SCHEDULE 4 – SERVICE SPECIFICATION FOR CARE HOMES WITH AND WITHOUT NURSING SERVICES [2023]

1. Introduction

1.1. This schedule sets out the Service Specification relating to the provision of placements in Care Homes With and Without Nursing for Birmingham City Council and the NHS Birmingham and Solihull ICB (the Commissioners). It describes the service aims, outcomes and standards the Commissioners expect from a service when a service is commissioned and one or both of the Commissioners pays towards that placement. This Service Specification should be read in conjunction with the Flexible Contracting Arrangement terms and conditions and the applicable Individual Service Agreement and Support Plan.

1.2. The provision of Care Homes With and Without Nursing will be delivered in accordance with health and social care policy to all adults. This includes those with complex health needs, the presentation of behaviours that challenge services, mobility needs and physical disabilities; sensory impairment (including acquired brain injury); cognitive impairment; dementia, learning disabilities and/or autism; and mental health needs.

1.3 The Commissioners will expect the service to provide:

- a personalised and responsive service with all staff delivering care being aware of residents personal preferences & agreed outcomes
- care and support that enables the resident to do as much as possible for themselves
- a range of stimulation to meet the individuals needs and wishes
- activities that are meaningful for residents
- equality of opportunity
- choice and the fulfilment of personal ambitions
- protection, dignity and respect
- relationship maintenance
- the meeting of religious, cultural and spiritual needs and wishes
- prevention of hospital admission and / or facilitation of safe discharge

1.4 This will be achieved by enabling the resident to acquire, reacquire and maintain their own skills in line with their agreed outcomes so that they are able to achieve and maintain their potential in relation to physical, intellectual, emotional and social capacity. For the avoidance of doubt, the new ‘principle of well-being’ as defined within the Care Act 2014, recognises that everyone’s needs are different and personal to them and assumes that the individual is best placed to judge their own wellbeing. The Commissioners believe this principle is relevant whatever a resident’s age or complexity of need.

1.5 The provision of outcome based Services will require changes to working practices and we will support Providers to develop new methods of providing this way of working.

2. Service Aims

2.1 This document sets out a specification relating to the provision of Care Homes With and Without Nursing Services by Providers who are registered with the regulatory body to support people who require accommodation with personal and/or nursing care. This document describes the key features of the service being commissioned and should be read in conjunction with the Flexible Contracting Arrangement terms and conditions.

2.2 Service description
The Service will include, as a minimum, the following facilities:

- use of bedroom
- dayrooms / communal areas for example a dining area and gardens
- lighting and heating
- laundry
- all necessary personal and nursing care
- access to personal hygiene facilities
- meal facilities that meet the needs of residents

2.3 Care packages may involve long term care or short term/temporary interventions and should be tailored to meet individual need. The Provider shall deliver the Service as defined in 2.1, including, but not limited to:

- care and support on a 24 hours basis seven days a week in an environment that ensures the residents needs can be met
- if delivering healthcare, 24 hours a day on-site nursing
- ensuring all residents have an individualised care and support plan
- ensuring individual care packages are subject to ongoing review and performance management
- all meals and additional supplementary food or drinks (as appropriate)
- ensuring it uses the Accessible Information Standard (https://www.england.nhs.uk/ourwork/accessibleinfo/)

3. Service Outcomes

3.1 This Service Specification demonstrates the commitment of the Commissioners to work in partnership with Providers to ensure a robust focus on service delivery that achieves optimum outcomes for the resident, in line with the four quality statements (domains) in the Adult Social Care Outcomes Framework and the five NHS Domains.

3.2 The Service outcomes are:

- enhancing quality of life for people with care and support needs including people with long-term conditions to enable residents to retain their independence, identity and sense of value
- ensuring that people have a positive experience of care and support including end of life care
- helping people to recover from episodes of ill-health or following injury
- treating and caring for people in safe environment and protecting them from avoidable harm
- delaying and reducing the need for care and support
- preventing people from dying prematurely

- develop and maintain close links with the community to ensure that the home is a part of the local activities
- delivering care that is safe and that meets the required quality standards at all times

3.3 Each resident should have a care and support plan that is available to all staff delivering care, and that reflects individual outcomes to achieve the service outcomes. The domains and the care and support outcomes will be the standards with which the Commissioners will quality assure the services provided.

3.4 Eligible residents are likely to have a range of individual care and support needs relating to:

- a physical disability and/or restricted mobility
- frailty related to age
- dementia
- long term health conditions
- end of life
- a sensory impairment
- learning disabilities and autism
- mental health needs
- acquired brain injury
- progressive neurological condition, such as motor neurone disease
- attention and conduct disorders
- the presentation of behaviours that can challenge services

This list is indicative and is not exhaustive.

3.5 Provider Support Plan
As a minimum therefore, the Provider Support Plan shall include and not be limited to:

- the desired outcomes identified by and with the resident
- the identified support needs of the resident and the associated tasks required to meet those needs
- how support should be delivered in accordance with the resident's wishes, needs, likes, dislikes, methods of communication, etc.
- how the service will support the resident to achieve their desired outcomes
- involvement of the resident's family, their circle of support and advocates as appropriate
- risk assessments and management/control measures
- links to health action planning
- all relevant manual handling, restraint agreements and behaviour management plans (as appropriate)
- medication support requirements (where residents are able to self-administer this should be clearly recorded and supported so that the they can maintain their independence for as long as possible)
- the timescale for the achievement of any time-bounded outcomes
- regular review arrangements
- details of the partial or full achievement of outcomes

3.6 Service Delivery
The Provider(s) will deliver the service in line with national legislative and regulatory requirements, CQC Essential Standards, best practice and any Commissioner quality standards relevant to this provision. A person centred, outcome based approach will underpin service delivery.

4. Resident Referral Pathway
4.1 Residents may be referred for an eligibility assessment for FNC (including incontinence assessment) via one of the following non-exhaustive routes:

- Birmingham City Council social care and / or housing
- NHS Birmingham and Solihull Integrated Care Board
- Arden and Gem Commissioning Support Unit
- BCHC staff including district nurses, dieticians, physiotherapists, OTs
- Community Mental Health Teams
- Joint Commissioning Team for learning disability
- Coventry and Warwickshire Partnership Trust (including LD)
- Joint Commissioning Team for mental health
- Hospices
- Hospitals including consultants
- Providers within Care Homes With and Without Nursing
- GP
- Forward Thinking Birmingham (CAMHS)

4.2 Birmingham City Council will be responsible for undertaking the assessment of need, developing and coordinating the residents' individual care plan, for monitoring progress and for staying in regular contact with the resident and everyone involved. In line with national guidance the health needs-based assessment will determine eligibility to either FNC or CHC.

4.3 The Providers will be responsible for regularly reviewing a resident's health and well-being requirements and when a change in needs is identified, the appropriate referrals are actioned e.g. a request for or actual completion of a continuing healthcare checklist (if the Provider has been assessed and given trusted assessor status) or a request for a continence assessment / reassessment.

4.4 Currently referrals will not be accepted for clients under the age of 18, unless this is a planned transition (16+). This may change in line with national policy or guidance.

4.5 NHS funding for care is considered under the *National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care November 2012 (Revised 2016 and any future revision)*. The purpose of the National Framework is to provide for fair and consistent access to NHS funding across England, regardless of location, so that individuals with equal needs should have an equal chance of getting their care funded by the NHS. Where an individual is found to be eligible for Continuing Healthcare funding their care needs will be funded by the NHS for the period of eligibility.

4.6 Registered nursing can involve many different aspects of care. It can include direct nursing tasks as well as the planning, supervision and monitoring of nursing

and healthcare tasks to meet individual needs. A resident will receive NHS Funded Nursing Care (FNC) if they have been assessed and are eligible and:

- are resident within a Care Home that is registered to provide nursing care
- do not qualify for NHS Continuing Healthcare but have been assessed as requiring the services of a registered nurse

4.7 In the delivery of the service the Provider will work closely with family, carers or representatives, the Commissioners, Continuing Healthcare Assessment teams, General Practitioners and other relevant professionals, for example, those involved in end of life care. (This list is indicative and is not exhaustive).

5. Service Standards

5.1 The Provider will:

5.1.1 Have a brochure / guide in appropriate formats as to the service provided, available for residents (or potential residents) of the Service, Carers and professionals involved in setting up a Service. Where audio or visual recording devices are in use e.g. CCTV, the Provider should ensure that a potential resident (or current if intending to install) or their representative is aware and has consented to its' use in communal or agreed areas. Where consent is not possible consideration for DoLS should be made prior to use of CCTV. (Refer to CQC website for further guidance). Use of audio and visual recording equipment should be in line with current guidance and legal responsibilities.

5.1.2 Be able to demonstrate that the care and support required by every resident has been discussed with them and has been written down. The care and support plan should be completed by the resident and a suitably qualified and / or experienced member of staff prior to and upon admission. Where involvement of the resident is not possible, for example due to capacity issues, the Provider will ensure the care and support plan has been completed with an appropriate representative or advocate such as NHS Community Services and that continuing use of a clinical assessment tool is included. The care and support plan should be added to according to changing needs and risks but, in addition to that identified in Section 3.5, is to include (this list is indicative and is not exhaustive):

- emotional and psychological and mental capacity
- mobility, falls and frailty including manual handling
- breathing
- behaviour, cognition and communication
- tissue viability
- VTE (Venous Thromboembolism)
- pain
- medication
- nutrition
- continence / incontinence
- washing and dressing and personal and oral hygiene
- cultural and religious

Where applicable additional assessments include:

- end of life care
- rehabilitation requirements following a period of ill health or hospital admission

- nursing home specific National Early Warning System (https://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news)

5.1.3 Be able to demonstrate that the initial assessments have been reviewed monthly or more frequently if needs have changed. The assessments should be updated according to the changing needs of the resident. The Provider will be able to demonstrate escalation processes are in place that supports findings from any assessment.

5.1.4 As far as possible, employ a workforce whose composition is reflective of the local population and ensure that staffing levels and skills mix are appropriate to meet all individual resident's needs.

5.1.5 Meet the resident's assessed mental and physical health, social, personal and cultural needs as detailed within their support/care plan. This may include supporting all aspects of personal care needs and to work in conjunction with multi agency care programme approach that acknowledges and respects people's gender, sexual orientation, age, ability, race, religion, culture and lifestyle.

5.1.6 With reference to the Support Plan, produce a detailed plan in collaboration with the resident and family, of how they will meet assessed needs. This will include details of ongoing reviews. The support plan should aim to maximise residents' self-care abilities and independence by helping and encouraging people to do for themselves rather than having tasks done for them.

5.1.7 Provide social, recreational and occupational activities which enhance the quality of life of residents and encourage participation and maintain autonomy and relationships.

5.1.8 Have mechanisms for resident and family engagement in the running of the home.

5.1.9 Ensure that resident's live in a safe environment and all Infection, Prevention & Control Guidance and legislation is adhered to by meeting the requirements detailed in Prevention and Control of Infection in Care Homes (2014, and any revisions), Standards for Better Health, National Health Service Act 2006, Health and Safety legislation and any appropriate NICE guidelines regarding Infection, Prevention & Control (http://www.nice.org.uk/).

5.1.10 Promote service delivery by trained and competent staff that encourages a preventative approach and maintains health and well-being such as encouraging a healthy diet, participation, and daily communication using appropriate methods including offering access to interpreters as agreed in the support plan. This may involve the use of Champions in areas such as Dementia, Dignity and Respect, or Infection, Prevention & Control. Promote service delivery that supports and ensures nurses are compliant with the NMC code and revalidation requirements.

5.1.11 Support all residents to access primary care services to meet their health needs and ensure that residents are offered the opportunity to access preventative medications such as the annual flu vaccination.

5.1.12 Have a whistleblowing policy and procedure.

5.1.13 Ensure and evidence the resident's satisfaction with the service provided and demonstrate that good practice is celebrated and any issues are acted upon with an agreed outcome reached.

5.1.14 Recognise the intrinsic value of people, regardless of circumstances, by recognising their uniqueness and their personal needs and treating them with respect, in line with Department of Health 'Dignity in Care' policy and End of Life Guidelines, e.g. Gold Standard Framework (http://www.goldstandardsframework.org.uk/) .

5.1.15 Protect the resident's legal rights, and that they have access to an advocate or other representatives if required. This includes applications for a deprivation of liberty (as defined within the Mental Capacity Act 2005 Code of Practice and the Deprivation of Liberty Safeguards Code of Practice), registration for the right to vote, the updating of any identity related documentation such as a passport or the ability to contact a solicitor or other representative to make a will or appoint a lasting power of attorney (LPA) and ensure that the resident or their representative has signed a consent form as detailed in Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11.

5.1.16 Retain responsibility for appropriate resident's escort and supervision until the hospital admits or discharges the resident. When an admission to hospital is required the Provider will ensure that the hospital receives all the relevant information regarding the resident and maintain contact with the hospital throughout the resident's admission. Prior to the resident's discharge from hospital the Provider will review the resident's clinical needs to ensure they can be met by the Provider. In exceptional circumstances when the Provider can no longer meet the clinical needs of the resident, the Provider will notify the Social Worker as soon as possible justifying the rationale for no longer being able to care for the resident.

5.1.17 Upon hospital admission, discharge and / or readmission, the Provider will inform:

- the resident 's next of kin / their representative as soon as possible
- the appropriate Commissioner verbally / via email within 24 hours and in writing within five days
- the resident 's GP within 24 hours
- (if appropriate) the Commissioner, in writing, after admission
- (if appropriate) the Commissioner, of any revisions to the care and support plan
- where applicable, the date of death to the appropriate Commissioner

5.1.18 Following discharge, where appropriate, contribute to an agreed programme of rehabilitation designed to assist resident's to re-establish lost skills, maintain current skills, or develop new skills in personal care and reduce periods of isolation and potential neglect. This may include enabling resident's to assist with tasks around the home. Tasks must not be done for the resident solely in order to save time.

5.1.19 Have a proactive approach to the changing needs of residents due to deterioration in physical or mental health, challenging or forensic behaviour. The Provider, where possible, should be flexible enough to meet such need without the resident having to lose their Service. This may involve increasing support to a resident in periods of temporary variations or fluctuations in their lifestyle or circumstances.

5.1.20 Have access to clinical equipment and / or mobility aids to maximise independence and support safe care. All equipment is issued on loan and for a defined period by the assessing professional. The Provider will ensure that any clinical equipment provided for the resident is:

- managed safely and securely in line with current regulations including relevant training for staff
- operated in line with the manufacturer's instructions
- kept clean and decontaminated as per infection control policies and procedures. Where necessary, when items of equipment need to undergo specialist decontamination, the Commissioners will provide instructions to the Provider
- made available for maintenance by the Commissioners (maintenance will be managed by the Commissioner only), and
- only for use in relation to the named resident i.e. as per the name on the prescription

5.1.21 If the Provider identifies a potential requirement for clinical equipment to be provided by the Commissioner or nominated other, then the Provider will inform the Commissioner and request a review of need(s).

5.1.22 In the event of the resident's condition changing making the equipment no longer necessary or the loan period of the equipment expires, the Provider must advise the Commissioner or equipment loans service within 24 hours in order that arrangements can be made for the equipment's collection.

5.1.23 Encourage networks for carers, whether relatives or friends, and recognise the views of other family members.

5.1.24 Have a range of policies and procedures that comply with all national and local legislation and guidance and these are frequently reviewed. The Provider will make these available to staff through an on-going learning and development programme. The range of policies includes but is not limited to all aspects of support planning and risk assessment and should include a range of operational policies and procedures detailing how the Provider will deliver the service, comply with all legal duties and reporting requirements together with providing quality assurance to the Commissioners.

5.1.25 The Provider will inform the relevant Commissioner of any events which occur in the timeframes stipulated in Appendix B, Quality Requirements and Notifications. Failure to provide notification of the events specified will be considered a breach of contract. Notifiable events will be informed to the relevant person regardless of whether the Provider has any residents placed by the Commissioner(s) at the time of the event.

5.1.26 Where applicable, devise an exit strategy in conjunction with the statutory services for the resident to return to their own home, for example resettlement activities.

5.1.27 The Provider will maintain effective measures for monitoring the capacity and financial stability of the Service and report any issues to their Contract Manager within the appropriate Commissioning Authority.

6. Interdependencies

6.1 Contact with relevant services will vary according to the needs identified in each resident's care plan. However, it is vital that the Provider co-ordinates all relevant services and ensures good communication is maintained and works within the data protection policy of the Council and the ICB. It is vitally important to ensure that the Service is integrated into the end of life care pathway.

6.2 The Provider will ensure that residents have access to the full range of primary healthcare services, e.g. GP, Dentistry, Podiatry, Optician, Nutrition, Chiropody, specialist nursing services including tissue viability, incontinence and district nursing. Travel to and from a required appointment for primary health care services will be accommodated by the Provider. Primary healthcare needs that require frequent health care checks must follow NHS guidance and must be accommodated at no cost to the resident by the Provider or the GP overseeing the care e.g. Diabetic management, such as chiropody care and retinopathy eye screening, as indicated in NICE guidance https://www.nice.org.uk/guidance/ng28

6.3 The Provider will ensure that resident referrals are made in a timely manner and are followed up when a referral is not accepted or actioned.

6.4 The Provider shall advise the Commissioner at any point that it appears that a resident may require an advocacy service, or an Independent Mental Capacity Advocate (IMCA). The Provider shall provide all reasonable assistance and cooperation to the advocacy service or IMCA appointed in respect of any resident including access to all information held in regard of that resident and access to that resident at all reasonable times.

7. Staffing Arrangements

7.1 Providers are required to ensure that all staff are trained and competent to ensure that service delivery remains effective and compliant with the level of service required. Providers should ensure that any training Provider can meet the standards required by the Commissioners. The Provider should maintain a log of all training received and to be received and one that is available for the Commissioners to view upon request.

7.2 The Provider will ensure that all staff recruited from 1st April 2015 onwards have an induction together with on-going training and development in accordance with the Care Certificate (http://www.skillsforhealth.org.uk/images/projects/care_certificate/Care%20Certificate%20Standards.pdf).The Care Certificate is based on 15 Standards that health and social care workers should adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the

confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

7.3 For existing staff recruited prior to this date, the Provider will ensure that all of the principles of the Care Certificate are reflected in their ongoing training and development.

7.4 The Provider will ensure that resources for training and development are made available. This will be through a planned approach and staff have a learning and development plan in place from the point of induction. Staff should be released to attend training as appropriate to their identified training requirements.

7.5 The Provider must be able to demonstrate that staff have access to additional training to enable them to meet the needs of residents. This may include, for example, training in relation to dementia, positive behavioural support, managing specific conditions or specific communication tools. Such training will be provided by accredited organisations and will be evidence based to reflect current specialist and social care and clinical guidance

7.6 The Provider must be able to demonstrate that staff are supported with continuous professional development with access to ongoing training and relevant qualifications available; and time allowed for take-up.

7.7 The Provider shall undertake a training needs analysis for all staff that is reviewed regularly and updated and formulated into staff personal development plans. This will feed into a monitored organisational training and development strategy and identifies when refresher training is required. The programme will enable a flexible response to individual learning needs.

7.8 The Provider will be able to demonstrate assessment of staff competency and performance management and documented evidence is available for inspection.

7.9 In services where qualified nurses and other healthcare professionals are employed, the Provider must ensure that professional registration is maintained and that individual staff are accountable to their professional body.

7.10 The Provider is required to register their establishment/organisation on the Skills for Care National Minimum Data Set (NMDS) and complete their worker records, so as to provide meaningful workforce data. This information should be reviewed and updated regularly, as a minimum, at least once every six months, in order to maintain the accuracy of the data available.

7.11 Details can be found on the Skills for Care Website, NMDS, www.scie-socialcareonline.org.uk/nmds-sc-online/r/a11G00000017yAAIAY

8. Staffing Requirements

8.1 The Provider will ensure that the requirements of this Service Specification and any associated terms are met at all times and that continuity of service is maintained for residents.

8.2 The Provider will ensure that their service hours to staff hour ratio supports service continuity taking into account staff leave and sickness levels. Service continuity and staffing levels will support current services as well as potential new services.

8.3 The Provider will ensure that the service is headed by a CQC registered leader, who provides a role model of best practice to ensure that staff know what is expected of them and motivates them to deliver. The Provider will support the CQC registered leader through appropriate skills acquisition and supervision. The range of skills should include but not limited to:

- management of change including the needs of their organisation
- leadership and the ability to manage and support their workforce
- effective planning and delivery of commissioned intentions
- generic business skills
- financial skills
- co-ordination of outcomes-focused complex care and support packages that require inter-agency liaison

8.4 Additional guidance for a range of management skills can be found here: www.skillsforcare.org.uk/cqcguide and here: http://www.skillsforcare.org.uk/Leadership-management/Registered-managers/Your-induction-qualification-and-training.aspx

Additional information for training for post-registration qualified staff can be sought after discussion with the Health commissioner and each home should speak to their Health Commissioner Lead. Courses such as the 'Mentorship Course' and 'Fundamentals in Nursing' are available.

8.5 The Provider is responsible for safeguarding the health, safety and welfare of residents. They will take appropriate steps to ensure there are sufficient numbers of suitably qualified, skilled and experienced staff appropriate to the needs of the residents and the volume of services being commissioned. In addition, the Provider will ensure that those left in charge of the service have the appropriate knowledge, skills and experience.

8.6 Staff will be supported through regular supervision, training, coaching and observation and competency checks. As part of the supervision process direct observations should be undertaken as well as an Annual Performance Appraisal (APR). The objectives identified in the staff APR should be reflective of the aims and objectives of the service. All supervision and APR should be underpinned by the Care Commitment.

8.7 Through ongoing supervision, resident assessments and feedback, the Provider will ensure that:

- staff competence is reviewed regularly
- staff are encouraged to develop their skills, including any specific training necessary to meet the needs of the residents
- all staff to demonstrate an understanding of and commitment to delivery of outcome focused care to each resident

8.8 The Provider will ensure that staff are able to manage risk, with confidence in their ability to strike a balance between protecting those in vulnerable situations and supporting residents to determine and achieve identified outcomes.

8.9 The Provider will ensure that the Registered Manager receives appropriate support / development / guidance both formally through regular supervision and performance appraisal and informally with regard to all aspects of their role.

9. Registered Nurse

9.1 All clinical staff should be aware of and guided by their professional responsibilities to those they care for, as set out in their relevant code of conduct and by the registering authority, the Nursing and Midwifery Council (NMC).

9.2 The Provider will have a process in place to support nurse revalidation with all nurses having an identified confirmer. The Provider must have an identified clinical lead. Staff will be supported by a clinical supervision policy and programme.

9.3 In services where qualified nurses and other healthcare professionals are employed, the Provider must ensure that professional registration is maintained with annual checks and that individual staff are accountable to their professional body.

9.4 The Provider will ensure that all registered nurses within their employment understand their responsibility to:

- assess nursing needs on an on-going basis
- plan nursing care provision to meet the assessed need
- monitor care plans to ensure they meet resident ’s needs, are sufficiently detailed and are reviewed and revised on a monthly basis (at a minimum) or when a change in need is identified
- implement the nursing care either directly or indirectly with an appropriate level of supervision and competency checking e.g. medication. This may be through delegation of tasks specific to each patient and should be conducted in line with Accountability and Delegation: What you Need to Know – Intercollegiate Document, Royal College of Nursing (2011)
- ensure that care staff, such as health care assistants, are alerted to changes in Care Plans in order that resident needs are appropriately met, and
- ensure timely referrals are made to other health professionals such as the GP or specialist nurse / therapist. this responsibility will also include:

- ensuring referrals are to NHS health professionals where possible, unless expressly agreed with the Commissioner
- following up or escalating concerns to a senior clinician, in a timeframe guided by resident need, when a referral has not been accepted or actioned
- clearly documenting communications with health colleagues when circumstances arise in which resident ’s needs are at-risk of being unmet, and alerting the Commissioner in instances when escalation requests do not succeed and the resident is placed at increased risk

10. Indicative Staffing Ratio

10.1 The level of staffing will depend on assessed level of residents need within the home at any one time. The Provider will be expected to complete a dependency tool / care needs matrix in order to ensure resident's needs are being met appropriately. The Commissioners reserve the right to challenge the Provider if it is identified that the needs of residents are not being met.

11. Record keeping

11.1 The Provider will ensure that all staff comply with all applicable statutory and legal obligations concerning information recorded in relation to residents.

11.2 The Provider will have appropriate technology and a computerised database where records can be maintained safely and effectively.

11.3 The Provider will have policies and procedures for making, maintaining and securing Resident records. The policies and procedures will detail the standards for recording client information, internal audit and quality monitoring, storage, archiving and destruction.

11.4 The Provider will maintain in the home adequate records including, but not limited to:

- health and social care support and clinical records (assessments, care needs support plan, risk assessment etc.) which if not recorded at the time but documented contemporaneously should be done within 24 hours of an 'event' in line with NMC Code 2015 guidance on record keeping
- records of pre-employment checks including DBS records
- resident risk assessments on clinical condition e.g. mobility and falls and a summary of key risks such as times when this may increase
- documentation to show that identified risks have been reduced and how this is measured and monitored to reduce recurrence
- incident and accident book
- resident's monies and valuables brought into the home
- control measures for hazards and assessment of risk that must be implemented after a serious incident while longer term solutions are organized
- any complaints received and how they was addressed / actions taken
- if a resident has epilepsy a separate risk assessment and epilepsy protocol must be completed

Staffing

- personnel employed and basis of employment (permanent/agency)
- staff turnover
- timesheets
- signature register
- clinical staff registration and revalidation status
- staff training records
- staff clinical supervision records

Medication

- a central register of prescribed drugs and medicines
- a medication profile for each resident and associated risks
- medication administered per resident (except those for self-administration)
- medicines that the resident stores and self-administers (following a risk assessment)
- a “controlled drugs (CD) register” for recording
- the receipt, administration and disposal of controlled drugs schedule 2, in a bound book with numbered pages
- the balance remaining for each product
- computerised CD records where used, should comply with guidelines from the registering authority
- all ‘as required medication’ (PRN) must be clearly documented on a PRN protocol that gives clear guidance to staff when to administer
- medication must not be given covertly (disguised in food) unless a Mental Capacity Assessment and Best Interests meeting has deemed it is in a resident’s best interests for the Provider to do so [covert administration of medication refers to the practice of administering prescribed medication in food and / or drinks without the knowledge or consent of the person receiving them. Details of the expected practice and a pro-forma assessment form can be obtained from the Commissioner. If you have any specific questions or queries about covert medication please contact the Commissioner or the Medication Management team at the NHS Birmingham and Solihull ICB.

Complaints

- nature of the complaint
- name and address of the resident
- name and address of the complainant, where different
- date and time the complaint was received
- details of the process taken to investigate the complaint
- details of the outcome including the time and date of resolution of the complaint
- details of any action taken on the basis of the complaint to prevent future occurrence or improve service delivery
- names of employees and their supervisors involved in the action complained about, as appropriate, and any associated outcomes.
- any organisational learning arising in a timely manner and be made available to the Commissioners upon request
- complaint records including information concerning the nature of each complaint and action taken by the Provider in each instance
- compliments, concerns, comments received by the Provider

Other

- daily activities organised by the home to be displayed, resident specific and wider home specific
- activity participation record to be maintained
- resident visitor log
- repairs and maintenance

- equipment check log
- summary of resident and their representative forums
- summary report and action plan for the top three suggested areas of improvement identified in resident and their representative satisfaction survey
- internal quality assurance record

12. Key information & Significant Events Reporting

12.1 The Provider will take immediate and appropriate action and report the situation to the relevant bodies in the event of any of the following:

- abuse or neglect (Safeguarding via ACAP)
- inability of the Provider to perform any aspects of the service (Commissioner)
- hospital admission (ACAP)
- service closure (Commissioner and CQC)
- a temporary move (Commissioner)
- lost or missing resident (ACAP, CQC, ICB and Police)
- serious illness/injury/accident (ACAP, CQC and ICB)
- death (ACAP and CQC)

12.2 In the event of a major incident where the on-going delivery of care to residents may be interrupted, the Provider will take appropriate action as outlined in their Business Continuity Plan, notify the appropriate Commissioner *and follow up in writing to the relevant Contract Monitoring Team within 48 hours.* Major incidents may include:

- fire
- flood
- disruption to power, heat and lighting
- infection outbreak
- major staffing disruptions
- severe weather

12.3 In addition to the requirements of the Core Terms and Conditions in respect of Safeguarding, the Provider is required to note on their safeguarding log any organisational learning. The log should be kept up to date, and be made available to the Commissioner upon request.

13. Information Governance

13.1 All organisations that have access to NHS patient data must demonstrate that they are working towards use of the IG Toolkit to evidence practising good information governance, achieving and maintaining a satisfactory rating of level 2 in all requirements. If a Provider has FNC residents, they must demonstrate compliance with the legal rules and guidance when handling and sharing patient identifiable information.

13.2 Care Homes With and Without Nursing complete the IG Toolkit for one or two purposes:

- to provide IG assurances to the Department of Health or to the Commissioners, often linked to contractual obligations
- to provide IG assurances to HSCIC as part of the terms and conditions of using national systems and services including N3, E-Referrals, and NHS Mail etc.

13.3 How to register with the IG Toolkit website:

- follow the steps in the 'How to Register on the IG Toolkit' help guide at: https://www.igt.hscic.gov.uk/resources/UserGuide-HowToRegister.pdf
- Care Homes With and Without Nursing should be registered for the *'Voluntary Sector'* view of the IG Toolkit, unless they are providing services under an '*Any Qualified Provider'* contract

14. Quality Assurance

14.1 Quality (http://www.who.int/management/quality/assurance/QualityCare_B.Def.pdf) is looking at a whole-system perspective, and reflects a concern for the outcomes achieved for residents and whole communities. The six areas or dimensions of quality assured are:

1. ***effectiveness:*** delivering health care that is adherent to an evidence base and results in improved health outcomes for individuals and communities, based on need
2. ***efficient***: delivering health care in a manner which maximises resource use and avoids waste
3. ***accessible:*** delivering health care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need
4. ***acceptable/patient-centered:*** delivering health care which takes into account the preferences and aspirations of individual Service Users and the cultures of their communities
5. ***equitable:*** delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status
6. ***safe:*** delivering health care which minimises risks and harm to Service Users"

14.2 Some examples of clinical / quality care issues are (this list is not exhaustive):

- poor discharges
- falls
- Care Home acquired pressure ulcers
- medication errors
- concerns around nutrition and hydration
- poor personal care
- poor staff attitude
- infection outbreaks

14.3 Any Provider who is commissioned to provide FNC placements will be required to complete the quality assurance processes for both Birmingham City Council and the health Commissioner(s).

14.4 Birmingham City Council has devised an Assurance Statement that a Provider is expected to complete six-monthly. The outcome of this process is then added to other information from:

- The Care Quality Commission (CQC)
- Performance data held by Birmingham City Council and the NHS

- Customer feedback from people using the services including feedback from Healthwatch Birmingham

14.5 The quality ratings help residents to understand the quality of service provided and look at the following factors:

- Giving people a good quality of life
- Helping people to be as independent as possible
- Involving people in the way care their care is provided
- Keeping people safe

14.7 All quality concerns and incidents will require the Provider to undertake an internal investigation which will be reviewed by the respective Commissioner as part of the quality assurance process. During this process a report on themes and trends will be expected from the Provider, on a quarterly basis, with related actions taken. The Provider will be expected to learn from the investigations undertaken as part of their own internal incident and investigation policies, providing feedback to the Commissioners within the themes and trends report.

14.8 The Commissioners reserve the right not to place residents if the outcome of the quality assurance process demonstrates a poor or inadequate rating or if any identified and actioned improvements cannot be sustained.

15. Safeguarding, Serious Incidents and Never Events

15.1 The Commissioners will expect the Provider to understand the difference between quality concerns and safeguarding, serious incidents and never events and to follow the appropriate actions for each including reporting routes.

15.2 Safeguarding concerns include (this list is indicative and is not exhaustive):

- physical abuse / hitting of patient by any party (including friends, family, visitors, staff)
- financial abuse or financial coercion of patient by any party
- sexual abuse/exploitation of patient by any party
- humiliation and degrading behaviour toward the patient by any party

These safeguards remain reportable through safeguarding routes as per safeguarding guidance on BSAB website https://www.bsab.org

16. Serious Incidents

16.1 Serious incidents are acts and / or omissions to act occurring as part of NHS-funded healthcare (including in the community) that result in:

- unexpected or avoidable death of one or more people
- unexpected or avoidable injury to one or more people that has resulted in serious harm
- unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent death or serious harm
- actual or alleged abuse; sexual abuse, physical or psychological ill-treatment, or acts of omission which constitute neglect, exploitation, financial or material

abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery
- an incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services
- major loss of confidence in the service, including prolonged adverse media coverage or public concern about the quality of healthcare or an organisation
- an incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services

17. Never Events

17.1 Never Events are serious, large preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare Providers. Some examples of a Never Event include (but not exhaustive):

- bedrail entrapment
- fall from a poorly restricted window
- wrong route administration of medication (topical, oral, IV, IM etc.)
- insulin overdose
- nasogastric tube misplacement
- scalding of resident

17.2 Any serious incidents and / or never event that has caused or is determined to have caused harm (as per the serious incident description in the agreed policy for Birmingham Care Homes with Nursing on the reporting of quality concerns, safeguards and serious incidents 2016 is reportable. Serious incidents and never events should be reported to the NHS Birmingham and Solihull ICB.

ICB	Inbox/Contact
Birmingham and Solihull Integrated Care Board	NHS Birmingham and Solihull Patient Safety Team nhsbsolicb.patientsafety@nhs.net

17.3 Where there are any doubts about reporting an incident then guidance should be sought from the relevant Commissioner on a case-by-case basis.

18. Provider Payment (FNC element)

18.1 CQC registration requires 24 hour cover by a registered nurse in a Care Home With Nursing to meet the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

"The intention of this regulation is to make sure that Providers deploy enough suitably qualified, competent and experienced staff to enable them to meet all other regulatory requirements described in this part of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. To meet the regulation, Providers ***must provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times*** *and the other regulatory requirements set out in this part of the above regulations."*

18.2 Where a resident has been assessed as eligible for FNC, the NHS Birmingham and Solihull ICB will pay the nationally defined rate. The NHS Birmingham and Solihull ICB will pay the Care Home direct for the FNC element of a package of care (health needs). This will apply where a resident is social care funded or self-funding and has also been assessed as eligible for FNC.

18.3 As the rate is nationally set, the NHS Birmingham and Solihull ICB will pay that rate including any annual changes as defined by the Department of Health. Based on an assessment of continence, eligible residents may be entitled to an additional payment to cover the cost of continence products / disposables.

18.4 The FNC payment can be broken down as follows:

18.4.1 Direct Nursing Care
This is care provided on an individual basis to NHS FNC eligible residents, for example wound care, catheter care, monitoring, taking and recording observations, drug rounds, assisting residents with medication and preparing / decontaminating the drug trolley / equipment. This list is not exhaustive and may include diabetic monitoring, NGT / PEG feeding etc.

18.4.2 Indirect Nursing Care
These activities are for all residents in the Care Home With Nursing eligible for NHS FNC. These activities include:

- Planning, supervision and delegation time, for example delegating to and supervising the work of junior / unregistered staff, shift handover, giving clinical supervision and training
- Planning, supervision and delegation time for nursing staff taking into consideration any links to the career framework
- Care planning, liaising with other health / social care professionals, GP visits, liaising with relatives, ordering medication / prescriptions
- Logging training received, for example mandatory training, receiving clinical supervision, induction / orientation for temporary staff, monitoring and reviewing delegated skill competencies

18.4.3 Personal and Social Care
Activities identified as relating to personal and social care are excluded from the legal and policy framework definitions of nursing care provided by a registered nurse as services which need to be provided by a registered nurse. However, we recognise that nurses may typically carry out nursing duties concurrently with personal /social care duties where there is a specific medical reason for their intervention. An example of this would be where a nurse assists a resident to use the bathroom but with a view to monitoring their mobility or where the resident is at risk of seizure. Where this activity has been recorded as personal / social care rather than direct nursing care for NHS FNC eligible residents, the nursing only element cannot be feasibly separated out and quantified.

The FNC set-rate has included an amount for personal / social care time to reflect the fact that this element of activity cannot be categorically separated from nursing care in view of the example of concurrent tasks described above and to reflect a registered nurses role in ensuring the overall wellbeing of a resident.

18.4.4 Management and Administration
This category of activity has been excluded from the calculation on the basis that following the legal and policy framework definitions, these activities do not need to be performed by a registered nurse.

Based on national guidance, the Commissioners would expect a minimum of 7 hours direct nursing care to be delivered per resident per week as part of the FNC payment. Tasks as detailed in 18.4.1 to 18.4.3 will be over and above this minimum number of hours (https://www.gov.uk/government/news/nhs-funded-nursing-care-rate-for-2016-to-2017).

18.4.5 Payment upon death of a resident (FNC element)
Following the death of a resident who is in receipt of FNC payment, the health Commissioner will cease payment on date of death, unless in exceptional circumstances and previously agreed by the Commissioner. This will include any payment made for continence products for that individual.

19. Third Party Additional Payments
19.1 Third Party Additional Payments are defined as those which the Service User would like to commission in addition to the commissioned social care and/or healthcare.

19.2 The Provider must ensure that the Service User and the care Provider have:

- discussed, and if agreed, have a written agreement that details services to meet personal lifestyle choices (wants)
- documentation relevant to the agreement signed by both Provider and the contributor/Third Party
- mutually agreed to any proposed increase in these amounts
- have discussed and understand that if a Service Users or contributors own funds cannot meet these additional personal lifestyle choices that the Council will not be liable for their continuation
- with consent of the Service User, share the plan for lifestyle choice and details of the payment(s) with the relevant care managers
- agreed what will happen in the absence of Service Users such as for hospital admissions and when Service Users leave the service or are deceased

19.3 Provider will have a policy in place that clearly states how a 'Third Payment Additional Payments' arrangement will meet best practice guidance from the outset.

19.4 Third Party Top Up / Third Party Top Up Funding Agreements cannot be introduced part way through a placement. However, Third Party Additional Payments may be introduced at any time in accordance with 19.2.

20. Personal Budget
20.1 Following an assessment this is the amount of money determined as sufficient to meet the eligible care and support needs a person has. These are care and support needs not already being met in other ways (e.g. by a carer).

20.2 Once the amount is agreed planning on how to spend it can begin. The City Council will help by using experience to agree a plan which meets a person's care and support needs.
20.3 How can a personal budget be used?
There are a number of ways a personal budget can be used to meet unmet eligible care needs.

20.3.1 There is the option to take a Personal Budget as a Direct Payment. This will give the best possible choice and control over how care and support is met. Support and guidance on direct payments will be provided by the Council and anyone can speak to a Social Worker about this option.

20.3.2 The Council will arrange the services needed to meet unmet eligible care needs.

20.3.3 Alternatively, it is possible that the arrangements could be a combination of the above 2 options.

21. Health and Safety
21.1 There are two key pieces of legislation relating to Health and Safety in Care Homes. They are:

- Health and Safety at Work etc. Act 1974, and
- Management of Health and Safety at Work Regulations 1999

In 2014, the HSE reviewed and updated the first edition of the health and safety in care homes guidance and this is a good practice guide on ensuring that Care Homes With and Without Nursing comply with the above two acts.

Since publication the Care Quality Commission (CQC) in England has become the lead investigator of incidents where residents have been harmed because of unsafe or poor quality care. The HSE intends to produce a third review of the guidance but for now, the Council and the Clinical Commissioning Groups, expect Providers to implement many of the good practice suggestions and comply with reporting requirements detailed within the second edition.

The guidance can be found here: http://www.hse.gov.uk/pUbns/priced/hsg220.pdf

In addition to complying with all relevant legislation and the requirements of the Core Terms and Conditions**,** the Provider must ensure that there are policies and procedures in place and staff adhere to those operational policies and procedures. This will include, as appropriate, but not be limited to:

- Health and Safety at Work Act 1974
- Health and Safety (First Aid) Regulations 1981
- Consumer Protection Act 1987
- Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended in 1993) Electricity at Work Regulations 1989
- Management of Houses in Multiple Occupation Regulations 1990 (as amended 2006) and local HMO regulations
- Health and Safety (Display Screen Equipment) Regulations 1992

- Manual Handling Operations Regulations 1992 (as amended 2002)
- Electrical Equipment (Safety) Regulations 1994
- Plugs and Sockets etc. (Safety) Regulations 1994
- Disability Discrimination Act 1995 (as amended 2005)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- Food Safety (General Food Hygiene) Regulations 1995 (as amended 2005 and 2006)
- Health and Safety (Consultation with Employees) Regulations 1996
- Gas Safety (Installation and Use) Regulations 1998
- Provision and Use of Work Equipment Regulations 1998
- Employers' Liability (Compulsory Insurance) Regulations 1998
- Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health 2002
- Regulatory Reform (Fire Safety) Order 2005
- Control of Asbestos Regulations 2006
- Smoke-free (Premises and Enforcement) Regulations 2006
- Smoke-free (Exemptions and Vehicles) Regulations 2007
- Smoke-free (Signs) Regulations 2007
- Smoke-free (Vehicle Operators and Penalty Notices) Regulations 2007
- Construction (Design & Management) Regulations 2007
- Control of Asbestos Regulations 2012 (amendment to regulation 3(2) of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995)

22. Policy and Procedures

22.1 In addition to complying with all relevant legislation and the requirements of the Core Terms and Conditions**,** the Provider must ensure that there are policies and procedures in place. The Provider must ensure staff adhere to those operational policies and procedures. Policies and procedures will include but not be limited to the following, dependent upon the type of service, its CQC registration and the client group(s):

- Accepting gifts
- Access to records
- Activities
- Asbestosis and asbestos
- Care and health planning including person centered plans
- Care Act 2014
- The Care Certificate
- Carrying out risk assessments
- Chemist Audit Inspections
- Child protection
- Clinical governance
- Communications
- Use of own car for business purposes
- Compliments, concerns, complaints and comments
- Contingency planning and emergencies / BCP
- Contractors and other visitor's policy

- CQC Inspections – announced and unannounced
- Death on site
- Diabetes management
- Dignity and respect including privacy
- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)
- Deprivation of Liberty Safeguards/Mental Capacity Act (DoLS / MCA)
- Domestic pets in care homes
- End of life care
- Falls management
- Finance including funding sources, auditing
- Fire evacuation
- Food hygiene
- Health and safety
- Human Rights Act
- Hydration and nutrition
- Incident and accident reporting including near misses
- Infection Control Hygiene Waste
- Information governance and data protection
- Key worker system
- Managers Inspections
- Managing and Handling residents finances
- Medication Management including Medication Errors Records.
- Medications
- Mental Health Act
- Missing Persons
- New workers – induction and training record
- Ordering Medication / MARS Sheets.
- Peripatetic services such as podiatry, hairdressing, chiropody, mobile dentists
- Personal care
- Personalisation CQC inspections and standards
- Pressure ulcers – identification and what to do
- Quality assurance
- Recording visits from health professionals
- Recruitment including volunteers
- Reporting to National Patient Safety Association
- Safeguarding Vulnerable Adults
- Serious untoward incidents
- Resident engagement / consultation
- Resident finances
- Specialist long term condition management
- Tissue viability
- Tobacco and alcohol use
- Under 18’s on site
- Use of / Calling emergency services
- Use of IT and other electronic media
- Use of social media
- Violence against staff including behaviour that challenges
- Visits from people under 18

- Water testing
- When new residents arrive / leave
- When taking residents off site
- Whistle Blowing Policy

22.2 Human Resources

- Annual leave / flexi / toil
- Carers
- Consulting with staff
- Data protection and information governance
- DDA / Equality and diversity and inclusion
- Dress code
- Employment
- Equal Opportunities /Race relations
- Lone working
- Maternity /Paternity leave
- Out of hours emergencies
- Sickness / absence
- Staff conduct
- Staff supervision and appraisals and Continuous Professional Development (CPD)
- Staff Training Records
- Temporary agency or bank staff
- Training
- Use of mobile and company phones
- Working time directive

22.3 Equality and Diversity

- Equal Pay Act 1970
- Sex Discrimination Act 1975
- Race Relations Act 1976 (as amended 2000 and 2003)
- Disability Discrimination Act 1995 (as amended 2005)
- Human Rights Act 1998
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Equality (Religion or Belief) Regulations 2003
- Gender Recognition Act 2004
- Civil Partnerships Act 2004
- Employment Equality (Sex Discrimination) Regulations 2005
- Equality Act 2006
- Race and Religious Hatred Act 2006
- Employment Equality (Age) Regulations 2006
- Equality Act 2010

23. Behaviour that challenges

23.1 Behaviour that challenges must be considered in the context of the environment in which it occurs, the way the Service is organised and the needs of the resident.

23.2 The Provider must have a policy to positively engage and support residents who show behaviours that challenge. This policy will take account of all relevant legislation and guidance and good practice.

23.3 Continuing behaviours that challenge of a disruptive nature will require a consistent response by staff. The Provider must be aware of and have plans for known behaviour that challenges in the resident's Care Plan.

23.4 It is not acceptable to use any form of restraint (unless this has been agreed by a MDT and it is clearly documented on the Positive Behavioural Support plan the conditions when restraint can be used), verbal abuse or isolation as punishment for behaviour that challenges.

23.5 The Provider shall take all reasonable endeavours to mitigate resident eviction from the home. The Provider will work with the Commissioner to take steps to resolve issues as and when they arise. Eviction should only occur if all other demonstrable efforts to resolve issues have been unsuccessful.

23.6 Any resident who has behaviours that challenge must have a positive behavioural support plan, which promotes understanding, the context and meaning of behaviour to inform the development of supportive environments and skills that can enhance a resident's quality of life.

23.7 Any incident must be fully documented and include the antecedent, behaviour and consequence (ABC).

23.8 All incident forms must be audited by a suitably experienced manager to identify any triggers and patterns.

24. End of Life Care

24.1 The Provider will ensure that if a resident is on an end of life care pathway there are appropriate end of life care plans in place to which they have been consulted upon. This will include preferred place of death, Do Not Attempt Resuscitation (DNAR), nil by mouth medications and access to anticipatory medications.

24.2 The Provider will ensure that any end of life care plan includes:

- a record of who else to involve in the decision making (e.g. health professionals, next-of-kin, carer's)
- details of the resident's condition and treatment
- instructions for the resident's treatment in emergency situations
- confirmation if the resident's has any 'do not resuscitate' instructions in place
- a record of the resident's wishes with respect to place of care/death and decisions regarding their treatment
- confirmation that the patient's wishes have been shared with external organisations with the patient's consent (e.g. out of hours service, community nurses, secondary care consultants)
- preparation of carers and / or families end of life care expectations

24.3 The Provider will ensure that staff are trained in end of life care and that they use the Gold Standards Framework (https://www.goldstandardsframework.org.uk/) to deliver end of life care.

24.4 The Provider will engage community based services, as appropriate.

24.5 The Provider will refer to CHC team if eligible for CHC fast track funding.

24.6 For the avoidance of doubt this Service Specification uses the Medical Association and the Royal College of Nursing point of view in that a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) should only be issued after discussion with patients or their family. In England and Wales, Attempt Cardio-Pulmonary Resuscitation (CPR) is presumed in the event of a cardiac arrest unless a DNACPR is in place. If a person has capacity as defined under the Mental Capacity Act 2005, that person may decline resuscitation. However any exploratory and or confirmation of choice discussion should not be in reference to the issue of consent to resuscitation but instead should be about eliciting an explanation.

24.7 A person may also specify their wishes and / or devolve their decision-making to a proxy using an advance directive, which is commonly referred to as a 'Living Will'.

25. End of Life Care UK Medical Profession Guidelines

25.1 The UK medical profession has quite wide guidelines for circumstances in which a DNACPR may be issued:

- if a patient's condition is such that resuscitation is unlikely to succeed
- if a mentally competent patient has consistently stated or recorded the fact that he or she does not want to be resuscitated
- if there is advanced notice or a living will which says the patient does not want to be resuscitated
- if successful resuscitation would not be in the patient's best interest because it would lead to a poor quality of life

In the UK, NHS Trusts must ensure:

- an agreed resuscitation policy that respects patients' rights is in place
- a non-executive director is identified to oversee implementation of policy
- the policy is readily available to patients, families and carers
- the policy is put under audit and regularly monitored

26. Best Practice Guidance

26.1 The Provider's policy for medicines administration will include:

- procedures to ensure that residents are able to take responsibility for their own medication if they wish
- methods for appropriate medication administration
- safe handling and administration of medication(s)
- reference to the controlled drugs procedures as defined by the Misuse of Drugs Regulations 2015
- medication review periods
- where and when to seek advice e.g. pharmacist, out of hours

- monitoring timeframes for a change in resident s condition together with associated required actions
- a minimum of monthly medication audits
- staff actions required when medication errors occur
- how and when to order and administer anticipatory end of life drugs
- the management of homely remedies and seeking the agreement of a GP and pharmacist
- medication waste management including regulatory requirements for the disposal of medical waste including swabs, soiled dressings, incontinence pads, used needles, instruments and similar substances and materials

26.2 The Provider's policy and procedures for the receipt, recording, storage, handling, administration and disposal of medicines should be in accordance with:

- The Handling of Medicines in Social Care Settings by The Royal Pharmaceutical Society of Great Britain 2007 or subsequent revisions; and
- Professional advice documents from registration authorities and Care Standards, including The Administration of Medicines in Care Homes, Medicine Administration Records (MAR) In Care Homes and Domiciliary Care, and the Safe Management of Controlled Drugs in Care Homes or subsequent revisions.
- The NMC Code 2015 (http://www.nmc.org.uk/standards/code).

26.3 The Provider will support residents to access appropriate benefits, financial advice and assistance with personal budgeting whilst recognise and respect the resident's right to confidentially conduct their own financial affairs, unless the resident does not wish or lacks the capacity, to do so. For example, debt advice or payment of bills.

26.4 If the Provider is asked and accepts responsibility for a residents' monies day-to-day money, then the Provider must ensure that this is not pooled and appropriate records and receipts are kept when money is handled. Under no circumstances will the Provider use the resident's day-to-day money to meet fees payable under this care specification. However residents will be expected to pay for the following items from their own finances where applicable:

- newspapers and magazines, where specifically ordered by the resident
- clothing and other similar personal items
- personal specific travel incurred at the resident 's specific request (excluding travel that is connected with the resident 's care needs)
- specific hairdressing which is not provided by the home
- opticians
- legal advice
- holidays
- social activities (outside of those provided by the Provider)
- toiletries
- cigarettes and tobacco
- alcoholic beverages, and
- personal computers

26.5 There will be certain long term conditions such as diabetes or if over 65 years old, where exemptions to the above will apply for example chiropody, dental and optical care or retinopathy screening. Voucher support should be sought where applicable for purchasing of glasses.

27. Business Continuity Management

27.1 Business Continuity Management (BCM) is about identifying those parts of an organisation that you can't afford to lose – such as information, premises, staff, clients – and planning how to maintain these, if an incident occurs. Any incident, large or small, whether it is natural, accidental or deliberate, can cause major disruption to an organisation.

27.2 BCM is an established part of the UK's preparations for managing risks faced by organisations, whether from internal system failures or external emergencies such as extreme weather, flooding, terrorism, or infectious diseases. The Civil Contingencies Act 2004 recognised its importance by requiring frontline responders to maintain internal BCM arrangements and local authorities to promote BCM to commercial and voluntary organisations.

27.3 A Business Continuity Plan is part of the management arrangements. A plan cannot be considered reliable until it has been tested and has demonstrated it can be effective. Exercising should involve validating the plan, rehearsing key staff and testing systems which are relied upon to deliver resilience.

The service should demonstrate all staff have been directed and taken up the opportunity to have the flu vaccination to ensure business continuity is maintained in the provision of a 24 hour 7 day service.

28. Insurance

28.1 The Flexible Contracting Arrangement stipulates the amount of Insurance required for Public Liability Insurance (including Loss or damage to Service Users' personal effects) and Employers liability insurance (including volunteers).

28.2 In addition to the above the Provider shall, for the duration of the Flexible Contracting Arrangement, maintain such insurances as are necessary to cover the liability of the Provider in any one instance in the respect of the performance of this schedule with regards to nursing activity, including but not limited to:

Professional Indemnity / Treatment Cover / Negligence	To a minimum of £5,000,000

28.3 The Provider shall where requested by the Authorised Officer provide evidence of such insurance, policies and receipts for premiums paid.

28.4 The Provider shall be liable for all injuries to persons arising out of the provision of nursing activity included in this Agreement, and shall indemnify the Commissioner against all actions, claims, damages and reasonable expenses in regard thereto.

28.5 In the event of a claim each of the Provider and the Commissioner shall co-operate in the provision of information requested by the other, subject to Legislation.

The Provider shall where reasonably requested by the Commissioner, support the Commissioner in any press and media enquiries.

29. DNACPR

29.1 The British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing) published In 2014 revised Joint Guidance on 'Decisions relating to resuscitation' (Appendix B). This guidance (www.resus.org.uk/pages/dnacpr.htm), formerly known as the Joint Statement, reflects in significant part the impact of the Court of Appeal's decision in *Tracey* - *http://www.39essex.com/cop_cases/r-tracey-v-cambridge-university-hospitals-nhs-foundation-trust-ors* - which, rightly or wrongly, was viewed by clinicians as significantly changing the approach to consultation in relation to the imposition of DNACPR notices.

Providers must keep up to date with changes occurring in relation to the DNACPR forms. The Resuscitation council will provide updates on the use of the new ReSPECT form and guidance on this and other changes will be available from https://www.resus.org.uk/consultations/respect/ .

30. Nutrition Support

30.1 There are a number of guidelines available below to help you deliver the best possible nutritional care in the community. If you have any questions about these guidelines, please contact St Patrick's Centre for Community Health.

30.2 The Home Enteral Feeding Guidelines will be available for download soon, but in the meantime please contact us at Priestley Wharf, Tel: 0121 683 2300 for a copy. You can find a copy of the Enteral Feeding Approved Ancillaries List here. https://www.bhamcommunity.nhs.uk/EasySiteWeb/GatewayLink.aspx?alId=27628

30.3 You can also find our Nutrition and COPD leaflet at http://www.bhamcommunity.nhs.uk/patients-public/adults/nutrition/links-and-resources/ If you would like to order copies of this leaflet please contact LG Davies on 0121 430 9000.

30.4 Advice on Prescribing Oral Nutritional Supplements for Alcohol and Substance Misusers can also be downloaded at http://www.bhamcommunity.nhs.uk/patients-public/adults/nutrition/links-and-resources/

30.5 Information is also available on the following at http://www.bhamcommunity.nhs.uk/patients-public/adults/nutrition/links-and-resources/ in order to give ideas for boosting calorie intake for people who have a poor appetite or who are trying to gain weight.

- Food boosters
- Increase the Calories
- Nourishing Drinks
- Boosting the calories recipe adaptation ideas
- Milk Shape Recipe

30.6 The local ‘MUST’ flow charts and care plans can also be downloaded from the same webpage.

30.7 The principles of the ‘THINK KIDNEY’ initiative is to be implemented and information on this can be found here:
https://www.england.nhs.uk/patientsafety/akiprogramme/ and
https://www.thinkkidneys.nhs.uk/

APPENDIX A – SERVICE SPECIFICATION FOR REHABILITATION IN SUBSTANCE MISUSE SERVICE IN BED BASED SERVICES

This section details further service standards which are specific to residents receiving services for Substance Misuse.

Rehabilitation in Substance misuse - Therapeutic programmes
Service standards
The Provider Must ensure that:: 1. Units should have policies on the action to take if residents bring illegal or forbidden substances into the placement to use, give or sell to others. 2. Drug and alcohol rehabilitation services are structured time limited therapeutic programmes aimed at enabling residents to regain and develop maximum independence in a therapeutic environment in order to return to independent living in their own home in the community. 3. The Council will Purchase therapeutic programmes that enable individuals who are dependent on drugs and / or alcohol to work towards long term abstinence ***and recovery***. They can be delivered in residential Care Homes. . 4. Restrictions will be applied for therapeutic reasons to the formation of exclusive relationships between residents whilst undergoing substance misuse rehabilitation.

Rehabilitation in Substance misuse - Rehabilitation programmes
Service standards
The Provider Must ensure that: 5. All rehabilitation programmes address: • Education and awareness of the effects of problem substance misuse on the body; • Relapse prevention; • Alternatives to substance misuse; • Self-management of daily living skills such as personal hygiene, daily routines & time management, domestic skills including budgeting, shopping, cooking and housework, managing free time; • Relationships with others including rebuilding family relationships; • Personal skills, self-esteem, assertiveness skill; • Criminality and substance misuse; • Training, education and employment skills and needs; • Harm minimisation; • Continuity of Care; • Community Reintegration; and • House meetings to address residents issues as and when they arise, 6. The Council will also purchase rehabilitation programmes that are able to address parenting skills, other addictive behaviours, rough sleeping, dual diagnosis (of mental health problems), and cultural needs. This would include programmes that would lead to vocational qualifications. 7. Substance misuse rehabilitation placements are always of a time-limited nature and permanent placements cannot be considered.

Rehabilitation in Substance misuse - Service Delivery
Service standards
The Provider must ensure that: 8. Prospective residents will be made aware of the type, range and standards of services available from a placement prior to their admission, including the restrictions in place to enable and address therapeutic needs. Whilst residents retain the right to leave a particular placement, they will be supported to stay and enabled to recognise that having difficulties In with elements of a programme is part of the process of relapse prevention and moving towards abstinent recovery. 9. Residents are required prior to admission, to give their consent to the conditions and requirements of the regime that they select to undergo and thereby they agree to the restrictions imposed on their freedoms for therapeutic reasons. 10. The major input of 'personal care' is enabling, counselling and/or group-work rather than physical care. 11. The therapeutic plan of the provision is to provide residents with a structured day that they will be made aware of and agreed on admission. This will be person centred and reflect the individual resident. Placements should make the approach explicit in their brochures. The Provider will determine the timetable. As the programme progresses there will be some phased withdrawal of controls to plan and enable community re-integration. The nature and content of the treatment plan will also provide education on and make explicit that continuing /aftercare following placement is an integral part of the individual plan. 12. Residents have to agree to restrictions being put on contacts with their social networks such as visits, telephone contact and correspondence with people outside the Unit including family members, to enable them to engage in the structured programme and to gain maximum benefit from the placement alongside reducing risk and minimise the likelihood of relapse. 13. The Council will not purchase programmes of detoxification in the persons own home, nursing home or hospital. Such treatment is the responsibility of the National Health Service. 14. An overall programme of activities will be presented in a timetable form, covering at least 8 hours a day and 6 days a week. Activities will be itemised stating when they will occur and who will be responsible for their implementation. This timetable ***will*** include all activities that are part of the therapeutic programme including information sessions, counselling, group work, private time on assignments, free time and recreational periods that are designed to promote and build social skills, self-esteem and assertiveness. 15. It is expected that residents can expect a minimum of four hours of counselling a day, five days a week. This counselling will be provided in individual or group-work sessions. 16. Where residents have responsibilities towards dependent others particularly children, the maintenance and development of relationships must be considered in the individual treatment plan and timetable of the placement, in accordance with visiting times and therapeutic programme. Residents need to be made aware at assessment and in the Providers brochures that contact will be subject to the requirements of the regime they select to undergo. In circumstance where this is not appropriate the Care Manager will notify the Provider.

Rehabilitation in Substance misuse - Treatment Plan
Service standards
The Provider must ensure that: 17. A written agreement between the residents or their representative and the Provider must be in place alongside the treatment plan that covers issues such as: • Resident's rights. • Any limits to the denial of choices, privacy and human rights where this is essential for therapeutic reasons to change destructive behaviour patterns.

- Unacceptable conduct and the circumstances under which a resident would be asked to leave.
- Smoking policy.
- Formation of exclusive relationships within the Provider unit.
- Insurance of personal items.
- Charges and how bills will be rendered and to whom.
- Visitors and domestic arrangements.
- Complaints procedures.
- Handling of abuse between residents and between residents and staff.

18. Each resident will have a copy of their Treatment Plan and a written agreement covering the conditions of the placement.

Rehabilitation in Substance misuse - Discharge

Service standards

The Provider must ensure that:

19. Providers, the placing agency, and the resident act in partnership to ensure that discharge care arrangements exist that are relevant to the needs of the residents and are workable. Respective responsibilities of all involved are to be clear whether the discharge is planned or unplanned.
20. The Provider allocates a Key Worker who will be the link between the resident in the residential unit and the Care Coordinator in the community
21. Residents will not be in touch with these placement units on a long term or permanent basis, so it is crucial that the issue of leaving is addressed from the outset.
22. Discharge arrangements are the responsibility of The Council's Care Coordinator and there must be a clear agreement with the residents on where they will go on leaving their placement.
23. Discharge must ideally be a planned event and a system must be in place for informing the residents' Care Coordinator of the outcome of their placement including any potential breakdown or problems arising.
24. The Provider must send a Discharge Report to the Care Coordinator within 7 Working Ways of discharge. This will include a progress report and what travel arrangements have been made.
25. The conditions under which an emergency discharge is required must be made clear in writing on admission.
26. Where there is an emergency discharge, the following arrangements will apply:
    - The Care Coordinator will be informed within one Working Day.
    - The Residents' family will be informed if they have any current involvement.
    - There must be an agreed form of transport back to the area of origin and arranged by the Provider.
    - There must be written statements of the conditions under which a resident may return to the treatment unit.

Rehabilitation in Substance misuse - Medication / Detoxification, Therapy and Specialist Support
Service standards
The Provider must ensure that: 27. A clear distinction is made between detoxification and any other medication programme. The management of a resident's medication is undertaken in a responsible and sensitive way allowing for self-medication where appropriate. 28. If there is a programme of detoxification treatment undertaken on site that requires medical or nursing support on a 24-hour basis, this should be provided in accordance with the Registered Homes Act 1984 Part ii. 29. Any medication programme in place must be overseen by a qualified and experienced medical practitioner with active nursing support as required under the Care Standard Act 2008. 30. Where a resident registers with a GP or dentist, the nature of the placement should be made known to the health practitioner to avoid opportunities for procurement of forbidden substances. 31. The assessment of risk to themselves and to others, of allowing a resident to retain and administer their own medication, should be done on admission and notified to the Care Manager. It should be recorded and regularly reviewed. 32. Where a resident requires treatment of a specialist nature that cannot be provided by the staff at the Unit, the Provider must liaise with the Care Manager and must arrange for these services to be provided locally. 33. Staff and volunteers, who have themselves had drug and/or alcohol dependency problems, must be able to demonstrate at least 2 years sobriety and stability in recovery. This does not apply where residents who have progressed through the programme and are used as Mentors for people newly engaged in the programme. 34. No more than 50% of staff will be comprised of people recovering from drug or alcohol dependency. 35. When specific treatment work is being undertaken such as individual or group counselling, there shall be two counsellors on the premises, one of whom can be someone in training.

Rehabilitation in Substance misuse - Additional requirements for residential units
Service standards
The Provider must ensure that: 36. Overnight arrangements must include a minimum of one member of staff on the premises and another member of staff to be available for emergencies. These arrangements apply equally to times including weekends when no specific counselling work is being undertaken. Residents must have access to a trained Counsellor 24 hours a day via an on call system.

Rehabilitation in Substance misuse - Privacy
Service standards
The Provider must ensure that: 37. All homes should have a policy on confidentiality and rights to privacy. However, the nature of substance misuse rehabilitation requires units to be free to search for evidence of compliance with the conditions of the placement especially substance misuse. 38. Limits may also need to be imposed on those who can be invited to the Unit and to a resident's room and the length of time that a resident can spend alone in their room. 39. It will not generally be appropriate to provide residents with lockable bedrooms or storage facilities until a risk assessment indicates otherwise.

40. A clearly designated and private area will be available for privacy during visits from family and the Care Manager.
41. Residents should only be offered single rooms when they have been assessed as able to comply with the Provider's conditions on substance use. Room sharing will therefore be acceptable especially in the early stages of a placement but only on a single gender basis. It must be clear to residents, the circumstances under which they can choose to be accommodated in a single room.

APPENDIX B – QUALITY REQUIREMENTS AND NOTIFICATIONS

The Provider will inform the relevant Commissioner of any events which occur in the timeframes stipulated in the table below. Failure to provide notification of the events specified will be considered a breach of contract by the Provider. Notifiable events will be informed to the relevant person regardless of whether the Provider has any Service Users placed by a Commissioner at the time of the Event.

Ref. number	Performance Indicator	Information to provide	Frequency	Notify Council	Notify ICB	Format of information	Identification of issue for escalation
N1	CQC reportable incidents	Description	Within 24 hours of occurrence	Yes	Yes	Email	Automatic if target not met
N2	Change in CQC registration	Notification of change in care groups to be catered for	30 days prior to change taking effect	Yes	Yes	Email	N/A
N3	Change in home registered manager	Change in management of home details including any period when there is no manager	Within 7 days of occurrence	Yes	Yes	Email	N/A
N4	Investigations by CQC	Description	Within 24 hours of occurrence	Yes	Yes	Email	Automatic if target not met
N5	Suspensions by CQC	Description	Within 24 hours of occurrence	Yes	Yes	Email	Automatic if target not met
N6	RIDDOR reportable incidents	Description	Within 24 hours of occurrence	Yes	Yes	Email	Automatic if target not met

Ref. number	Performance Indicator	Information to provide	Frequency	Notify Council	Notify ICB	Format of information	Identification of issue for escalation
N7	HSE improvement notices	Description	Within 24 hours of occurrence	Yes	Yes	Email	Automatic if target not met
N8	Investigation by Local Authority or ICB	Description	Within 24 hours of occurrence	Yes	Yes	Email	Automatic if target not met
N9	Suspension by Local Authority or ICB	Description	Within 24 hours of occurrence	Yes	Yes	Email	Automatic if target not met
N10	Notification of Safeguarding of Vulnerable Adults alerts to BSAB	Description	Within 24 hours of occurrence	Yes	Yes	Email	Automatic if target not met
N11	Serious incident including VTE, pressure sores, medication management	Notification if the GP and / or pharmacist or WMAS is contacted urgently regarding medication issues	Within 7 days of occurrence		Yes	By Phone and email	Reviewer decision
N12	Death of a Service User	Notification and reason	Within 24 hours of occurrence	Yes	Yes	Email	Reviewer decision
N13	Suspicious death of a Service User	Notification	Within 24 hours of occurrence	Yes	Yes	Email	Reviewer decision
N14	Hospitalisation of a Service User	Notification and reason	Within 48 hours of occurrence		Yes	Email	Reviewer decision
N15	Service User discharged from hospital back in to Provider's care	Notification	Within 48 hours of occurrence		Yes	Email	N/A

Ref. number	Performance Indicator	Information to provide	Frequency	Notify Council	Notify ICB	Format of information	Identification of issue for escalation
N16	Provider has assessed that they can no longer meet a funded Service User's needs on return from hospitalisation	Notification and reason	Within 24 hours of occurrence, following re-assessment		Yes	Email	N/A
N17	Potential serious risk is identified as part of a Service User's risk assessment	Notification and description	Within 24 hours of occurrence	Yes	Yes	Email	Reviewer decision
N18	Service User is in need of medical attention, but refuses to accept it	Notification and description	Within 24 hours of occurrence		Yes	Email	N/A
N19	Unplanned absence / absconsion of a Service User	Notification and description	Within 24 hours of occurrence	Yes	Yes	Email	Automatic if target not met
N20	Any report of 'lessons learnt' following safeguarding alerts, serious incidents or the presentation of high risk events	Report detailing steps taken to mitigate re-occurrence	Within 14 days of occurrence	Yes	Yes	Email	Reviewer decision
N21	Deprivation of liberty referral	Notification	Within 48 hours of occurrence	Yes		Email	Automatic if target not met

Ref. number	Performance Indicator	Information to provide	Frequency	Notify Council	Notify ICB	Format of information	Identification of issue for escalation
N22	When a referral to an independent advocate has been made by the Provider on the Service User's behalf	Notification	Within 7 days of occurrence	Yes	Yes	Email	N/A
N23	Infection Control	Infection Control Issues. for example Leigionella, Noro Virus, MRSA, C-Diff, Scabies or other contagious outbreaks.	Within 24 hours of occurrence		Yes	Email	Reviewer decision
N24	Tissue Viability (Prevalence data may be requested on an ad hoc basis)	Any pressure ulcer which is grade 2 and above. (grade, description, where acquired (e.g. hospital, care home) and confirmation that treatment plans are in place within 2 days)	Within 24 hours of occurrence		Yes	Email	Reviewer decision
N25	Clinical equipment provided by the Commissioner is no longer required by a Service User	Notification of clinical equipment no longer needed	Within 7 days of occurrence	Yes	Yes	Email	N/A
N26	Activation of a Business Continuity Plan	Notification and reason	Within 7 days of occurrence	Yes	Yes	Email	Reviewer decision

Ref. number	Performance Indicator	Information to provide	Frequency	Notify Council	Notify ICB	Format of information	Identification of issue for escalation
N27	Annual financial statements demonstrating a trading loss	Reasons for trading loss and any supporting documentation as requested by the Contracting Authority	Within 7 days of occurrence	Yes	Yes	Email	Reviewer decision
N28	Formal complaints not resolved within 1 month	Description of complaint, action taken to resolve and timeframes	Within 7 days of passing 1 month timeframe	Yes	Yes	Email	Automatic if target not met
N29	Initiation of legal proceedings against Provider	Description	Within 48 hours of occurrence	Yes	Yes	Email	Automatic if target not met

Appendix C: Indicative list of needs, outcomes and activities the Provider must support/undertake

The Provider will support the needs and required outcomes detailed below and will carry out a baseline assessment prior to admission, and a more detailed individualised assessment of the resident's needs upon admission. These will be monitored and reviewed by the Provider as appropriate. The Provider will utilise the skills of health and social care professionals to ensure the needs are fully understood and that this is recognised within the care planning process. This may include GP, dentists, district nurses, dieticians and clinical nurse specialists (this list is indicative and is not exhaustive).

Need	Outcomes	Indicative Activity	Comments
Behaviour	• Service User understands the boundaries of the setting they are in • There are clear, predictable consequences when Service User broaches established boundaries • Service Users are supported to reach the best of their potential through strong behaviour recovery models • Individual behavioural plans are in place and implemented through an accredited methodology	• Ensure a strategic prevention approach to behaviour deterioration	•
		• Establish communication points and reporting lines to ensure expectations of both Service User and carer are clear	•
		• Ensure care plans and records accurately prompt best care progress	•
		• Implement and review the behavioural plan	•
		• Ensure care is provided in the least restrictive way	•
Cognition	• Service Users cognitive capability is maximised	• Ensure a cognition assessment is completed on admission. Monitor and review as appropriate	•
		• Ensure staff provide orienting communication	•
		• Ensure Service User has access to a clock and calendar (TV / radio if possible)	•

Need	Outcomes	Indicative Activity	Comments
		• Encourage Service User's representative(s) to visit and bring in Service User's personal possessions, e.g. photographs	•
		• Ensure the communications strategy for individual Service Users incorporate elements of both reality orientation and validation techniques	•
		• Ensure orienting information is provided as appropriate e.g. name and role of staff member at each encounter	•
		• Ensure the Service User's individual activity programme is tailored to meet the Service User's needs and prevents isolation	•
		• Ensure home lighting is appropriate to the time of day/ night	•
Emotional & social needs	• Service Users are engaged in meaningful activities, that are tailored to meet their individual needs • Service User maintains a sense of self and is able to optimise and meet his/her potential • Rights to expression of sexuality are upheld • There is Service User opportunity for meaningful occupation and engagement	• Provide links to social facilities and arrangements	•
		• Provision of an appropriate activities plan and equipment to support activities	•
		• Actively consult Service Users as part of activity planning	•
		• Regularly review Service User engagement in activities and provide additional support to facilitate Service User involvement as required	•
		• Support Service User with life changing events as required	•
		• Ensure staff have the skills to recognise depression and its effects on behaviour and refer to GP or other appropriate health care professional including an advocate	•
		• Support and promote Service Users existing and new relationships, including partners, families and friends	•
		• Support shopping / purchases as required, e.g. family gifts, clothes	•

Need	Outcomes	Indicative Activity	Comments
Communication	• Service User has the opportunity to express needs and choices through their preferred or an appropriate method • Optimisation of verbal and non-verbal communication skills	• Ensure a communication assessment is completed on admission. Monitor and review as appropriate	•
		• Ensure staff have communication skills relevant to meeting Service User needs	•
		• Ensure information is provided to Service Users in the appropriate format	•
		• Ensure staff are able to respond to verbal and non-verbal cues and make best use of relevant communication aids	•
Mobility	• Mobility is maximised at a level which is appropriate relative to the ability of the Service User	• Ensure a mobility assessment (including a falls and frailty risk assessment) is completed on admission. Monitor and review as appropriate	•
		• Implement fall and frailty prevention strategies as appropriate	•
		• Manage Service User mobility within the environment including referring to an appropriate health care professional for a frailty assessment as appropriate	•
		• Enable safe Service User moving and handling provision	•
		• Provide, maintain and replace, where necessary, a range of suitable equipment	•
Nutrition – food & drink	• Service User is enabled to maintain a balanced and nutritious diet • Service User is enabled to maximise their own potential to feed themselves (i.e. not assisted solely in order to save time) • The use of oral nutrient supplements is discouraged	• Ensure an assessment of nutritional needs is completed on admission, including risk assessment. Monitor and review as appropriate	•
		• Educate the Service User to promote the selection of informed nutritional choices including discouraging the taking of oral nutritional supplements over food	•
		• Monitor Service User changes, such as swallowing difficulties or weight loss/ gain and seek GP/ dietician advice when change occurs	•
		• Utilise a MUST tool and where required refer to a dietician for a nutritional assessment	•
		• Manage the use of PEG feeds with the minimum staffing level of a senior carer (if delegated task)	•

Need	Outcomes	Indicative Activity	Comments
		• Ensure that food/drink is available at flexible times and locations and is in accordance with Service User preferences	•
		• Allow Service User to influence the menu where reasonable and possible	•
		• Ensure appropriate supervision and assistance as necessary	•
Elimination & continence management	• Continence is promoted and optimised • Privacy and dignity is maintained • Skin integrity – risk of skin breakdown is identified and monitored • Risk of infection is minimised • Maintain privacy and dignity at all times	• Undertake a continence assessment on admission, develop a continence plan and monitor and review as appropriate	•
		• Ensure access to specialist continence nurses and refer as appropriate in-line with local access criteria	•
		• Recognise normal patterns and act on abnormal occurrences seeking specialist advice as required	•
		• Monitor for and act on any infection	•
		• Provide appropriate management supervision and equipment e.g. in relation to catheterisation, bowel management etc. and ensure access to specialist Tissue Viability services and refer as appropriate in line with local access criteria	•
		• Complete full and regular continence assessments and reviews as appropriate	•
Skin (including tissue viability)	• Skin integrity is optimised with active Service User input as appropriate	• Ensure an assessment of skin integrity and management is completed on admission. Monitor and review as appropriate	•
		• Provide appropriate equipment to maintain skin integrity (see Equipment)	•
		• Ensure evidence based wound management up to local tissue viability referral criteria	•
		• Prompt recognition of and action as a result of any changes to risk factors	•

Need	Outcomes	Indicative Activity	Comments
		• Manage skin conditions and utilise appropriate interventions as appropriate e.g. creams	•
Breathing	• Airway integrity is maintained and breathing is optimised • Respiratory risk is minimised • Negative impacts of respiratory dysfunction on daily living are minimised	• Ensure a breathing assessment is completed on admission. Monitor and review as appropriate	•
		• Utilise appropriate equipment to support Service User breathing as prescribed, e.g. nebulisers and tracheotomy equipment. This should be a minimum staff level of a registered nurse	•
		• Utilise oxygen and manage conditions, in partnership with the appropriate clinician	•
Pain	• Service User's pain levels are reduced and comfort optimised • The negative impacts of pain on the Service User's daily life is minimised	• Ensure a pain assessment is completed on admission. Monitor and review as appropriate	•
		• Ensure a range of communication skills are utilised to assess the characteristics of pain, e.g. location, severity on a scale of 1 – 10, type, descriptors frequency, precipitating factors, relief factors	•
		• Administer analgesia as prescribed and monitor effect using pain assessment tool and non-verbal cues	•
		• Utilise appropriate non-pharmacological methods to reduce pain and discomfort	•
Medication	• Medication is provided in a safe and timely manner in order to optimise the care and clinical condition of the Service User • Service Users are advised of the purpose of medication and actively engaged in the decision making and review of it • Medication management is optimized to reduce the amount of medication wasted	• Ensure a medication reconciliation is completed on admission. Monitor and review as appropriate	•
		• Maintain prompt access to all required medication	•
		• Ensure appropriate recording of medication administration including homely remedies and escalation of non-compliance	•
		• Inform the Service User and their representative(s) (as appropriate) of any likely side effects of medication or homely remedy	•
		• Monitor the side effects of medication and refer to the appropriate prescriber if contraindications present	•

Need	Outcomes	Indicative Activity	Comments
		• Work with the specialist care teams to anticipate Service User requirements prior to immediate need	•
		• Ensure that medication information is available in an accessible format focused on the Service User e.g. pictorial, tape, Braille, translated	•
		• Ensure that medication administration is in accordance with prescriptions and in line with the medication policy	•
Cultural, religious & spiritual needs	• Cultural, religious and spiritual requirements of individual Service Users are met	• Ensure awareness of the role religion, culture and spirituality plays in the life of the individual and their family carer and facilitate accordingly	•
		• Ensure that care and activity planning will take account of cultural and religious needs including End of Life	•
Washing and dressing	• An appropriate standard of personal hygiene is encouraged and considerations for choices are given • Service User independence, choice and physical/mental capability are respected • The principles of privacy and dignity are applied at all times • Skin integrity is maximised	• Enable the Service User to dress appropriately including support of clothing selection and assistance as required	•
		• Enable access to a hairdressing facility as required	•
		• Support personal grooming and facilitate with appropriate equipment e.g. nail cutting	•
		• Ensure access to specialist services as required	•
		• Enable the Service User to dress in a suitably private area	•
		• Enable the Service User to be in a position to regularly wash and dress	•
End of life planning and care	• To ensure that people die with dignity in the manner and setting of their choice	• If a Do Not Attempt Resuscitation (DNAR) status has been recorded in the Service User's medical notes by the Responsible Medical Officer and validated by the Service User or their representative, ensure that staff are aware of and act in accordance with the DNAR status	•
		• Where applicable, ensure the End of Life Care Advanced Care Plan (including preferred place of death) has been completed within 1 month of admission (or sooner if Service User is nearing end of life)	•

Need	Outcomes	Indicative Activity	Comments
		• Involve Service Users and their representative(s) (as appropriate) in devising an Advanced Care Plan in order to record end of life choices and preferences. Adapt and review as needed	•
		• Provide appropriate end of life planning and care communication skills training for relevant staff at all levels	•
		• Regularly engage with specialist palliative care teams, GPs and other Healthcare professionals, as applicable. Including identifying support and resources required to meet individual's needs and to anticipate changes in their condition	•
		• Attend training provided on assessing and managing symptoms at the end of life	•
		• Manage care of Service Users with syringe drivers. This should be a minimum staff level of a registered nurse	•
		• Ensure appropriate clinical supervision, consistent with occupational standards	•
		• Ensure familiarity with and understanding of preferred Place Of Care papers	•
		• Signpost relatives and other residents to appropriate after death support	•

Appendix D

CORE SERVICE STANDARDS
FOR
CARE HOMES WITH AND WITHOUT NURSING
(Issue Date 01 April 2018)

Service Standards

Introduction

In line with the emphasis of the Care Act (2014) the Commissioning Centre of Excellence has continued to strengthen its approach to reviewing the quality of services which the council commissions. Part of this approach has been to develop clear service standards to improve the quality of home support provision provided to Service Users, and to give clarity to Providers as to the standards we are expecting and will be monitoring against. The Commissioners believe that these principles are relevant whatever a Service User's age or complexity of need.

What is a standard?

A standard is a level of quality against which performance can be measured. It can be described as 'essential'- the absolute minimum to ensure safe and effective practice, or 'developmental' - designed to encourage and support a move to better practice.

The core service standards for Home support Providers (which are detailed in this document) are determined as essential. It is important that standards do not become outdated or serve to stifle innovation and improve the delivery of care in the home support market. To prevent this, standards will need to be regularly reviewed and updated or added to at least annually, drawing upon the best evidence available.

The eight service standards

There are currently eight core service standards which have been developed to improve and/or maintain the quality of the service within the home support market. The eight core service standards are:

1. RECRUITMENT & SELECTION
2. INDUCTION
3. RISK ASSESSMENTS
4. CARE PLANS
5. INTERNAL QUALITY AUDIT

6. POSITIVE BEHAVIOUR MANAGEMENT
7. CITIZEN VOICE
8. ENVIRONMENT

Why are Service Standards important?

Currently, there remains considerable variation in the quality of services provided across the home support market. In order to improve the quality of these services, change is required. This needs to be underpinned and informed by a more cohesive approach to standardised monitoring for commissioning staff in order to undertake their duties. Additionally it will ensure Provider compliance against the Flexible Contracting Arrangement.

These standards are applicable to home support services which are procured under the Flexible Contracting Arrangement. Service Standards establish a minimum level of performance to meet the compliance required by the market.

It is important that all home support Providers own and incorporate them into their own organisation if we are to improve home support services to the Service Users of Birmingham.

SERVICE STANDARD – RECRUITMENT & SELECTION

Area	Standard	Checklist	Evidence
Recruitment and Selection	Recruitment Policy **(RS 1.01)**	The Provider will have a Recruitment Policy which will be readily available for inspection by an officer from Birmingham City Council (BCC). The Provider will be following their recruitment policy (which will be in line with the Service Standards outlined below).	
Recruitment Checklist	The Provider will have a recruitment checklist at the front of each Care Worker file listing all the elements of the recruitment process. **(RS 1.02)**	To ensure that the recruitment process has been completed the checklist will show dates/names when the various stages have been completed i.e. date contract signed, dates references sent and received and chased (if necessary), name of administrator completing the task and the date etc.	
Staff Recruitment – Application Form	Application forms will be fully completed e.g. full employment history including dates, explanations if candidate was not working.	There will be no gaps and no inconsistencies with dates, addresses, work history, education etc. in the completed application. (If the application has a question regarding educational history then this will be completed fully with attendance dates and name of educational establishment(s), courses etc., for at least the last five years).	

	Application forms must be signed and dated. **(RS 1.031)**	Date on application will be before care worker starts work.	
Staff Recruitment - References	The Provider will have a reference questionnaire/standard letter to request a reference. **(RS 1.032)**	A copy of each reference request sent out will be on the care worker file and will be addressed to the referees on the application form. (If the Provider uses a letter and a reference form than the referee's name will be on both).	
	There will be two references on each Care Worker file. **(RS 1.033)**	References will link in with the work history on the application form. All returned references will be checked by the Council. The Provider will make a note on the returned reference as to when the reference was checked and by whom. All references must be returned before care worker's start date. One reference must be from the current/ most recent employer. Referees will put their company stamp on the questionnaire, attach a compliment slip or reply on letter headed paper.	

		If there is a telephone reference on file then the questions/responses will be fully recorded, dated and signed by Provider. If there is an e-mailed reference then all the correspondence will be printed off and kept in the file. E-mail will not be from a 'hotmail' or 'gmail' account unless the company name is within the e-mail address. If there is a character reference on file there will also be an explanation as to why. One will be last or current employer. If no employment history, Provider will obtain professional reference.	
Staff Recruitment - DBS	The Provider will have an Enhanced DBS matrix showing all employee names, dates Enhanced DBS applied for and dates returned. **(RS 1.04)**	Enhanced DBS checks will be renewed every 3 years. Enhanced DBS' will be requested and returned before employment commences although some Providers may allow the Care Worker to commence employment under supervision i.e. double-up calls at long as they have obtained a first check against the safeguarding list and it is clear.	
	The Provider may have accepted a DBS from the	The Provider can accept a DBS from the previous employer providing that it is not more than 3 months old and in the same sector. The Provider will also need to	

	previous employer **(RS 1.041)**	evidence that a new DBS has been applied for immediately and that a risk assessment has been put in place until the new DBS has been received. The electronic DBS transfer can also be accepted and evidence provided.	
	The Provider will have a risk assessment policy/procedure in place for dealing with Positive DBS Returns. **(RS 1.042)**	If there are any convictions on returned Enhanced DBS' or declared on application forms and the candidate is employed then the Provider will have undertaken a risk assessment which will be on Care Worker file.	
Staff Recruitment – Right to Work Checks	The Provider will be able to evidence that appropriate right to work checks have been completed for staff from overseas. The Provider will be looking for documents issued by the Home Office, the Border and Immigration Agency or the UK Border Agency. The Provider must bear in mind that repeat checks	Providers will check Passports, National Identity Cards, Registration Certificates or Document Certifying Permanent Resident are acceptable for EEA (European Economic Area) nationals who may work without restriction. For non-EEA nationals checks will be undertaken on Passports (biometric from 6 April 2015), Residence Cards, Accession Residence Cards (for Croatian nationals), Residence Permits (Biometric from 6 April 2015), Permanent Residence Cards (Biometric from 6 April	

	may have to be carried out to ensure people continue to have the right to work. **(RS 1.05)**	2015). Students – some are not allowed to work and some are allowed to take limited employment. Endorsement can be found in Passports or Biometric Resident permits which states student is permitted to work and the number of hours of work allowed during term time. If this information is not set out in these documents the student does not have the right to work. Providers will also ask to see evidence of the course, the start/end date and a copy will be kept on the care worker's file The Provider will take **colour** copies of the front cover of passports, copies of the pages providing the holder's personal details (nationality, photograph, date of birth, signature, expiry date) any pages containing UK Government endorsements' showing the person is allowed to work in the UK and carry out the work being offered. All other documents will be copied in full including both sides of any Biometric cards/permits. These documents to keep on Care Workers' files. Copies will be stamped or handwritten, dated and signed to indicate the Provider has seen the original documents.	

Staff Recruitment – Other ID	The Provider has evidenced that other forms of identification has been collected for British Nationals. **(RS 1.06)**	The Provider can ask for current and valid Passports, current Driving Licence (photo-card or paper), Birth Certificates, Bank or Building Society statements, Credit card statements, P45 or P60, Council Tax statements, current utility bills (water, electricity, gas, (NOT ON-LINE)), letter from head teachers or college principles (this is not an exhaustive list). The Provider will take copies of the documents in full and there are copies on the Care Workers' files. Copies will be stamped or handwritten, dated and signed to indicate the Provider has seen the original documents.	
Staff Recruitment – Interview	The Provider must formally invite candidates to an interview. **(RS 1.071)**	A copy of the letter inviting the candidate to an interview will be on the successful care worker's file and dated.	
	The Provider's recruitment policy will state that two members of staff undertake interviews and the position within the organisation of the interviewers. **(RS 1.072)**	Minimum of two staff members will be undertaking the interviews and each will use the interview question form. These will show the interviewers' names and the date.	

	The Provider will be using an interview question form pre-populated with set questions and space for the candidate's responses to be recorded. **(RS 1.073)**	The interview questions will be appropriate to the care industry and job requirement including the number of questions asked. Comments will also be recorded regarding the interpersonal skills of the candidate.	
	Candidate responses will be recorded. **(RS 1.074)**	The interviewers will each fully record the candidate's responses on each of the interview question forms and score each response.	
	Scoring matrix will be clear and transparent. **(RS 1.075)**	The scoring matrix will be clear detailing the minimum/maximum points that can be awarded for each answer. The scoring matrix will also be clear regarding the number of points required to be offered employment.	
	Service users are involved in the recruitment process. **(RS 1.076)**	This is good practice when possible. This could be a question set by a Service User and asked by the interviewer, or evidence that the Service User has come to the office to meet the candidate to personally ask a question.	
Staff Recruitment – Practical	Literacy tests are used as part of recruitment process	*The Provider will use practical tests for literacy. Mathematical tests is good practice.*	

Tests	**(RS 1.08)**	There will be copies on the care worker's file and evidence that the tests have been scored by the Provider.	
Staff Recruitment - Appointment	The Provider will formally give the successful candidate an offer of employment with a start date **(RS 1.09)**	A copy of the letter offering employment with a start date will be on the care worker's file.	
Contract of Employment	Contract of Employment on file. **(RS 1.10)**	There will be a copy of the Contract of Employment on the care worker's file that has been signed and dated by the care worker and the Provider.	
	Date of Contract of Employment. **(RS 1.11)**	The date on the Contract of Employment can be on the day the care worker started working or it could be after a probationary period i.e. 3 months. (Cross-check the employment start date)	
Staff Recruitment	Policies and Procedures as part of induction.	There will be a record in the care worker's file along with a signature and date to evidence that the care worker has	

	(RS 1.12)	read the Provider's policies and procedures. Some of the main policies are: Safeguarding, Mental Capacity Act, Deprivation of Liberty Safeguardings, Medication, Equality and Diversity, Privacy and Dignity, Health & Safety, Manual Handling, Handling Service User's Monies, Complaints Policy, Whistleblowing Policy, Lone Working Policy, 'Out of Hours' Policy This is good practice. This record may also be kept with any training records.	
	Ongoing regular supervision **(RS 1.13)**	Staff will have a minimum of at least six supervision sessions a year of which at least four must be one-to-one supervisions.	
Staff Recruitment	Copies of Qualifications on file. **(RS 1.14)**	There will be copies of all relevant qualifications on the care worker's file as mentioned in the application form e.g. degrees, NVQ/QFC etc. The copies will be stamped or handwritten, dated and signed to indicate the Provider has seen the original certificates.	
Car Drivers	Current Insurance, MOT and Driving Licence	Provider will check that all car drivers documentation is current, this will include insurance for business use, current MOT, full driving licence and copies will be retained on file	

SERVICE STANDARD - INDUCTION

Area	Standard	Checklist	Evidence
Induction Standards	The Provider will have an Induction Policy which states the aims of induction for the organisation and roles within the organisation. **(IS 2.01)**	The policy will be accessible and written in plain English so that it is understandable to all staff. There will be clear explanation of why the policy is required. The policy will provide information on who's who within the organisation and state their contact numbers The policy will cover all aspects necessary to help new staff members settle into their role. The policy will aid those responsible for the induction of new staff and existing members of staff who are changing roles.	
	The Provider will be aware of the Care Certificate standards and will have incorporated them into their policy. **IS (2.02)**	The Provider will have incorporated ALL the requirements of the Care Certificate into their induction policy.	

Duration of Induction	The induction policy will clearly state how long induction will last. **(IS 2.03)**	Best practice induction training will be broken down into manageable elements i.e. what the first day covers, what the second day covers etc. There will be written guidance for staff on organisational procedures – code of conduct etc. - this may be in the form of an employee handbook. Training for overarching policies and procedures will be phased over 14 working days.	
Induction Checklist	The Provider will have an induction checklist within the employee(s) file listing all the elements of the induction process. **(IS 2.04)**	To ensure best practice in service delivery from a new worker's first day, there will be a checklist to ensure all aspects of the induction process is completed. The checklist will show dates/names when the various stages have been completed i.e. date started, areas covered, and confirmation of understanding, date completed and space for signatures. Both the employee and trainer will sign the induction checklist as and when each element is completed.	
Staff Induction Plan	The Provider will have an Induction plan, which incorporates all elements of the Care Certificate.	The induction programme will ensure that all staff have undertaken the mandatory training required for their role. The programme will cover all requirements aligned to the Care Certificate and Care Act 2014:-	

	(IS 2.05)	**Care Certificate** • Understanding your role • Your personal development • Duty of care • Equality and diversity • Working in a person centred way • Communication • Privacy and dignity • Fluids and nutrition • Awareness of Mental Health conditions, Dementia and Learning Disability • Safeguarding Adults • Safeguarding Children • Basic life support • Health and Safety • Handling information • Infection and Prevention Control **Addition Requirements by the Council** • Risk assessments • Manual handling (theory and practice) • Food hygiene/basic food preparation • First Aid • Medication (including completion of MAR charts) • Support Planning	

		• Professional boundaries • Mental Capacity Act • Deprivation of Liberty Safeguards • Social Care Passport Evidence of training including workbooks and assessments will be in staff files along with final certificates. There must be evidence that the assessor(s) is competent in the standard they are assessing.	
	Direct Observations **(IS 2.051)**	There will be evidence of specific observations/assessment in order to comply with the Care Certificate. Indicating learning being put into practice within the required 12 week period.	
	Induction training will be specialised and condition specific **(IS 2.06)**	There will be condition specific specialised training for healthcare needs in addition to the mandatory elements of the Care Act	
	Where staff have completed the Common Standards Induction, they will need to complete the extra modules contained in the Care Certificate.	There will be evidence that the extra modules have been completed.	

	(IS 2.07)		
	A check will be completed on 'new staff' that has completed the Care Certificate with a previous employer. **(IS 2.08)**	The Provider will check competencies around the Care Certificate by, for example, direct observations and shadowing.	
Method of Induction Training	The Provider will have tools and systems in place to deliver the induction programme. This will include tools for assessing the effectiveness of the employees learning. **(IS 2.09)**	The Provider will demonstrate various methods of training e.g. in house, external trainer, DVD's etc. Are the training methods appropriate for the training area undertaken? If work books are used are the workbooks marked? If work books are not used and other methods are being followed then this must be sufficiently evidenced as per the Care Certificate requirements. Copies of the workbooks will be looked at to see if the learning methods are effective and fit for purpose. There will be evidence that the organisation has taken appropriate measures where an employee has not fully understood the training.	

	Employees will have a period of shadowing with an experienced member of staff. **(IS 2.10)**	Employees will have a period of shadowing with senior care staff prior to induction sign off. The induction policy will state what the shadowing period is - best practice is more than two shifts. Shadowing will cover a range of service needs e.g. moving and handling, dementia, autism etc. documentation will be completed for each shadowing event and there will be evidence on the type of task undertaken and competence of carer performing task will be recorded.	
	The Provider will ensure that employees read and understand support plans and risk assessments before providing care to Service Users. **(IS 2.11)**	There will be a form for the employee to sign to evidence that they have read and understood the Service Users support plan and any associated risk. Evidence of signed forms will be in the Service Users file at the organisations head office.	
	The Provider will have specific induction training for employees around completion and understanding of care documentation. **(IS 2.12)**	There will be guidance on how to understand and complete care documentation e.g. MAR charts, care notes, compiling and interpreting care plans, risk assessments and safe system of work etc.	

	The Provider will undertake routine observations on all care providing employees. **(IS 2.13)**	There will be clear, documented evidence that the Provider is undertaking routine observations/spot checks. Observations will cover how the employee interacts with the Service User, is the service delivered with dignity and in a timely manner. Observations will also include quality of daily recording.	
	The Provider must undertake regular supervision meetings during the induction process **(IS 2.14)**	The induction policy will state the frequency of supervision meetings during the induction process. There will be evidence that supervisions have taken place in line with the induction policy.	
		-	
Ending the Induction Process	The Provider has a process in place to sign off induction for new members of staff. **(IS 2.15)**	There will be a form/ certificate of successful completion demonstrating that the employee has successfully met all the outcomes in the Induction standards. This will include: • An induction plan which was agreed and has been followed through to completion. • The Provider has directly assessed the individuals knowledge, skills and understanding and is satisfied that they meet or exceed the required standards. • The Provider has reviewed any written evidence provided, witnessed or signed off by others and it satisfied with its authenticity and adequacy.	

		• A continuing personal development plan has been agreed as part of the induction process and there is a written commitment to implement this. • Any role/condition specific induction requirements identified through recruitment and not covered by the Care Certificate have been addressed.	

SERVICE STANDARD – RISK ASSESSMENT

Area	Standard	Checklist	Evidence
Pre-admission risk assessment	*Risk assessments will take account of the Health and Safety (HSE) 5 steps to risk assessment guidance.* *The risk assessment must clearly identify:-* ***Hazards** (potential to cause harm);* ***Risk** (the chance of*	Environment (inside home and outside) e.g. risk of trips, access, kitchen appliances, pets, cleanliness, furniture, smoking Risk to lone worker(s) Care needs - do any of the care needs have associated risks e.g. partially sighted or providing personal needs in bed, personal needs (dressing, showering, changing incontinence pads etc.) Personality of individual or family members e.g. the	

	likelihood of harm occurring) using either a low/medium/ high, or red amber/ green of a risk matrix ***Control measures*** *(actions taken to reduce risk)* ***Residual Risk :*** *needs to be adequately addressed if other than low* **(RA 3.01)**	Service User may choose to make unwise choices, may be uncooperative, are families acting in the best interest of the Service User. Capacity - is the Service User able to make informed decisions/choices. Eating & drinking – is the Service User able to eat and drink without support, do they require a special diet, is there a risk of choking, do they need their food need to be cut up, is there a need to monitor intake. Medication - can the Service User self-medicate, do they need prompting, what are the consequences of not taking /missing meds, how are medications stored. Mobility – is the Service User able to walk/stand unaided, do they need to use aids? Do aids need to be accessible? Is there a history of falls? Does the Service User require a raised bed or raised chair?	

		Manual handling - do staff have to provide any support which involves manual handling? including lifting, transferring, aided standing and supporting mobility. Behaviours that challenge - is there a history of violence/aggression/verbal abuse to staff, self or others. Health needs - does the Service User have health requirements e.g. use of catheters, tissue viability issues, mental health issues, physical disabilities, significant weight loss or gain, dementia, diabetes, stroke etc. Finance - does the Service User manage their own money, do they need support when shopping. Do they need to give money to carer for shopping? Who has control of their monies/bank accounts, bank cards? Is the Service User vulnerable to financial abuse? Access to the community - does the Service User require additional support whilst out in the community. If the Service User goes out independently is there a danger linked to crossing roads, getting lost, are they vulnerable to	

		the actions of members of the public.	
Individual risk assessments	The risks identified on the pre admission assessment. Risks will be identified as low, medium or high (green, amber, red or a scoring matrix). Where any risk has been identified as medium or high control measure need to be in place to reduce the associated risk. The risk control measure **will** be part of the care plan but must be identified that this is a measure to reduce risks. **(RA 3.02)**	Identification of risk - including how it fits into care plan probability and consequences of risk. Risk control measure(s) to reduce risk to include: - environmental factors, equipment needed, training needed, person centred care. Clear instruction for staff around what to do if risk(s) materialise. Residual Risk : needs to be adequately addressed if other than low Safe system of work - this includes identification of staff that need to be involved, communication /cooperation with the individual. This will clearly identify **safety critical** aspects of the activity.	

		Agreement - the risk assessment needs to be agreed with the Service User or their nominated representative. Annual Reviews - the risk assessment will always be updated/re-written when needs change or annually. The risk assessment will indicate when reviews of risk will be undertaken. This can vary depending on risk but it is good practice to review monthly. Reviews - there needs to be evidence that reviews have taken place in line with prescribed timescales. Accessible - risk assessments will be in a format which is easy to understand for staff and accessible to read within care planning. Where risks are low this will be stated, if certain areas of risk are not relevant this will be clearly stated. Health needs - *these* will be in a format recognised by NHS teams especially in regard to medication, health monitoring, eating and drinking, tissue viability and health colleagues will, as necessary, be made part of assessment	

		process. Staff risks - staff must be protected and suitable risk assessments for staff must be included e.g. lone working, pets, environment within the home and outside, manual handling, threat of violence, handling money. **Good practice - that all staff involved in the care of individuals sign to indicate that they have read and understood the plan.**	
	A separate Manual handling risk assessment needs to be in place where there are any risks identified. **(RA 3.03)**	Identification of risk, including how it fits into care plan probability and consequences of risk. Risk control measure to reduce risk to include: environmental factors, equipment needed, training requirements, person centred planning. Specific details of use of hoist will be included *including type of sling i.e. full or access, bathing or on site slings, sling use i.e. loop configurations to be used for task i.e.*	

		sitting of lying transfer. Sling maintenance and storage, and infection control procedures. Specific instructions needed for use of other equipment will be included e.g. use of slides, walking aids. There will be clear instructions for staff indicating what they need to do if risks materialise. Safe system of work - this includes staff that need to be involved, communication /cooperation with the individual. This will clearly identify **safety critical** aspects of the activity. Reviews will be monthly and updated e.g. when any falls occur, condition changes.	

SERVICE STANDARD – CARE PLANS

Area	Standard	Checklist	Evidence
Care Plans – consent	They will demonstrate that appropriate **consent** was gained.	Is the care plan signed and dated by all parties including the Service User or family / carer? (If the individual is unable to sign is this documented?)	

	(CP 4.01)	Has the Service User's capacity to consent to all aspects of the care plan been considered? EVIDENCE: • Evidence that a pre-assessment visit has taken place prior to the commencement of care. • Accurately reflects Social Worker/Community Nurse Support Plan • Start date will be documented • Evidence of participation by the Service User and/or their family – recorded in pre-assessment documentation. • Evidence of Service User's preferences taken into account e.g. gender of C/W, language of C/W, times of calls etc. • Evidence of consent from the Service User	
Care Plan format	The format will be **accessible**; easily understood by all who use it including the Service User and the carer (and any	Are the care plans clearly structured and do they include an index? Are they in an accessible format? e.g. large print / pictures / alternative language, information will be divided up into short sentences, paragraphs / bullets / numbers etc.	

	agency staff). (The Care Act 2014, 4 (4). Care and Support Statutory Guidance, Issued under the Care Act 2014, 2.52) **(CP 4.02)**	Does the care plan include sections for: • Personal details • Personal history • Contact information for: next of kin, family, friends, GP and other professionals involved with the Service User's care. • Medical conditions and allergies • Additional section(s) within the care plan as required detailing e.g.: - Manual handling (where relevant) - Skin integrity (where relevant) - MCA / DoLS (where relevant) - Weight Loss - Nutrition - Provider details including 'out of hours' contact details	

		EVIDENCE: Clearly structured including an index Accessibility has been considered and alternative formats have been implemented where relevant.	
Care plan details	Care plans will be **personalised** – it will be centred on the individual, their circumstances and needs and demonstrate their **desired outcomes** **(CP 4.03)** (The care Act 2014, 1 (3) (a), (b), (e). Care and Support Statutory Guidance, Issued under the Care Act 2014, 1.13, 1.14 (a), (b), (d), (e), 10.10).	Are care plans written collaboratively with the Service User / their carer(s)? Does the care plan reflect the package of care identified in the Social Work support plan? Is relevant information from the Social Worker's support plan including details of physical and mental health; well-being; (including attitudes towards any disability) and lifestyle (including how the day is spent); the contribution of informal carers included? Is the care plan written in the first person or the person's perspective? (This may be using the Service User's own words and phrases) Are the Service User's personal details clearly recorded? (This could also include an individual's 'preferred name'	

		and preferred communication method).	
	Important information Inc. medical conditions& emergency contacts etc. will be clearly indicated. **(CP 4.031)**	Has a personal history (in addition to that provided by the Social Worker) been obtained - including likes and dislikes? Does the care plan reflect the Service User's cultural and ethnic background as well as their gender and sexuality? Do outcomes relate directly to the individual's needs and goals?	
	There is guidance for care and support staff on the matters that need to be reported to the registered manager. Care call information including care to be provided will be clear and concise and this will be both accurate and current. They will be **<u>instructional</u>** e.g. contain information on	Are medical conditions including any allergies clearly documented? Are crisis and contingency arrangements included? Is there direction on procedures for reporting any concerns, responding to incidents and seeking guidance? Is the care plan explicit and instructional i.e. does the plan include relevant detail about how to appropriately perform	

	how to carry out personal care / activities in a person centred way. **(CP 4.032)** There will be an emphasis on **<u>delaying</u>** the development of needs for care and support and the importance of **<u>reducing needs</u>** that already exist. They will demonstrate that an individual's **<u>independence and choice</u>** are being promoted; their **<u>dignity and respect</u>** are valued and their **<u>right to privacy</u>** is always observed. They will demonstrate that care and support is provided in the least intrusive way at all times with tasks being carried out *with the Service User, not for them*,	care tasks? Is this clearly recorded in plain English and does it include enough information for someone else to implement the plan? (Would it make sense to a carer unfamiliar with the individual?) If there is a lot of information is this broken down to make it easier to comprehend e.g. short sentences / bullet points or numbers / small blocks of text / appropriate font size. Is there evidence of an enablement process taking place? Does the care plan identify: • An individual's strengths and identify what they are able to do for themselves? • How the individual is being supported to stay healthy and safe and how it contributes to their wellbeing? • If Service Users have as much control as possible whilst being protected against unreasonable risks? This will reference the risk assessment. Is there information on methods of personalised interaction with the individual whilst care tasks are being carried out? e.g. preference for specific explanations / statements (possibly about the process) to inform and / or provide reassurance during care tasks. Are likes and dislikes in relation to the way that care tasks are carried out	

	minimising intervention and supporting Service Users to take risks, as set out in their care plan. (The Care Act 2014, 2 (1) (a), (c). Care and Support Statutory Guidance, Issued under the Care Act 2014, 1.5, 1.14 (c), (h)) **CP (4.033)** **Safe working practices are promoted**: care plans will also include instructions on how to safely complete personal care / activities. **(CP 4.034)**	included? Is there evidence that the care plan offers an opportunity for the individual to make ongoing choices about their care on a daily basis? Are there clear instructions regarding safe systems of work, and are there clear step-by-step instructions which demonstrate what is expected of each carer to safely complete each task? (these could be listed separately) – Are there instructions on the safe use of any assistive technology including the completion of a visual check to ensure the equipment is in good working order before commencing the care task? This will reference the risk assessment. Is the care plan up to date e.g. is all the information current	

		and relevant? (There will be no evidence that information has been 'cut and paste' from previous care plans, there will be no contradictory information) **EVIDENCE:** Service user included – likes and dislikes included, personal details included, medical conditions and a thorough personal history recorded Desired outcomes recorded Person centred including an emphasis on importance of clear communication with individual before and during tasks (including offering reassurance) and any other personalised response Written in plain English & from individuals perspective Essential information is provided (next of kin, family, friends, GP) Guidance to staff is included:- Evidences choice Evidences enablement and any progress made	

		Safe working practices are documented including directions on the inspection and use of any assistive technology and link directly to risk assessment and directions clearly broken down (chronological – time and motion fashion) Positive Behavioural Support	
Care plans and medications	The support needed to prompt / assist or administer medication as required is detailed in the care plan. **(CP 4.04)**	Is the nature and extent of help required with medications administration detailed within the care plan? e.g. direct support with administering medication by selecting and preparing medication for immediate administration, applying creams, inserting drops etc. And if the individual is confused or likely to mistake their doses, is there detail about safe storage of medication? (Level of assistance must be recorded by the carer in the medication comments/recording sheet (held in the Service User's home) on all occasions. The date, time of day and signature must be clearly written – a colour coding system could be used to identify medications taken at different times of the day) Is there a current list of prescriptions detailed within the	

		care plan including: • Name of medication • Dose • Time of administration • Frequency of administration • Method of assistance • Arrangement for the management of any medicines to be administered on an “as required” (PRN) basis e.g. pain relieving medication. Is there a PRN protocol in place advising when to give medications (time and / or circumstance)? The PRN protocol will include: - What the medication is for - What side effects to look out for and what to do if they are present - The dose will be specific not a range especially for pain medication. - Any special information such as giving medication before / after food. For topical	

		medicines; the site of administration will be recorded e.g. right shin. Are there instructions included within the care plan regarding the administering of medication (including safe system of work) e.g. asking the individual and checking the record sheet to confirm that they have not already had their medication. Instructions to only dispense from original containers or sealed monitored dosage systems dispensed and labelled by the pharmacist. Is there a safety checklist for the suitably qualified Care Worker to follow:- - Right Patient - Right Drug/Medicine - Right Time - Right Dose - Right Route Does the care plan provide information on reporting refusals and medication errors including if the wrong medication is given?	

		Are there instructions regarding changes to medications e.g. instructions not to give any medications not recorded within the care plan? (Any medications review will be documented and this section of the care plan will be amended). Are there MAR charts in place? **Evidence**: • Safe working practices documented • Information regarding medications recorded • PRN protocol in place (where relevant) • MAR charts completed and signed	
Personal Development of care staff	Providers delivering care to Service Users with complex needs must demonstrate adequate training has been undertaken by care staff. **(CP 4.05)**	Any care staff delivering care to Service Users with complex needs must have undertaken additional training to meet the particular specialist requirements of the Service User and must be evidenced that the care worker is competent , examples could include working with Service Users who may have the following • Dementia - Training plans are in place that ensure staff are working towards being trained to Tier 2 of the Department of Health and Social Care backed	

		'Dementia Training Standards Framework' https://www.hee.nhs.uk/our-work/dementia-awareness/core-skills • Diabetes • Heart Failure • Acute / Chronic Renal Failure • Chronic Obstructive Pulmonary Disease • Urinary or Suprapubic Catheter care • Complex behaviour • Stoma bag • Peg feed • Tissue viability • Falls management	
Care plan review	As a minimum, formal review must take place once a year following an initial 28 day review. The review is completed by an appropriately qualified and experienced person. Review and revision of the care plan will take place at times or intervals dictated by changes in the need or circumstances of the Service User e.g. hospital	Is there a date for the next planned review recorded on the care plan? (This will be within 1 year). Is there a record that identifies outcomes of the review and any amendments to the Service User's care plan? Is there evidence of progress made with the enablement process? Has the support plan been amended to reflect this? Is there a focus on what the individual is able to do	

	discharges and/or the request of their carer/representative. (The Care Act 2014, 27 (1), (b). Care and Support Statutory Guidance, Issued under the Care Act 2014, 13.10) **(CP 4.06)**	for themselves? **EVIDENCE:** • Will include review frequency • Evidence of review • Next review date recorded There will be no evidence of information having been 'cut and paste' from elsewhere Care plans will be reviewed at all times if the Service User's circumstances have changed	
Audit	MAR charts and Care notes will be audited on a monthly basis **(CP 4.07)**	Evidence of auditing ideally with a front sheet which has been signed and dated. Evidence that any issues have been followed up and addressed. Evidence of timeline of reporting lines and action taken.	
Care plan	Additional health plans will be linked to third parties e.g.	For individuals requiring additional monitoring, there will be	

extras	GP or other Health Professional – care plans will correspond to these. **(CP 4.08)**	detailed sections of the care plan covering: • Skin integrity • Fluid charts • Weight monitoring The above will refer to the risk assessment. Does the support plan include: • A health action plan for Service User's with LD • Palliative (where relevant) • End of life plan • A Health Passport (where relevant) **Evidence:** Any additional health plans are detailed in the care plan	

Care Notes / Daily records	Each entry in the daily records will include: **(CP 4.09)**	• All manual care notes must be written in black ink and clearly legible • Dated • Well-being of the individual on care worker's arrival and departure • If care requirements within the care plan are not carried out / completed as specified within the care plan, this will be recorded with the reason e.g. Service User refusal • Identifiable name of carer completing the care requirement • Signature of the carer • If concerns have been highlighted in the previous recording, have these been followed through / acted upon? • All care notes should be contemporaneous in entry and for every shift. • Each entry should be made in such a way that evidences the senior of the shift is aware of care undertaken and any escalations required.	

Care plan activities	Activity plans will be personalised to match the skills, abilities, and interests/preferences of each Service User helping the Service User reach his or her goals and where appropriate, to the Service User's overall wellbeing. **(CP 4.10)**	The activity coordinator is required to be skilled and specifically dedicated to undertake this role and function. There should be enough activity coordinators to enable provision of activities to all Service Users at any given time. The activity coordinator has the skills and abilities to arrange various activities that are changed regularly and adapted to the changing needs of Service Users. This includes those that are restricted to their rooms. Is there a range of activities identified (as appropriate)? e.g. leisure, therapeutic, skills based? Do they help with cognition, mobility, socialisation, skills development? Do they incorporate the Service User's current interests, abilities to pursue these interests, adaptations needed to help the Service User to pursue these interests, the Service User's strengths, the goals to help the individual to reach his or her highest practicable level of well-being? Are any activities based in the community (if appropriate)? Do any activities encourage the Service User to share the skills and abilities they already have? e.g. Service Users can be encouraged to share their skills such as knitting / crochet / gardening / music / cooking/ baking / explaining	

		the rules of various sports. Do activities encourage the development of new hobbies, interests or skills including use of technologies e.g. skype, Facebook, you tube? Are activities goals specific and measurable? Is there a method of recording an individual's engagement with the activity? Are their progress notes reflecting progress or lack of progress the Service User makes towards activity based goals? For Service Users with no discernible response, service provision is still expected and may include activities such as talking or reading to the resident about prior interests or tactile stimulation etc. The Provider is encouraged to engage with family or next of kin in order to establish interests in advance of the placement. N.B – all activity plans will reference the relevant risk assessment where needed.	
Care Plan – accessing the community	**(CP 4.11)**	For individuals being supported to access the community, the care plan will consider: • Level of support required e.g. 1:1, 2:1 • Use of assistive equipment (and any maintenance of this) e.g. walking frame, wheelchair etc.	

		• Accessibility of transport (where required) • Accessibility of a building(s) • Support with accessing and managing money whilst in the community • Emergency procedures will be clearly stated e.g. epilepsy All of the above will reference the appropriate risk assessment	

SERVICE STANDARD – INTERNAL QUALITY AUDIT

Area	Standard	Checklist	Evidence
Quality Assurance	Provider must have a robust quality assurance process **(IQA 5.01)**	• Audit process in place • Monthly audit of care plan records, medication administered, West Midlands Ambulance Service call outs, unexpected deaths, Service User's finances etc. • Review of Provider's own policies and procedures • Follow up on Service User's concerns • Follow up on concern's raised by Service User's friends, family and visiting professionals • Reporting and learning from themes and trends from serious incidents, incidents and safeguards • Compliance to any audits and action plans that	

		have resulted from external visits. • The above list is illustrative and is not exhaustive	

SERVICE STANDARD – POSITIVE BEHAVIORAL MANAGEMENT

Area	Standard	Checklist	Evidence
Care Plan and accessing the community	**All Service Users will have a positive behaviour support plan** **Why do they need one?** To help effectively respond to challenging behaviour a good Behaviour Support Plan is vital. A Behaviour Support Plan aims to reduce the likelihood of challenging behaviour happening and if used consistently is very successful in supporting the person to find other ways to communicate their needs. **(PBM 6.01)**	• Multi-disciplinary approach – advice will be sought from psychologist and or other clinicians • complete ABC charts • record four things about the challenging behaviour: "Appearance" – what the behaviour looks like "Rate" - how often it occurs "Severity" - how severe the behaviour is "Duration" - how long it lasts. Red, amber, green, blue (or other appropriate) status to be used. **Stages of behaviour** **Green = calm & relaxed** **Amber = anxious, aroused or distressed** **Red = incident** **Blue = calming down** Review and evaluate as necessary.	

	Incident recording and reporting **(PBM 6.02)**	Positive Behavioural Support is person centred Risk assessments completed and followed. **If physical restraint is used a protocol must be followed and staff trained and competent in restraint techniques which comply with NICE guidelines.** Violence and aggression: short-term management in mental health, health and community settings NICE guidelines [NG10] Published date: May 2015. • Incidents are recorded on incident sheets • Any incident is fully documented see PBS • Incidents are evaluated and lessons learnt • CQC, Care manager, safeguarding are notified as necessary. • Incident is also recorded on daily record sheets to ensure efficient cross referencing • If PRN medication is given this is noted on	

		MARs and on incident sheet. Any changes in frequency of incidents are referred for specialist MDT support.	

SERVICE STANDARD – CITIZEN VOICE

Area	Standard	Checklist	Evidence
Citizen Voice	**Involvement and engagement of citizens** **(CV 7.01)**	All Service Users and their families/advocates are made aware, at the start of any service, that their comments and views (whether positive or negative) are welcomed. All Service Users and their families/advocates are given contact details of a manager they can talk to about their service and they are given information about how to make a complaint A record is kept of all complaints received, what action was taken in response, by whom, and what the outcome was. Every efforts is made to resolve the complaint to the satisfaction of the complainant, and as quickly as possible A record of all feedback received from Service Users, family members & advocates, and there is evidence of how this has been used to improve the quality of services	

		Evidence of Citizen Involvement / Choice in: • Care planning • Management of risk • Positive Behavioural Support • Communication strategies in partnership with speech and language therapist • Recruitment Person Centred Planning and accessible information utilised in the following areas • Service User Guide • Menus • Activity timetables • Complaints • Advocacy • Care Plans • Reviews	

		• Hospital Passports • Service User meetings	

SERVICE STANDARD – ENVIRONMENT

Area	Standard	Checklist	Evidence
Environment	All premises and equipment used by the Provider must be: • Clean • Secure • Suitable for the purpose for which they are being used • Properly used • Properly maintained • Appropriately	• Premises and equipment must be kept clean and cleaning must be done in line with current legislation and guidance • Premises and equipment should be visibly clean and free from odours that are offensive or unpleasant Providers should: • use appropriate cleaning methods and agents • operate a cleaning schedule appropriate to the care and treatment being delivered from the premises or by the equipment • monitor the level of cleanliness	

	located for the purpose for which they are being used • The registered person must, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used **(ENV 8.01)**	• take action without delay when any shortfalls are identified • make sure that staff with responsibility for cleaning have appropriate training • Domestic, clinical and hazardous waste and materials must be managed in line with current legislation and guidance • Security arrangements must make sure that people are safe while receiving care, including: o Protecting personal safety, which includes restrictive protection required in relation to the Mental Capacity Act 2005 and Mental Health Act 1983. This includes the use of window restrictors or locks on doors, which are used in a way that protects people using the service when lawful and necessary, but which does not restrict the liberty of other people using the service o Protecting personal property and/or money o Providing appropriate access to and exit from protected or controlled areas o Not inadvertently restricting people's movements	

		○ Providing appropriate information about access and entry when people who use the service are unable to come and go freely and when people using a service move from the premises as part of their care and treatment ○ Using the appropriate level of security needed in relation to the services being delivered • If any form of surveillance is used for any purpose, the Provider must make sure that this is done in the best interests of people using the service, while remaining mindful of their responsibilities for the safety of their staff. Any surveillance should be operated in line with current guidance. Detailed guidance in the use of surveillance is available on CQC's website http://www.cqc.org.uk/content/using-surveillance-information-service-Providers • Premises must be fit for purpose in line with statutory requirements and should take account of national best practice • Premises must be suitable for the service provided, including the layout, and be big enough to accommodate the potential number of people using the service at any one time. There must be sufficient equipment to provide the service • Adequate support facilities and amenities must	

		be provided where relevant to the service being provided. This includes sufficient toilets and bathrooms for the number of people using the service, adequate storage space, adequate seating and waiting space • People's needs must be taken into account when premises are designed, built, maintained, renovated or adapted. Their views should also be taken into account when possible • People should be able to easily enter and exit premises and find their way around easily and independently. If they can't, Providers must make reasonable adjustments in accordance with the Equality Act 2010 and other current legislation and guidance • Any alterations to the premises or the equipment that is used to deliver care and treatment must be made in line with current legislation and guidance. Where the guidance cannot be met, the Provider should have appropriate contingency plans and arrangements to mitigate the risks to people using the service • The premises and equipment used to deliver care and treatment must meet people's needs and, where possible, their preferences. This includes making sure that privacy, dignity and confidentiality are not compromised • Reasonable adjustments must be made when	

		providing equipment to meet the needs of people with disabilities, in line with requirements of the Equality Act 2010 • Providers must make sure that they meet the requirements of relevant legislation so that premises and equipment are properly used and maintained. See CQC website for relevant legislation • The Provider's Statement of Purpose and operational policies and procedures for the delivery of care and treatment should specify how the premises and equipment will be used • Any change of use of premises and/or equipment should be informed by a risk assessment and Providers must make appropriate alterations to premises and equipment where reasonably practical. Where this is not possible, Providers should have appropriate contingency plans and arrangements to mitigate the risks to people using the service. Alterations must be in line with current legislation and guidance • There should be regular health and safety risk assessments of the premises (including grounds) and equipment. The findings of the assessments must be acted on without delay if improvements are required • There should be suitable arrangements for the purchase, service, maintenance, renewal and	

		replacement of premises (including grounds) and equipment. These arrangements must make sure that they meet the requirements of current legislation and guidance, manufacturers' instructions and the Provider's policies or procedures • Providers must have operational policies and procedures and maintenance budgets to maintain their equipment, buildings and mechanical engineering and electrical systems so that they are sound, operationally safe and exhibiting only minor deterioration • All equipment must be used, stored and maintained in line with manufacturers' instructions. It should only be used for its intended purpose and by the person for who is it provided • Providers must make sure that staff and others who operate the equipment are trained to use it appropriately • Providers must comply with guidance from the Department of Health about the prevention and control of infections: *Health and Social Care Act 2008: The Code of Practice for health and adult social care on the prevention and control of infections and related guidance https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-*	

		infections-and-related-guidance • Where applicable, premises must be cleaned or decontaminated in line with current legislation and guidance, and equipment must be cleaned, decontaminated and/or sterilised in line with current legislation and guidance and manufacturers' instructions. Equipment must be cleaned or decontaminated after each use and between use by different people who use the service • Ancillary services belonging to the Provider, such as kitchens and laundry rooms, which are used for or by people who use the service, must be used and maintained in line with current legislation and guidance. People using the service and staff using the equipment should be trained to use it or supervised/risk assessed as necessary • Multiple use equipment and devices must be cleaned or decontaminated between use. Single use and single person devices must not be re-used or shared. All staff must understand the risk to people who use services if they do not adhere to this	