensure that policies and procedures for control of infection include the safe handling and disposal of clinical waste; dealing with spillages; provision of protective clothing; hand washing and reflect relevant good practice and guidance.
- 6.36 The Provider shall ensure that the Home has a sluicing facility and, in care homes providing nursing, a sluicing disinfectant.
- 6.37 The Provider shall ensure that any sluices provided are located separately from People's toilet and bathing facilities and are used solely for this use and not as part of a general storage area.

7. Recruitment

- 7.1 The Provider shall ensure that the Service operates a thorough recruitment procedure based on equalities and ensuring the protection of people receiving the Service.
- 7.2 The Provider shall ensure that recruitment procedures consider how to ensure a balance of male and female Staff to respond to the choice requirements of People.
- 7.3 The Provider shall ensure that candidates complete an application form in advance of attending for interview.
- 7.4 The Provider shall ensure that all candidates are asked the same questions and that areas of questioning include previous relevant experience, dignity and respect and knowledge of the client group. A copy of the interview questions and responses will be retained and gaps in employment shall be explored and recorded.
- 7.5 The Provider shall ensure that two written references are obtained before commencing employment of a member of Staff. If the most recent employer reference is not care related a reference shall also be sought from a previous employer in the care industry, where possible.
- 7.6 The Provider shall ensure that new Staff are confirmed in post only following completion of an Enhanced DBS Check. NMC and DBS Adult First checks will be undertaken, where appropriate, and in accordance with relevant guidance.
- 7.7 The Provider shall ensure that Staff are employed in accordance with the Code of Conduct and practice set by the Health & Care Professions Council and are given copies of the code.
- 7.8 The Provider shall ensure that all staff receive a contract of employment which includes details of their hours of work, pay levels, leave entitlement, standards of conduct, etc.

The contract of employment shall be signed by both Staff and Provider.

- 7.9 The Provider shall ensure that the recruitment and selection process for any volunteers involved in the Home is thorough and includes DBS checks, where appropriate following relevant guidance.

8. Staffing

- 8.1 The Provider shall ensure Staffing numbers and skill mix of qualified/unqualified staff are appropriate to meet the assessed needs of the People receiving the Service, the size, layout and purpose of the Home at all times and a system is operated for calculating Staff numbers required, in accordance with guidance recommended by the Department of Health.
- 8.2 When considering the use of apprentices the Provider shall consider the impact on continuity of support, continuity of Staff and the apprentice's level of competence.
- 8.3 The Provider shall ensure that a staff rota is recorded showing which Staff are on duty at any time during the day and night and in what capacity. Staff shall be clearly identifiable from the detail included in the rota. Rotas shall clearly indicate where Staff are being supervised, for example during induction, or where they are offering 1:1 support to an identified Person and who is the trained first aider.
- 8.4 There are waking night staff, where appropriate, on duty in numbers that reflect the numbers and needs of People and the layout of the Home. In care homes providing nursing this includes registered nurse(s).
- 8.5 The Provider shall have in place a clear policy regarding expectations of Staff including, for example, appropriate behaviour while delivering the Service, professional boundaries, confidentiality, whether Staff may sleep when working during the night, domestic duties to be undertaken, etc.
- 8.6 The Provider shall ensure Staffing numbers are sufficient to fully meet standards relating to food, meals and nutrition.
- 8.7 The Provider shall ensure that Staff are aware of family dynamics, topics which can cause anxiety or upset the Person and how to better support the Person if they are upset or unwell. Staff shall be supportive and respectful of relatives and friends while maintaining their focus of attention on the Person.
- 8.8 The Provider shall ensure that Staff are flexible in the support they are providing as the Person's requirements will differ from day to day. Also, those with long term conditions may have fluctuations in their abilities and requirements on a daily basis.
- 8.9 The Provider shall ensure that Staff understand the importance of their role in the Person's life. Sometimes they may be a main contact the Person has that day and therefore their influence in the Person's life is crucial. If Staff are in low mood this will impact on the mood of the Person. In the case of the Person, Staff may be the only people they see and they may dwell on the needs of Staff rather than being the focus of the Service delivered. Staff need to be mindful of what they are discussing with the Person, avoiding the urge to discuss their private lives in detail or to share day to day complaints about home, work, etc.

9. Staff Training and Supervision

- 9.1 The Provider shall ensure that Staff work in line with the Skills for Care Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England and their performance in this regard shall be considered during supervision and appraisal.
- 9.2 The Provider shall ensure that the employment policies and procedures adopted by the Service and its induction, training and supervision arrangements are put into practice.
- 9.3 The Provider shall ensure that there is a Staff training and development programme which meets Skills for Care National Minimum Training Standards for Healthcare Support and Adult Social Care Workers in England and ensures Staff fulfil the aims of the Service and meet the changing needs of People.

- 9.4 The Provider shall ensure that all Staff receive induction training in line with the Skills for Care induction standards within 12 weeks of appointment to their posts, including training on the principles of care, safe working practices, the organisation and worker role, the experiences and particular needs of the client group, and the influences and particular requirements of the Service.
- 9.5 The Provider shall ensure that office based Staff receive training relevant to their role including, where appropriate, dementia awareness.
- 9.6 The Provider shall ensure that all Staff, including office based staff, receive training in empathy and communication to enable them to offer the best possible service and support to the Person. The Provider shall ensure that all Staff can be clearly understood, taking into account where Staff or People may have strong accents and the impact of this on those with hearing impairment in particular.
- 9.7 The Provider shall ensure that all Staff receive a minimum of three paid days training per year (including in house training), and have an individual training and development assessment and profile.
- 9.8 The Provider shall evidence identified training needs, when due and when completed using a clear format, e.g. a training matrix.
- 9.9 Where a Service has a specialism, the Provider shall demonstrate that Staff have received sufficient training to meet the needs of the People receiving the Service. For example, all Staff in a care home for older people will have completed Dementia Awareness Training. Staff in a care home with a specialism of dementia will receive more detailed training relating to Dementia.
- 9.10 Similarly, the Provider shall ensure that where the Service has a specialism of physical disability they would be expected to have received more detailed training than basic awareness of physical disability.
- 9.11 The Provider may access training provided by the Council, both venue based and online e-learning.
- 9.12 Where Staff do not access the Council's Safeguarding training the Provider shall ensure that the Safeguarding training provided specifically reflects the North Yorkshire Multi Agency Safeguarding Policy and North Yorkshire Safeguarding Adults Concerns form.
www.northyorks.gov.uk/media/4419/Safeguarding-adults---inter-agency-alertreferral-form-SA-A/doc/SA_A_Inter-Agency_Safeguarding_Adults_Alert_Referral_Form_April_2013.doc
- 9.13 The Provider shall ensure that Staff receive formal, recorded supervision at least 6 times a year. This may include team supervisions via staff meetings to a maximum of 50% of their supervision.
The Provider shall ensure supervision covers:
- all aspects of care practice;
 - philosophy of care in the Home;
 - career development needs;
 - Practical aspects of the job role;
 - Skills for Care Code of Conduct.
- 9.14 The Provider shall ensure that all other Staff are supervised as part of the normal management process on a continuous basis.
- 9.15 The Provider shall ensure that the competencies of Staff are assessed regularly and the Provider shall evidence that this is completed and appropriate action taken where Staff performance is unsatisfactory.
- 9.16 The Provider may access the Council's training in relation to Healthy Chat, alcohol brief advice and smoking brief advice, commissioned by the Council's Public Health Team. Staff will complete this training every three years. Additional training in relation to Public Health outcomes may be offered to the Provider, by the Council, during the Term of the

Framework.

- 9.17 The Provider shall ensure that volunteers receive training, supervision and support appropriate to their role and do not replace paid Staff.
- 9.18 The Provider shall ensure that the clinical lead in care homes with nursing will access clinical supervision from an appropriate source outside of the Home and the Provider of the supervision will have previous experience of care home settings.
- 9.19 The Provider shall ensure that Staff are aware of and understand the Providers Whistleblowing policy. Where Staff are unable to raise the issue directly and choose the use the Whistleblowing policy, they are confident that they are supported by the Provider

10. Management & Leadership

- 10.1 The Provider shall ensure that the Registered Manager is qualified, competent and experienced to run the Home and meet its stated purpose, aims and objectives.
- 10.2 The Provider shall ensure that the Registered Manager and other senior Staff are familiar with the conditions/diseases associated with the client group in which the Service specialises.
- 10.3 The Provider shall ensure that there are clear lines of accountability within the Service and with any external management.
- 10.4 The Provider shall ensure that the management approach of the Home creates an open, transparent, positive and inclusive atmosphere.
- 10.5 The Provider shall ensure that the Registered Manager communicates a clear sense of direction and leadership which Staff and People understand and are able to relate to the aims and purpose of the Service.
- 10.6 The Provider shall ensure that there are strategies in place for enabling Staff, People and other stakeholders to affect the way in which the Service is delivered and a commitment is made to equalities in the organisation.
- 10.7 The Provider shall ensure that the Registered Manager complies with any Code of Practice published by the Health and Care Professions Council, setting out standards expected of companies employing social care workers, insofar as the code is relevant to the management of a care home.
- 10.8 The Provider shall ensure the health, safety and welfare of People and Staff.
- 10.9 The Provider shall ensure that Safety procedures are posted, and explained, in formats that are easily understood and take account of People' individual communication needs.
- 10.10 The Provider shall ensure that safe working practices including:
- moving and handling: use of techniques for moving people and objects that avoid injury to People or Staff;
 - fire safety: understanding and implementation of appropriate fire procedures;
 - first aid: knowledge of how to deal with accidents and health emergencies; provision of a first aid box and a qualified first aider on shift at all times; and recording of all cases;
 - food hygiene: correct storage and preparation of food to avoid food poisoning, including labelling and dating of stored food;
 - infection control: understanding and practice of measures to prevent spread of infection and communicable diseases.
- 10.11 The Provider shall ensure that there is in place a written statement of the policy, organisation and arrangements for maintaining safe working practices.
- 10.12 The Provider shall ensure that risk assessments are carried out for all safe working practice topics and that significant findings of the risk assessment are recorded.
- 10.13 The Provider shall ensure that all accidents, injuries, near misses and incidents of illness or communicable disease are recorded and reported for both Staff and People.
- 10.14 The Provider shall ensure that management planning and practice encourage innovation, creativity and development.

- 10.15 The Provider shall have in place a Whistleblowing policy which is promoted with Staff. Where Staff have chosen to Whistleblow the Provider shall support them, protects their anonymity and ensures that Staff do not suffer any detriment by accessing the policy. Where the Provider does not know the identity of the Whistleblower the Provider accepts Staff choice to access the policy and does not make any attempt to identify the Whistleblower.
- 10.16 The Provider shall ensure suitable accounting and financial procedures are adopted which demonstrate current financial viability and ensures effective and efficient management of the Service.
- The Provider shall have a strategic approach to workforce planning and development, with effective staff retention strategies and recruitment. This shall be evidenced in a Workforce Plan recording actions planned, achievements and details of the positive impact on the Service.
 - The Provider shall ensure that Staff retention strategies include fair and comprehensive terms and conditions for Staff, adherence to the payment of the National Minimum Wage/ Living Wage Stakeholder Pensions, etc.
 - The Provider shall ensure full compliance with the Department of Health guidance on collecting data on the social care workforce including populating the National Minimum Data Set for Social Care (NMDS-SC) for their Service and completion of worker records.
- 10.17 The Registered Manager shall provide clear leadership to staff to ensure that the service delivered is of a high quality
- 11. Protection**
- 11.1 The Provider shall ensure that People are safeguarded from physical, financial or material, emotional or sexual abuse, neglect, discriminatory abuse, inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policies.
- 11.2 The Provider shall ensure that the Home's safeguarding policy makes reference to and reflects the North Yorkshire Multi-Agency Safeguarding policy. Where a Safeguarding Concern is to be submitted Staff shall use the Council's published Safeguarding Concern Form.
- 11.3 The Provider shall ensure robust procedures for responding to suspicion or evidence of abuse (including whistle-blowing) are in place to ensure the safety and protection of People, including passing on concerns to the Care Quality Commission in line with the Public Interest Disclosure Act 1998 and Department of Health (DH) guidance No Secrets.
- 11.4 The Provider shall ensure that all allegations and incidents of abuse are followed up promptly in line with the North Yorkshire Multi Agency Safeguarding Policy and action taken is recorded by Staff.
- 11.5 The Provider shall ensure that Staff participate in safeguarding meetings, when required. The Provider is aware that these meeting may be called at short notice due to the need to take action to protect vulnerable people and shall take all reasonable steps to ensure attendance by appropriate Staff, who understand their role in the meeting.
- 11.6 The Provider shall ensure that Staff who may be unsuitable to work with vulnerable adults are referred, in accordance with the Care Standards Act 2000, for consideration for inclusion on the Barring register and to the Nursing & Midwifery Council, as appropriate
- 12. Quality Assurance**
- 12.1 The Provider shall ensure that effective quality assurance and quality monitoring systems, based on seeking the views of People, are in place to measure success in meeting the aims, objectives and Statement of Purpose of the Home.

- 12.2 The Provider shall ensure that feedback is actively sought from People about the Service through client meetings, anonymous user satisfaction questionnaires and individual and group discussions, as well as evidence from records and Provider's Support Plans; and this shall inform planning and reviews.
- 12.3 The Provider shall ensure that the views of family, friends and stakeholders in the community (eg GPs, chiropodist, voluntary organisation staff) are sought on how the Home is achieving outcomes for People.
- 12.4 The Provider shall ensure that there is an annual development plan for the Home, based on a systematic cycle of planning - action - review, reflecting aims and outcomes for People.
- 12.5 The Provider shall ensure that there is continuous self-monitoring, using an objective, reviewed and verifiable method and involving People, and the Provider shall undertake an internal audit at least annually.
- 12.6 The Provider shall ensure that topic specific audits are regularly completed to allow trends to be identified, changes to care practices to be considered and further action to be taken in relation to individual People or Staff, if required. The Provider shall ensure audits include recorded diabetes, falls and injuries in the over 65's including hip fractures, dementia, hospital admissions including emergency hospital re-admissions within 30 days of discharge from hospital, safeguarding, diet and nutrition, incident and accident recording as a minimum. This information will be made available to the Council, upon request.
- 12.7 The Provider shall ensure that Staff demonstrate a commitment to lifelong learning and development for each Person, linked to implementation of the Person's Support Plan.
- 12.8 The Provider shall ensure that People are informed that CQC inspections and Baseline Assessment Visits are being undertaken and People are given access to inspectors and Council staff. The Provider shall ensure that the views of People are made available to CQC inspectors for inclusion in inspection reports.
- 12.9 The Provider shall ensure that action is progressed within agreed timescales to implement requirements identified in CQC inspection reports and Baseline Assessment Visits.
- 12.10 The Provider shall ensure that Policies, procedures and practices are regularly reviewed in light of changing legislation and of good practice advice from the Department of Health, local/health authorities, and specialist / professional organisations.