

Residential and Nursing Care Services (Framework Arrangement) 2013 - 2017 Scheme ID: YORE-95QHXX

Service Specification Appendix 5 Quality Standards Framework

Quality Standards						
Standard 1		Promoting health, wellbeing and independence	Core Quality Standard	Y/N	Enhanced Quality Standard	Y/N
		<i>What we would expect to see</i>				
1 (a)	Residents will receive the support that they need to promote and manage their health.	The service is effective in supporting residents to access the full range of generic health and specialist support services. Staff will discuss with them, thoroughly explore and address any health concerns, including, access to treatment and regular health checks, i.e. sight, dentist. eg, speech and language therapy, hearing, podiatry, dentist, GP, care managers, optician, physiotherapy/OT, dietician, tissue viability, community matron, medication, district nurse, specialist mental health, tissue viability nurse, etc.	100%			
		The health of residents is actively promoted. Risks to health are effectively dealt with and avoided as much as possible. Concerns regarding residents health and wellbeing are noted, discussed with them, addressed in a timely manner and monitored in their daily records, ie, illness, diet, weight, etc.	100%			
		Where a home experiences problems in obtaining the appropriate health support, systems are in place to identify this, measures have been taken and progress is being made.			100%	
1 (b)	Residents receive a balanced nutritious and varied diet which takes account of individual requirements and preferences	Nutritionally balanced varied meals are prepared on the premises by suitably qualified staff, and are well presented to service users.	100%			
		Care plans include food preferences, cultural and religious dietary needs, other special dietary requirements, and equipment.	100%			
		Staff will have full knowledge of individuals' dietary requirements, i.e. swallowing difficulties, allergies, nutritional risks and health conditions such as diabetes that require ongoing monitoring to prevent further complication and are trained to meet specific needs as required, ie, enteral tube feeding (PEG-tube).	100%			
		Residents are supported to reach and eat food and drink in a dignified manner.	100%			
		Snacks and drinks are available to residents throughout the day and they are supported to access these.	100%			
		Residents have a choice of food and drink, including, a minimum of three mains and two desserts for main meals, meal times and eating venues.	100%			

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Standard 1		Promoting health, wellbeing and independence	Quality Standard	Enhanced Quality Standard	
		<i>What we would expect to see</i>			
1 (c)	Residents have access to medicine which is well managed and regularly reviewed.	There is an medication policy which includes, arrangements for regular auditing of practice, arrangements for ordering, handling , reviewing and administration of medicines including PRN medication and supporting residents to self medicate where appropriate. This reflects best practice as defined in, 'The Handling of Medicines in Social Care,' (RPSGB, 2007)	100%		
		The home aims to minimise the unnecessary use of antipsychotic medication by working with healthcare workers.			100%
		A formal annual review of individual residents medication is undertaken by a doctor or a pharmacist and is recorded in their notes.			12 monthly
1 (d)	Residents are encouraged to maintain their independence	Care plans and daily records include what people will be encouraged to do for themselves and others. They include strategies to encourage people to maintain independent living skills.	100%		
		Residents are supported where possible to take managed risks in a considered way, ie, lone off-site excursions.	100%		
		The home supports residents to be involved in daily household tasks as appropriate, ie, folding laundry, tidying up. Residents are supported to manage their continence.	100%		
		Residents who choose to, are routinely involved in the daily household tasks of the home. This is an integral part of the homes philosophy and care staff will aim to include and engage residents in appropriate tasks around the home, whilst ensuring that health and safety risk factors are considered.			100%

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Standard 2		Improved choice and control of services people receive and effectiveness of services which enhance quality of life.	Core Quality Standard		Enhanced Quality Standard	
		<i>What we would expect to see</i>				
2 (a)	Residents have access to and are engaged in social and therapeutic activities within the home, which reflect their interests and in which they can choose to participate.	A weekly planned activity programme is in place and is reviewed on a regular basis. This reflect the resident groups interests, circumstances, needs and abilities.i.e. stimulation for people who have dementia, and for people who are in bed due to a long term condition or illness.	100%			
		The home has arrangements in place for daily stimulation, for example, newspapers and books, sensory stimulation, etc.	100%			
		The home has resources dedicated to undertaking activities and engaging with residents, as part of a weekly programme of planned and ad hoc activities. The staff involved are knowledgeable about the client group and skilled in providing stimulating and therapeutic activities which reflect the interests of the residents and includes their views.			100%	
		Care staff routinely spend time talking and engaging with residents as a part of their day to day work. This includes when they are assisting residents and spending time with them when household and personal care tasks have been completed.			100%	
2 (b)	Residents are supported to maintain relationships with family, friends and other networks. They are enabled to establish and maintain social networks and access community facilities.	Care plans and pen pictures include peoples key relationships with others, and how these are maintained.	100%			
		The home is welcoming and staff are friendly. Family carers and friends are able to visit at any time.	100%			
		The home routinely involves and informs relatives and friends in communications about their person (as agreed with the resident).	100%			
		The home responds promptly and fully to requests for information and concerns from family carers and resident representatives, where this is appropriate and in keeping with the residents wishes.	100%			
		There are external links with key community resources, for example, religious groups where appropriate, entertainers, libraries.	100%			
		The home works to involve the wider community in the home and makes use of its resources, including for example the involvement of community groups, schools and volunteers.			100%	
		The home enables and is effective in supporting residents to contact and engage with their family carers, friends and networks using a range of techniques, for example, use of technology, supported to write letters and cards, etc			100%	

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Standard 2		Improved choice and control of services people receive and effectiveness of services which enhance quality of life.	Core Quality Standard		Enhanced Quality Standard	
		<i>What we would expect to see</i>				
2 (c)	Residents are enabled to communicate their needs and preferences, and the home maximises opportunities for residents to make choices, whilst considering and balancing health and safety requirements.	Individual communication requirements are included in the care plan, ie, use of interpreters, sign language, hearing aids, large print books and magnifying glasses, etc.	100%			
		Staff are skilled in engaging with people who have communication needs to ensure that they are heard and understood. i.e. taking the time to communicate clearly and/or using signs and other aids to communication as appropriate.				
		The home ensures that staff are able to systematically engage with residents and support them to make choices. This is reflected in care plans, pen pictures and resident records which include individual preferences/choices, and evidence that these have happened and are reviewed, ie, trips out , etc.	100%			
		The home has a policy which allows residents to choose to smoke and drink, unless, the home specifically advertises as being non-smoking and/or alcohol free. (Outside areas or rooms for smoking, drink inline with care plans, etc).	100%			
		Residents are supported to vote in elections.	100%			
		Routines are based upon individual residents choice, eg, bed time, getting up, meals, control the temperature of their own rooms.	100%			
2 (d)	The diversity of residents is valued, respected and provided for.	The home has an equal opportunities policy which covers all areas for staff and residents and which reflects equality legislation. The Provider shall not unlawfully discriminate, harass or victimise either directly or indirectly on such grounds as race, colour, ethnic or national origin, disability, sex or sexual orientation, religion or belief, or age	100%			
		Diverse needs are accommodated throughout the home, ie, the home is accessible, dietary, religious and spiritual needs are provided for, and staff are sensitive to diverse needs. The home identifies and deals with any issues which may directly or indirectly discriminate against residents, staff or visitors.	100%			
		Information is provided to residents in accessible formats	100%			
		The home demonstrates a willingness and ability to provide a service which meets diverse needs. It is proactive, flexible, innovative and equipped to deal with and accept service users with diverse needs. Staff are trained in relevant areas of diversity, this includes specific requirements for service users needs, ie, communication, culture, religious beliefs, challenging behaviour management, etc.			100%	

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Standard 3		Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm <i>What we would expect to see</i>	Core Quality Standard		Enhanced Quality Standard	
3 (a)	Residents are safeguarded from abuse	The home is compliant with CQC outcomes relating to: safeguarding and safety	No moderate or major concerns/or only up to 5 minor concerns at last inspection		Compliant at last inspection	
		Safeguarding Policy and Procedures are in place and the home is compliant with the Leeds Safeguarding Adults Partnership policy and procedures. Policies and procedures should include a consideration of all children and be consistent with Leeds Children's Board Procedures. Safeguarding incidents are reported to Adult Social Care inline with the partnership procedures, and if appropriate to Children's Social Care.	100%			
		The home has an identified lead for safeguarding and safeguarding patterns and trends are reviewed annually and actions identified to minimise abuse or neglect are acted upon.	100%			
		The home has in place arrangements for reviewing and auditing safeguarding arrangements which are external to the home.			100%	
		The home is effective in promoting a safe environment, residents and their family carers/representatives know how raise concerns or seek advice when they have concerns. The home is effective in addressing any safeguarding issues promptly when they arise.	100%			
		Safeguarding responsibilities and procedures are covered within induction; training provided within 3 months of employment and updated at least every 3 years.	100%			
		The home has a whistleblowing policy in place which meets the requirements of the Public Interest of Disclosure Act 1998	100%			
		The service provider must undertake Criminal Record Bureau (CRB) and Independent Safeguarding Authority (ISA) Vetting and Barring Scheme checks and ISA referrals made in accordance with their criteria, ensuring best practice is adhered to and residents are safeguarded from those persons unsuitable to work with them.	100%			
		Referrals to professional regulatory bodies in relation to misconduct/breach of professional codes must be made according to that bodies criteria/guidance.				

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Standard 3		Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm <i>What we would expect to see</i>	Core Quality Standard		Enhanced Quality Standard	
3 (b)	Residents right to making decisions about their own life is actively pursued and promoted. Where this isn't possible arrangements are in place to ensure that decisions are made in their best interest.	The home is compliant with CQC outcomes relating to: respecting and involving people who use services	No moderate or major concerns/or only up to 5 minor concerns at last inspection		Compliant at last inspection	
		Wherever residents have the mental capacity to do so, they should be supported to make informed decisions about how their support and care needs and how these are met. care plans should be agreed with the resident. Relatives are included within care planning issues in accordance with the residents wishes, or in their 'best interests' where they have been assessed as not having mental capacity in relation to this decision.	100%			
		Information about advocacy services is promoted around home and in the residents handbook. Residents are fully informed about access to advocacy and the home seeks to secure advocacy services for residents where this is needed. This is evidenced in records. i.e. issues involving safeguarding, personal finances, and health.	100%			
		Where a resident lacks capacity Mental Capacity Act requirements are met and best interest decision making undertaken, is accordance with the Act and the Code of Conduct. Capacity and decisions are reviewed in different circumstances, ie, decisions made about DNR are kept under review with doctors, residents are supported to make their own decisions wherever possible.	100%			
		Where a person is identified to lack capacity, or risks being deprived of liberty the home should apply to the supervisory body for authorisation. Staff understand the requirements of the Mental Capacity Act and this is reflected in practice. Senior staff have relevant skills, and know what action they should take.	100%			
		The home provides residents with the opportunity to be involved in advanced care planning, for example, Lasting Powers of Attorney and Advanced Decisions and End of Life (EOL) Care planning. Residents plans are adhered to as far as possible unless there are circumstances which prevent these from being followed.	100%			
		The home has innovative measures in place which seek to minimise deprivation of liberty, for example, the use of technology. i.e. telecare.				100%

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Standard 3		Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm	Quality Standard		Enhanced Quality Standard	
		<i>What we would expect to see</i>				
3 (c)	Residents are treated with dignity and respect	Staff are skilled in resident centred care, including ensuring that residents needs and wishes are paramount and treating them with dignity and respect.	100%			
		Residents are provided with personal assistance in a dignified and respectful manner.	100%			
		Resident's personal belongings are handled with care and are looked after – laundry systems, personalised bedrooms, lockable facility in their room, own clothes, etc.	100%			
		Residents have their own private space, except where they choose to share with another.	100%			
		There is policy and procedure of ensuring that resident information is dealt with confidentially and the home complies with the data protection legislation. Staff treat resident information in a confidential and respectful manner, and records are kept secure.	100%			
		The home has developed a proactive and innovative approach to ensuring all aspects of the service are provided with dignity and respect, for example, regular checks or audits, a dignity champion, etc.			100%	
3 (d)	Residents are supported to manage their money	There is a policy and procedure in place for managing resident finances and robust systems including, who manages funds, how are they managed, regular checks/audits and handovers	100%			
		Residents have access to their own money when they want it.	100%			

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Standard 4		Ensuring that people have a positive experience of care and support	Core Quality Standard		Enhanced Quality Standard	
		<i>What we would expect to see</i>				
4 (a)	Residents have their needs assessed, planned for and met from admission and regularly reviewed from thereon.	<p>The admissions process includes a pre-admission assessment by a competent member of staff to ensure that the home can meet the assessed needs and identified outcomes. (or in an emergency an initial assessment is undertaken between the home and the social care or health assessor prior to admission to ensure that the home can meet needs and has contingency plans in place if there is an issue. A full assessment should then be completed within 5 days of admission and a review within 7 working days.</p> <p>The home supports pre-admission visits, overnight stays and trial periods to enable residents and family carers to make informed decisions regarding a placement</p>	100%			
4 (b)	Residents are able to access information regarding what they can expect from the service and what the costs are.	<p>Information is made available to the residents and their representative and/or family carer, where they have one, for example, a Resident Guide/ and discussions are held regarding the home.</p> <p>This covers the costs, (including top up fees), how the home operates, what can be expected from the home, what it provides (and doesn't provide) and what they should do if they are not happy.</p> <p>Information is published and made public regarding the above, i.e. Brochures, website, residents guide or information book, etc.</p>	100%			
		<p>An up to date residents handbook is provided to each resident and their family carers/representatives, which, includes clear information regarding the service, what is provided and the cost of the services and any other fees or charges. .</p>			100%	
4 (C)	Residents are supported to find their way around the home and use the different spaces	<p>Residents are supported to move around the home, ie, staff respond promptly when asked for support and the layout and signage is sensitive to the needs of people.</p>	100%			
		<p>The home has quiet areas and an outside area or garden which is safe and that residents are supported to access if they choose.</p>	100%			
		<p>The home has arrangements for privacy so that residents can receive visitors in private.</p>			100%	

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Standard 4		Ensuring that people have a positive experience of care and support <i>What we would expect to see</i>	Core Quality Standard		Enhanced Quality Standard	
4 (d)	Up to date person centred care plans, pen pictures and risk assessments are in place and agreed with residents. These are regularly reviewed, consulted on and used.	The home is compliant with CQC outcomes relating to: personalised care, treatment and support	No moderate or major concerns/or only up to 5 minor concerns at last inspection		Compliant at last inspection	
		Care plans are in place for all residents and cover all aspects of the residents life include strategies for risk management. These include input from, and agreed with, the service user, their representatives and/or relatives, and professionals as relevant. Current plans are recently dated and are reviewed on an ongoing basis (monthly as a minimum).	100%			
		A formal review of a residents care plan and service provision is undertaken annually, or as required . This includes input from the residents family/ representatives and other professionals as appropriate.	100%			
		A policy and procedure for undertaking risk assessments is in place. Recently dated risk assessments undertaken with residents and their representatives, and/or carers as relevant, covering all areas of the residents life's are available and actively used.	100%			
		A detailed pen picture is available for each resident for staff to use detailing the persons life history, important relationships, preferences and any routine .	100%			
		Life story work has been undertaken with residents and their families/friends and used by staff routinely and to inform activity programmes.			100%	
		A key worker system is in place within the home and is found to be effective in ensuring that the residents individual needs are identified and met.			100%	
4 (e)	Residents and their representatives are supported to be involved in the running of and decision making within the home	There is a residents group and/or meetings, and a relatives group and/or meetings.	100%			
		A compliments and complaints procedure is in place and there is evidence that complaints are recorded and acted upon promptly.	100%			
		The home undertakes a resident and family carers/representatives survey annually and the results are used to inform decisions and make improvements to the home.	100%			
		There is ongoing evidence of the impact and input that the residents and relatives groups within the home, and this is fed back to the group in a meaningful way.			100%	
		Residents and family carers are supported to be involved in decision making and the running of the home - this may include fund raising activities, involvement in interviewing staff, routine involvement and communications regarding changes to the home.			100%	