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The King's Fund ORGANISATIONAL Audit

RSING HOMES

Organisational Standards & Criteria

Revised Draft September 1996

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Nursing Homes Organisational Standards

Revised draft September 1996



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INTRODUCTION

The publication of this manual of organisational standards and criteria signals the end of the project to develop Organisational Audit for nursing homes and marks the beginning of a pilot programme to test ways of making Organisational Audit widely available to nursing and residential homes.

These standards and criteria provide homes with the means to evaluate practice and to stimulate development. They provide a real opportunity for staff to question what they do, why they do it and whether it could be done better. They also enable purchasers and inspectors to support the development of homes in their area.

They are produced at a time when public expectations about standards of care are rising, homes are seeking to improve the services they provide, the role and scope of registration and inspection are under review and continuing care is increasingly purchased in the independent sector.

Project for Nursing Homes

The King's Fund is an independent charity which promotes good practice and improvement in health and social care through grants, information, service and management development, policy analysis and audit.

King's Fund Organisational Audit set up the project to develop standards and an organisational audit process for nursing homes in 1994. The project was overseen by a national advisory committee which comprised representatives from organisations such as the UKCC, RCN, IHA, NAHAT, Counsel & Care and the Relatives Association as well as purchasers and providers of nursing home care.

Ten pilot sites which reflected the diversity of the sector were chosen to participate:

Aaram Lodge, Bournemouth, Dorset

Plasgeller Nursing Homes, Glanbury Nursing Home, Brynmawr, Gwent

The Abbeyfield Society, Halcyon House, Formby, Merseyside

Eskgrove Healthcare, Kenwyn Nursing Home, Truro, Cornwall

Landermeads Private Nursing Home, Chilwell, Nottinghamshire

Mission Care, Morton House, Lewisham, London

The Frances Taylor Foundation, St Joseph's Nursing Home, Freshfield, Merseyside

SAGE, Sidney and Ruza Last Foundation Home, Golders Green, London

Hexagon Housing Association, Townley Road, East Dulwich, London

Coverage Care, Woolstrop House, Quedgeley, Gloucester

Following the experience of the pilot homes, the standards and criteria have been revised and refined.

Carol Clegg Project Manager

THE RESIDENT'S RIGHTS

Standard 1

The rights of all residents, regardless of their age, disability, race, gender, sexual orientation or religious persuasion, are recognised, respected and complied with by all staff.

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Rights		
1.1	Each resident has a copy of a written contract for care and accommodation with the home.		
	Guidance		
	This includes:		
	 assessment and care planning fees facilities visiting staffing insurance termination procedure. 		
1.2	Residents have equality of access to the services offered by the home.		
King's	Fund Organisational Audit (1996) The Res.	ident's Rights	Revised draft

	Yes No	Please comment on the progress you have made towards meeting each criterion
Residents contribute to the running of the home, Guidance		
For example, by participating in residents' meetings.		
Residents who wish to do so exercise their electoral rights.		
A resident has the right to refuse care or treatment.		
Residents are able to participate in activities which may involve a degree of risk.		
Guidance		
Activities may include:		
 * outings * exercises * dancing. 		
Residents have access to any written material directly concerning them.		
Guidance		
This is in accordance with the requirements of the Access to Health Records Act 1990.		
	Guidance For example, by participating in residents' meetings. Residents who wish to do so exercise their electoral rights. A resident has the right to refuse care or treatment. Residents are able to participate in activities which may involve a degree of risk. Guidance Activities may include: * outings * exercises * dancing. Residents have access to any written material directly concerning them. Guidance This is in accordance with the requirements of the Access to	Residents contribute to the running of the home, Guidance For example, by participating in residents' meetings. Residents who wish to do so exercise their electoral rights. A resident has the right to refuse care or treatment. Residents are able to participate in activities which may involve a degree of risk. Guidance Activities may include: * outings * exercises * dancing. Residents have access to any written material directly concerning them. Guidance This is in accordance with the requirements of the Access to

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Privacy		
1.8	Information imparted to a member of staff is treated with respect and confidentiality.		
1.9	The resident's private property is not taken, lent or given to other people without the owner's permission.		
1.10	The resident's personal space is free from unwelcome noise and uninvited intrusion.		
1.11	Residents may express their sexual and personal needs in privacy.		
1.12	Each resident has individual lockable storage space.		
1.13	Resident's rooms have locks and residents are offered keys to their rooms.		
1.14	All bathrooms and toilets can be locked from the inside.		
1.15	In shared bedrooms privacy screens/curtains are used.		
1.16	Residents have access to a telephone where they can have a conversation which is not overheard.		
1.17	Furniture in communal rooms is placed to allow a degree of privacy if required.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Dignity		
1.18	Residents are addressed by their preferred name.		
1.19	Communications to residents are respectful.		
1.20	Residents are enabled to purchase and wear the clothes of their choice.		
	Guidance		
	The clothes worn belong to the resident.		
1.21	Residents are enabled to be well presented.		
	Guidance		
	Clothes are clean, dry, ironed, laundered and in a good state of repair.		
1.22	Residents' preference to receive care from a male or female member of staff or other professional is respected.		
1.23	Staff or other professionals are chaperoned when requested by a resident.		
	Independence		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
1.24	Residents are enabled and encouraged to have visitors of their choice and to maintain personal contacts.		
1.25	Residents are able to bring personal possessions into the home.		
1.26	Residents maintain control of their financial and other affairs.		
1.27	Where residents are unable to manage their financial and other affairs, independent advocacy is provided.		
1.28	Residents are able to choose, as far as is practicable, the person who will advocate for them.		
1.29	A system is in place to manage any monies retained on behalf of the resident.		
1.30	Transport is arranged when necessary for residents to attend hospital appointments and social/leisure activities.		
1.31	Residents have the option of participating in the domestic work and catering of the home.		
	Choice		
1.32	Residents are involved in planning how they spend their day.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Guidance		
	This includes times of:		
	 rising going to bed washing bathing. 		
1.33	Residents have a choice of when and where they wish to eat during specified meal times.		
	Guidance		
	Accepted eating areas include:		
	* communal rooms * garden.		
1.34	Residents select meals from a choice on the menu.		
	Guidance		
	The menu should include a choice of hot dishes and a cold alternative.		
	The menu is changed weekly.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Fulfilment		
1.35	Residents have the chance to maintain activities and contacts from the time before they lived in the home.		
1.36	Residents are enabled to participate in a variety of social, vocational and recreational activities of their choosing.		
1.37	A resident's choice not to participate in an activity is respected.		
1.38	Residents are enabled to observe religious, cultural and personally significant anniversaries and events of their choice.		
1.39	Residents and relatives have access to the pastoral and/or spiritual support of their choice.		
1.40	Residents and relatives are aware of the pastoral and/or spiritual support available within the home.		
1.41	A quiet area is available for prayer and meditation.		
	Security		
1.42	Residents are protected from the undesirable actions of others.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
1.43	Residents are able to make informal criticisms of the home and know they will be listened to.		
1.44	Residents have access to a formal procedure for reporting complaints or abuse.		
1.45	Residents are able to make a complaint without fear of reprisal.		
	Policies		
1.46	There are documented policies and procedures which uphold the rights of residents.		
	Guidance		
	These include:		
	 * advocacy * complaints * confidentiality and the release of information 		

COMMENTS Please comment on the standard and criteria in the space below. This will help in the revision of the standards.			
For example, is there anything that is:			
 difficult to interpret out of date not achievable? 			
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THE RESIDENT'S CARE

Standard 2

Resident care reflects the individual needs of the resident and is delivered in a systematic way.

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
2.1	There is a written philosophy of care which reflects the values of the home.		
2.2	The philosophy of care is developed with input from residents, staff and relatives.		
2.3	The philosophy of care is clearly displayed.		
2.4	All nurses are aware of and guided by their duty of care to the residents as set out in the UKCC Professional Code of Conduct.		
2.5	Each resident is registered with a local GP of their choice.		
2.6	Information on the social and medical health of each resident is requested prior to arrival.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Guidance		
	This includes:		
	 information required as part of the resident's medical history information about the resident's preferences and wishes report from social services representative. 		
2.7	The home has a written admissions policy.		
2.8	There is an admission procedure which ensures that each new resident is welcomed to the home.		
2.9	Each resident has a key/named worker.		
2.10	The key/named worker has relevant and up-to-date training, professional supervision and support.		
2.11	There is a policy and procedure for contacting the medical practitioner.		
	Guidance		
	This may be a GP, consultant geriatrician, psychiatrist or psychologist.		

		Yes No	Please comment on the progress you have made towards meeting each criterion
welfare, trea	tment, prognosis and care with an informed		
Each residen	t has access to support services.		
Guidance			
These may in	nclude:		
* dentist * chiropodist * optician * hearing specialist * physiotherapist * speech therapist * dietitian * continence advisor * occupational therapist * psychologist * social worker * library * education * transport.			
	welfare, treamember of s Each residen Guidance These may in * * * * * * * * * * * * *	* dentist * chiropodist * optician * hearing specialist * physiotherapist * speech therapist * dietitian * continence advisor * counsellor * occupational therapist * psychologist * social worker * library * education	Residents and relatives have the opportunity to discuss welfare, treatment, prognosis and care with an informed member of staff. Each resident has access to support services. Guidance These may include: * dentist * chiropodist * optician * hearing specialist * physiotherapist * speech therapist * dietitian * continence advisor * counsellor * occupational therapist * psychologist * social worker * library * education

COMMENTS Please comment on the standard and criteria in the space below. This will help in the revision of the standards.	
For example, is there anything that is:	
 difficult to interpret out of date not achievable? 	
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THE RESIDENT'S RECORDS

Standard 3

Resident's care is based on an accurate and complete health record and care plan and is in accordance with the UKCC guidelines on record keeping.

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
3.1 The re	esident's health record contains the following:		
3.1.1	identification data including administrative details		
Guida	ince		
This c	rovers:		
* * * * * * * * * * * * * *	full name how the resident likes to be known date of birth date and time of admission ethnic origin language spoken religion referring agent home address and telephone number admitted from next of kin/significant other additional contact name(s), address(es) and telephone number(s) marital status sex		

Criteria			Yes No	Please comment on the progress you have made towards meeting each criterion
	*	current GP		
	*	previous GP		
	*	location in home		
	*	arrangements on death and organ donation.		
	3.1.2	an assessment of physical needs		
	Guida	nce		
	This in	ncludes:		
	*	diagnosis		
	*	past medical history and family history		
	*	recent hospital admission		
	*	allergies		
	*	skin		
		(risk assessment and dependency rating)		
	*	weight		
		(for moving and handling assessment)		
	*	diet and fluids		
	*	(teeth and dentures) elimination		
	•	(urinalysis and continence)		
	*	breathing		
		(temperature and pulse rate, blood pressure)		
	*	communication		
		(hearing, glasses, language)		
	*	mobilisation and physical disabilities		
	*	sleeping habits		

Criteria			Yes No	Please comment on the progress you have made towards meeting each criterion
	* * * * *	washing and dressing maintaining a safe environment expressing sexuality likes and dislikes pain assessment.		
	3.1.3	an assessment of psychological needs		
	Guida	nce		
	This in	ncludes		
	* * *	mood changes demeanour mental state (physical signs of emotion, depression, elation, delusions, hallucinations) dementia.		
	3.1.4	an assessment of social needs		
	Guida	nce:		
	This in	ncludes		
	* * * * *	family profile hobbies and pastimes interaction interpersonal relationships employment		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	 * smoker/non-smoker * alcohol intake * daily living skills (washing, shopping, cooking, handling of finances). 		
	3.1.5 an assessment of spiritual needs		
	Guidance		
	This includes:		
	 religious beliefs practices relating to religious belief or ethnic group. 		
3.2	A plan of care is developed for each resident based on their assessed needs and preferences.		
3.3	In formulating the plan of care there is evidence of the involvement of:		
	3.3.1 the resident		
	3.3.2 their relative with the resident's permission		·
	3.3.3 other staff where appropriate (for example, catering, therapists).		
3.4	Entries into the care plan, including alterations, are:		
	3.4.1 made only by nurses and care staff		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	3.4.2 legible, dated and signed in black ink		
	3.4.3 authorised only by senior staff.		
3.5	There is evidence that:		
	3.5.1 the care plan is implemented, evaluated and systematically updated		
	3.5.2 medication is reviewed.		
3.6	Nursing and care staff are involved in handover meetings to ensure communication and continuity of care.		
3.7	The daily record is cross referenced to the care plan.		
3.8	Results from appointments and treatments are recorded and action taken.		
3.9	Reports by medical, nursing, allied health professionals and social services are recorded and action taken.		
3.10	There is a storage system which:		
	3.10.1 enables the identification and retrieval of records		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	3.10.2 is in accordance with registration authority requirements.		
3.11	There is space to meet future record storage needs.		
3.12	Current and old records are secured to guard against loss, damage or use by unauthorised persons.		

nis will help in the revision of the standards.				
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 difficult to interpret out of date not achievable? 				

COMMENTS

Please comment on the standard and criteria in the space below.

MANAGEMENT OF MEDICINES

Standard 4

There are inhouse procedures for the administration of medicines which are in accordance with UKCC standards ensuring that correct medication is given to the right person at the right time.

Criteria		Yes N	0	Please comment on the progress you have made towards meeting each criterion
4.1	All medicines are administered by a qualified person.]	
4.2	The home has an up-to-date copy of the British National Formulary/MIMMS.			
4.3	The home has access to a local pharmacist/dispensing doctor.]	
4.4	There is a policy and set of procedures for the ordering, supply, delivery, storage and disposal of pharmaceutical and related products.]	
	Guidance			
	Pharmaceutical and related products include:			
	 * prescribed medicines * medical gases * sterile supplies * dressings * intravenous fluids 			

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	 * nutritional supplements * agreed home remedies. 		
4.5	There are arrangements for obtaining urgent pharmaceutical products.		
4.6	There is a procedure for the safe administration of medicines.		
	Guidance		
	This should take into consideration the following:		
	 * self-administration * arrangements on excursions/holidays * administration of home remedies. 		
4.7	The medication procedure is agreed by the pharmacist/dispensing doctor, the home and the health authority pharmacist.		
4.8	The following documented policies and procedures are in place:		
	4.8.1 the storage and stock control of all medicines		
	4.8.2 the acceptance of verbal orders		
	4.8.3 the management of error and other risk		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	4.8.4 the management of self medications		
	4.8.5 the security of medicines (for example, keyholding)		
	4.8.6 the safe disposal of medicines where necessary whic comply with the Environmental Protection Act 1990	h 🗌	
	4.8.7 the safe disposal of sharps.		
4.9	There are secure storage facilities in the home which ensure that all pharmaceutical and related products are held under conditions which conform to statutory and manufacturers requirements.		
	Guidance		
	Storage facilities include:		
	 controlled drugs cupboards which comply with regulation 3(1) of the Misuse of Drugs (Safe Custody Regulations SI 1973/798 drug cupboards which are fitted to the manufacturer's specification medicine trolleys which are locked and attached to a wall refrigerators which are lockable and are monitored to ensure that appropriate temperatures are measured. 	's	·
4.10	Records are kept of receipt, administration and disposal of al medicines.	II 🗌 🗀	· · · · · · · · · · · · · · · · · · ·

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Guidance		
	The records are signed and indicate the quantity involved.		
	The records include medication brought into the home by a resident.		
4.11	The recording system is approved by the registering and inspecting authority.		
4.12	A separate register is kept for the receipt, administration and disposal of controlled drugs.		
4.13	The register is signed and witnessed when controlled drugs are disposed of.		
4.14	All records relating to medicines are kept for 8 years from date of discharge or death of resident.		
4.15	Procedures for the administration of medicines are evaluated and revised when necessary.		
	Guidance		
	This may include evaluating:		
	 drug administration errors drug reactions/side effects use of antipsychotic drugs. 		

COMMENTS Please comment on the standard and criteria in the space below. This will help in the revision of the standards.	
For example, is there anything that is:	
difficult to interpretout of datenot achievable?	

MANAGEMENT ARRANGEMENTS

Standard 5

There are clear management arrangements in place to enable the home to achieve its objectives.

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Business Planning		
5.1	The home has a business plan which sets out short, medium and long term objectives.		
	Guidance		
	The business plan takes into account:		
	 * local community care plans * service specifications * purchasing intentions 		
	* head office plans.		
5.2	The business plan is based on accurate financial calculations.		
	Contracts		
5.3	There are written and signed contracts for the services provided and purchased by the home.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Guidance		
	These contracts may cover care, domestic services, gardening, security, maintenance, waste disposal.		
5.4	Compliance with contract specifications is monitored and reviewed.		
	Organisational Structure		
5.5	The registered person is a governing body or a designated individual.		
	Guidance		
	The governing body may be a board of directors or an elected committee.		
5.6	The person in charge is the clinical manager.		
	Guidance		
	The person in charge is either a first level nurse or a general practitioner and is trained and qualified for the client group of the home.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
5.7	The person in charge is a trained and experienced manager.		
5.8	There is a designated individual to take responsibility for the home in the absence of the manager.		
	Guidance		
	The designated individual is either a first level nurse or a general practitioner and is trained and qualified for the client group of the home.		
5.9	The manager of the home is available onsite to staff, residents and relatives.		
5.10	There is a written organisational chart for the home.		
	Guidance		
	The organisational chart should include any governing body and specify job titles and lines of responsibility.		
5.11	The organisational chart is:		
	5.11.1 understood by staff		
	5.11.2 dated		
	5.11.3 reviewed annually or when there are changes.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Finances		
5.12	The manager has access to financial advice.		
5.13	Accurate reports of income and expenditure are received by the manager.		
5.14	There are documented systems in place for authorising, ordering, receipt and payment for goods and services on a value for money basis.		
5.15	There are written and up-to-date policies and procedures for all accounting functions.		
	Inspection		
5.16	An up-to-date registration and inspection report is available.		

COMMENTS Please comment on the standard and criteria in the space below. This will help in the revision of the standards.					
For example, is there anything that is:					
 difficult to interpret out of date not achievable? 					

COMMUNICATION AND INFORMATION

Standard 6

There is effective internal and external communication.

Criteria			Yes No	Please comment on the progress you have made towards meeting each criterion
6.1	There	are means of communication with:		
	6.1.1	residents		
	6.1.2	relatives		
	6.1.3	staff throughout the home		
	6.1.4	the governing body/head office		
	6.1.5	general practitioners		
	6.1.6	relevant agencies		
	Guida	ince		
	Agend	cies may include:		
	*	health and social services		
	*	community services		
	*	regulatory bodies		
	*	community health councils.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Means of communication may include:		
	* staff meetings		
	* multi-disciplinary discussions		
	* residents' groups		
	* relatives' groups.		
	Matters for communication may include:		
	* changes to daily routines		
	* proposed changes in service provision		
	* circulars.		
6.2	There are means of communication with the local community.		
6.3	There is an up-to-date brochure or information leaflet about the home.		
	Guidance		
	The brochure or information leaflet may include:		
	* details of the services provided (for example,		
	hairdressing, chiropody) * the resident's rights		
	* application form		
	* fees		
	* details of any restrictions (for example, on food		
	brought into the home and visiting hours).		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
6.4	There is a resident's handbook which includes the rights of the resident.		
6.5	The resident's handbook is available to the resident and their relatives.		
6.6	Information for residents and relatives is up to date and regularly reviewed.		
	Guidance		
	This may include:		
	 * health promotion material * self-help groups * claiming benefits. 		
6.7	There is a publicised procedure for raising concerns about maladministration, breaches of codes of conduct and accountability and other concerns of an ethical nature:		
	6.7.1 by residents		
	6.7.2 by relatives		
	6.7.3 by staff		
6.8	There is a publicised channel of communication for suggestions/expressions of satisfaction:		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	6.8.1 by residents6.8.2 by relatives6.8.3 by staff		
	Guidance		
	<pre>This may include: * comments book * suggestions box</pre>		
6.9	The effectiveness of communication is reviewed on a systematic basis.		
	Information Technology		
6.10	Where computerised information is kept, confidentiality is maintained in accordance with the Data Protection Act 1984.		
6.11	Plans are in place to ensure that clinical and non clinical computerised information is not lost in the event of computer failure.		

Criteria

Guidance

Computerised information may include:

- personnel records care planning information financial records.

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Yes No

Please comment on the standard and criteria in the space below. This will help in the revision of the standards.							
For example, is there anything that is:							
 difficult to interpret out of date not achievable? 							
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HUMAN RESOURCES

Standard 7

Staff are deployed effectively and efficiently.

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
7.1	There is a systematic approach to planning staffing levels.		
	Guidance		
	The following are taken into consideration:		
	 * staffing levels are systematically assessed and monitored against workload * the skill-mix/grading and competence profile of staff are regularly reviewed to ensure residents' needs are met * details about the home's workforce are recorded in order to provide manpower information for management purposes (for example, sickness rates, absence rates, number and grades of staff). 		
7.2	There are documented human resource policies and procedures.		
	Guidance These include * equal opportunities * induction * acceptance of gratuities.		

Criteria			Yes No	Please comment on the progress you have made towards meeting each criterion
	Recr	uitment and Selection		
7.3	There select	is a documented procedure for the recruitment and ion of staff.		
	Guida	nnce		
	This n	nay include:		
7.4	* * * * * * *	job definition selection criteria retention of shortlisting and interview notes obtaining references health screening issuing a letter of appointment within one week of the job offer positive action to recruit staff from similar backgrounds (for example, culture, language).		
7.4	7.4.1	rt of the recruitment and selection procedure: qualifications are checked		
	7.4.2	criminal convictions are disclosed in compliance with the Rehabilitation of Offenders Act 1974		
	7.4.3	health status declaration is made		
	7.4.4	equal opportunities are monitored.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Terms and Conditions of Service		
7.5	There are written policies and procedures for the terms and conditions of employment.		
	Guidance		
	Policies and procedures include:		
	 termination of employment maternity/paternity leave disciplinary and grievance disputes and appeals absence through sickness annual leave. 		
	Current employment legislation should be referred to when drawing up these policies.		
7.6	All staff receive written contracts of employment within two months of appointment.		
	Guidance		
	All contracts should detail terms and conditions of service.		
7.7	Staff are consulted and informed of changes in their terms and conditions of employment.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
7.8	There are written job descriptions for all posts.		
7.9	Job descriptions are:		
	7.9.1 dated		
	7.9.2 reviewed annually or when the postholder changes.		
7.10	Personnel records are maintained.		
	Guidance		
	These records may include:		
7.11	 * application form/curriculum vitae * references * the contract of employment and any amendments issued * an up-to-date job description * details of qualifications held * any disciplinary proceedings * records of leave and sickness * appraisal details * training and course attendance records * staff identification * a signature not to accept gratuities. Personnel records are:		
	7.11.1 up to date		
	7.11.2 confidential		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	7.11.3 accessible to the employee.		
7.12	Exit interviews are conducted.		
	Orientation and Induction		
7.13	New staff receive induction in the following areas:		
	7.13.1 emergency procedures, for example, fire, resuscitation		
	7.13.2 health and safety, for example moving, handling, security, dealing with accidents and incidents, risks in the workplace and how to minimise them		
	7.13.3 care of residents, for example, confidentiality, health records and care plans, key workers	n 🗆 🗆	
	7.13.4 philosophy and objectives of the home.		
	Guidance		
	Staff include permanent, full and part-time staff, bank and agency staff, volunteers, students and work experience placements.		

Criteria			Yes No	Please comment on the progress you have made towards meeting each criterion
	Trai	ning and Development		
7.14	profe	e is access to programmes for continuing education, essional updating and management development based on tified corporate, staff and residents' needs.		
	Guid	lance		
	Prog	grammes may include:		
	*	courses and study days which meet the requirements of professional bodies and institutions, for example, UKCC and ENB		
	*	continuing education and management development, for example, PREP, NVQ, MCI, City & Guilds		
	*	internal and external training courses, for example, first aid, counselling skills, cultural awareness, finance, communication, time management		
	*	mentoring schemes lectures, workshops and conferences.		
		com, es, me, menseps emm eenge, emess.		
7.15	The	learning from these programmes is shared with staff.		
7.16		rent reference manuals, pamphlets, journals and books are available in the home.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
7.17	Educational and developmental opportunities for staff are publicised.		
7.18	Records of training are maintained.		
	Performance Review		
7.19	There is a documented staff appraisal system. Guidance		
	The staff appraisal system should be based on the job description and work objectives and should identify:		
	 strengths in performance areas requiring further development educational/training needs. 		
	Staff Support		
7.20	There is a system of ongoing staff support.		
	Guidance		
	This may include		
	 staff supervision stress management counselling dealing with bereavement 		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
7.21	All non-registered staff working within the home practise under the supervision of, and have access to, a registered nurse on a 24 hour basis.		
7.22	Staff have access to a formal procedure for reporting complaints or abuse.		

COMMENTS Please comment on the standard and criteria in the space below. This will help in the revision of the standards.
For example, is there anything that is:

•	difficult to interpret out of date not achievable?		
 			

POLICIES AND PROCEDURES

Standard 8

There are written policies and procedures which support activities and guide staff in the functions and responsibilities of the home.

Criteria			Yes No	Please comment on the progress you have made towards meeting each criterion
8.1	Writter input.	n policies and procedures are developed with staff		
	Guidan	ace		
		ers of staff involved will depend on the type of policy Irawn up.		
8.2	Policies	s and procedures are communicated to staff.		
8.3	When v	writing policies, statutory regulations and professional of practice are taken into consideration.		
8.4	Policies	s and procedures are:		
	8.4.1	written in a clear and intelligible style		
	8.4.2	reviewed on a regular basis, and if necessary, amended		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Guidance		
	This could be annually or sooner if new guidance is issued. Responsibility for guidance should be clear.		
	8.4.3 compiled into a manual		
	8.4.4 dated		
	8.4.5 accessible to all staff.		
	Guidance		
	This should include bank and agency staff.		
8.5	Staff are informed when changes to policies and procedures occur.		
8.6	Adherence to policies and procedures is monitored.		

Please comme This will help	Please comment on the standard and criteria in the space below. This will help in the revision of the standards.							
For example,	For example, is there anything that is:							
•	difficult to interpret out of date not achievable?							
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COMMENTS

BUILDINGS, FACILITIES AND EQUIPMENT

Standard 9

The environment, facilities and equipment ensure safe, efficient and effective care of residents, staff and visitors and enable the overall objectives of the home to be achieved.

Criteria			Yes N	lo	Please comment on the progress you have made towards meeting each criterion
9.1	There	is a plan of the building, services, plant and equipment.			
9.2	There	is access for emergency vehicles.			
9.3	home	al and external security arrangements to protect the and contents and to ensure the safety of residents, staff isitors include:			
	9.3.1	a staff identification system			
	9.3.2	a system for identifying visitors			
	9.3.3	lockable places for valuables belonging to residents and staff			
	9.3.4	insurance policies to cover buildings and content]	
	9.3.5	secure locks and an intruder alarm system			
	9.3.6	well lit external areas.			
9.4	There	is clear internal and external signposting.]	

Criteria			Yes No	Please comment on the progress you have made towards meeting each criterion
	Guide	ance		
	Consi	ideration is given to:		
	*	the needs of the visually impaired the needs of ethnic minority residents.		
9.5	There	is wheelchair access inside and outside the home.		
9.6		e residents are accommodated on floors other than d level there is a minimum of one shaft lift.		
		The state of the s		
9.7	Reside reside	ent safety devices are installed to meet the needs of nts and include:		
	9.7.1	a nurse call system in all areas to which the resident has access		
	9.7.2	hand rails in passage ways		
	9.7.3	grab rails in residents' toilets, showers and bathrooms		

Criteria			Yes No	Please comment on the progress you have made towards meeting each criterion
	9.7.4	provision for emergency entry to toilets, showers and bathrooms		
	9.7.5	provision of variable height beds		
	9.7.6	beds fitted with adjustable side rails where the resident (or his/her representative) requests them		
	9.7.7	safety straps on wheelchairs and other resident transporting items which are not fitted with side rails.		
	Guidan	ce		
	Design	of resident safety devices promotes independence.		
9.8	The ten	nperature of the hot water supply in resident areas is tically controlled to prevent accidental scalding.		
9.9	All port	table gas cylinders are safely stored, restrained and		
9.10	There is which c	s a planned and documented maintenance programme overs:		
	9.10.1	equipment, for example, resuscitation equipment, hoists, heating systems, lighting, sluices and cookers		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	9.10.2 nurse call systems, pagers and telephones		
	9.10.3 furnishings		
	9.10.4 internal and external decoration		
	9.10.5 maintenance of the grounds		
	9.10.6 portable appliance testing (PAT).		
9.11	Current maintenance certificates are in place for lifts, dumb waiters and electric and mechanical resident lifting aids.		
9.12	Shafts for linen chutes are equipped with doors that have self-closing devices and safety latches.		
9.13	Preventative measures for the control of legionellae bacteria in hot water systems are in place.		

COMMENTS Please comment on the standard and criteria in the space below. This will help in the revision of the standards.							
For example, is there anything the	nat is:						
• •	difficult to interpret out of date not achievable?						

HEALTH AND SAFETY MANAGEMENT

Standard 10

There is a managed approach to health and safety which creates a safe and healthy environment for all residents, visitors and staff.

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
10.1	There is an individual who has overall responsibility for developing, implementing and reviewing health and safety policy.		
10.2	There is a written health and safety policy for the home.		
	Guidance		
	This should conform to the requirements of current legislation and should be signed and dated by the chief executive/owner of the home.		
10.3	Written local health and safety policies/procedures are developed and implemented.		
	Guidance		
	These policies/procedures should be consistent with the home's health and safety policy.		
	Areas where local policies/procedures may be needed include:		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	 kitchen laundry rooms linen rooms. 		
10.4	A poster which outlines the employers' and employees' obligations under the Health and Safety at Work etc Act 1974, is displayed.		
10.5	An employer's liability insurance certificate is displayed in a public place.		
10.6	Safety representatives (non union) are appointed within the home.		
	Guidance		
	The responsibilities of health and safety representatives are:		
	 detailed in their job descriptions detailed in objectives set and reviewed annually. 		
10.7	The safety representatives (non union) are provided with the training necessary to make an informed contribution to health and safety matters.		
10.8	Arrangements are in place for obtaining competent health and safety advice.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Guidance		·
	Competent refers to someone with sufficient training, experience and knowledge to enable proper assistance to be given. This person may be an employee or may be an independent health and safety expert.		
10.9	First aid arrangements are in place and are in accordance with current legislation.		
	Guidance		
	Rules for the provision of first aid facilities are laid down in the Health and Safety (First Aid) Regulations 1981.		
10.10	The home promotes the awareness of health and safety policy and health and safety issues.		
	Guidance		
	This could be through noticeboards, newsletters, suggestion schemes.		
10.11	The risks to the health and safety of staff, residents, and other visitors are assessed.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Guidance		
	Risks to be assessed include:		
	 substances hazardous to health moving and handling of residents, equipment and other heavy loads personal protective clothing security and violence inside and outside the home work equipment (including electrical equipment) fire the working environment. 		
10.12	Once risks have been assessed:		
	10.12.1 necessary and preventive and protective measures are identified		
	10.12.2 preventive and protective measures are put in place		
	10.12.3 measures are taken to control risk		
	10.12.4 records of assessment and action taken are maintained.		
10.13	Accidents, erors, incidents, hazards and safety deficiencies are:		
	10.13.1 reported		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	10.13.2 investigated		
	10.13.3 acted upon.		
10.14	Where necessary, accidents and incidents are reported to the Health and Safety Executive under the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences		
	Regulations 1985 (RIDDOR).		
10.15	There is a documented health and safety education programme for the home.		
	Guidance		
	There is a general duty on the home to provide the training necessary to ensure that the health and safety of all employees (so far as is reasonably practicable) is maintained.		
	Training should include:		
	 induction training programmes regular refresher training for all employees training for employees who are transferred or promoted (this should be carried out before the postholder moves). 		
	Training in the following areas should be considered: fire; moving and handling of residents, equipment or other heavy loads; food hygiene; first aid.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	In areas where there is a higher risk of violence, staff should be trained to handle potentially aggressive situations.		
	When looking at training, the individual needs of staff members should be addressed.		
10.16	Records of health and safety training given to staff are maintained.		
	Guidance		
	This should be recorded for each employee, together with the date on which the training took place.		
10.17	Mechanisms are in place to minimise the risk of accident or injury to lone workers.		
	Infection control		
10.18	There are written infection control policies and procedures.		
	Guidance		
	These should be in keeping with the local authority's infection control policy and should consider the following areas:		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	 clinical procedures disposal of waste outbreaks isolation techniques sterilisation and disinfection last office guidance hotel services eg kitchens, laundry, domestics. 		
10.19	There are written policies and procedures for the disposal of waste.		
	Guidance		
	When drawing up policies and procedures the Environmental Protection Act 1990 should be referred to.		
	Policies and procedures include:		
	 segregating general and contaminated waste at the site of generation (including colour coding and labelling the place and date of origin) disposing of sharp objects in suitable containers dealing with needle stick injuries (including investigation and follow up) safe handling of contaminated waste including the use of approved contaminated waste bags, protective clothing and appropriate storage facility before removal from the site. 		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
10.20	The effectiveness of health and safety management within the home is reviewed.		
	Guidance		
	The following elements of the health and safety management system should be reviewed:		
	policy implementationorganisation		
	measuring systemsreviewing systems.		
	Staff should be involved in the review.		

COMMENTS	
Please comment on the standard and criteria in the space below.	
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For example, is there anything that is:	
difficult to interpret	
• out of date	
not achievable?	
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FIRE SAFETY

Standard 11

The home is constructed, equipped, operated and maintained in a manner which ensures the safety of its residents, visitors and staff and protects the property from fire and the products of combustion.

Criteria		Yes	No	Please comment on the progress you have made towards meeting each criterion
	Management Responsibilities			
11.1	A senior manager is designated as fire safety officer and nominates a senior person in their absence.			
11.2	There is a written fire safety policy for the home.			
11.3	The nominated fire safety officer coordinates fire safety procedures in the event of an alarm.			
	•			
11.4	There is written evidence that all buildings comply with legislation relating to fire safety.			
	be an experience of the survey.			
	Guidance			
	Where major building alteration, development or service			
	alteration have taken place, written evidence of a fire inspection should be available.			
	1 The second of			

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
11.5	There is documented response to any recommendations made by the health authority fire officer.		
11.6	All incidents of fire are reported to the local registration authority and investigated.		
	Fire Systems and Equipment		
11.7	Approved fire detection and alarm systems exist throughout the home.		
	Guidance		
	These include		
	* smoke detectors * manual fire alarms (call points should be unobstructed and clearly visible or suitably indicated).		
	Audible alarm systems should be:		<u> </u>
	 loud enough to be heard in all areas of the home distinctive from other signals/alarms used in the area 		
11.8	Fire fighting equipment is:		
	11.8.1 provided		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	11.8.2 appropriate to the type of fire most likely to occur in the area in which it is located.		
	Guidance		
	Fire fighting equipment would include:		
	 * fire extinguishers * hose reels * fire blankets 		
	* hydrants.		-
	Particular attention should be given to hazardous areas such as:		
	 kitchens laundry storage areas and linen rooms refuse collection and storage areas. 		
	Different types of fire extinguisher will be used depending on the type of fire involved, eg water extinguishers should only be used for ordinary combustible fires, carbon dioxide extinguishers for electrical fires, foam extinguishers for flammable liquids.		
11.9	There is recorded evidence that the testing and maintenance of fire fighting equipment is performed.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Guidance		
	Extinguishers should be tested annually, emergency lighting monthly, fire bells weekly and automatic door releases weekly.		
11.10	Fire equipment is clearly signposted.		
11.11	Notices detailing what to do on discovering a fire and on hearing the alarm are displayed.		
	Evacuation		
11.12	A plan showing the internal layout of the building with fire exits and siting of extinguishers is displayed in one or more prominent locations.		
11.13	Doorways, corridors, ramps and stairways designated as fire escapes routes are:		
	11.13.1 accessible at all times		
	11.13.2 wide enough for the evacuation of non-ambulant residents		
	11.13.3 not used to store combustible materials.		
11.14	Fire and smoke doors can be opened and closed manually.		
11.15	Fire exit signs are displayed.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
11.16	Fire exit doors can be released from the inside at all times. Guidance		
	Exit doors should be provided with locks or fastenings that can be opened in an emergency without the use of a key, card or digital lock.		
11.17	Fire emergency plans and procedures are in place.		
	Guidance		
	These include evacuation plans and instructions. Fire emergency plans should take into account the disruption caused by construction, redevelopment or upgrading work. Residents and relatives should be made aware of the fire emergency plans and procedures.		
11.18	There is a written plan available detailing action to be taken in the event of residents having to be moved out of the home.		
	Training		
11.19	Practice fire drills are held for day and night staff under varied conditions.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Guidance		
	In small premises, where not more than two members of staff are available, the exercise could take the form of a walk over the escape routes, checking fire doors and the position of fire alarm and fire equipment.		
11.20	All drills are evaluated and a written report produced.		
	Guidance		
	Recorded details may include:		
	 date of instruction or exercise duration name of person giving the instruction name of persons receiving instruction nature of instruction, training or drill. 		
11.21	Staff receive training in fire procedures twice yearly.		
	Guidance		
	All staff should be instructed and trained to ensure that they understand the fire precautions applicable to the building and the action to be taken in the event of a fire.		
	Fire training should include:		
	 * alarm notification procedures * use and operation of fire fighting equipment * route of evacuation. 		

Criteria		Yes	Please comment on the progress you have made towards meeting each criterion
11.22	Attendance at fire training is recorded.		

COMMENTS	
Please comment on the standard and criteria in the space below.	
This will help in the revision of the standards.	
For example, is there anything that is:	
difficult to interpret	
• out of date	
• not achievable?	
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QUALITY IMPROVEMENT

Standard 12

There is a structured approach to quality improvement which supports the objectives of the home.

Criteria			Yes	No	Please comment on the progress you have made towards meeting each criterion
12.1	Quality	activities include:			
	12.1.1	identifying areas for improvement			
	12.1.2	specifying local standards to be achieved			
	12.1.3	monitoring performance against specified standards.			
	Guidan	ce			
	This mo	ny include:			
	*	collecting statistics assessing residents', relatives' and staff satisfaction reviewing the accuracy of health care recording.			
	12.1.4	implementing action to achieve specified standards			
	12.1.5	reviewing the effectiveness of the action taken to ensure long-term improvements			
	12.1.6	informing staff of the results of audit activity.			

COMMENTS Please comment on the standard and criteria in the space below. This will help in the revision of the standards.				
For example, is there anything that is:				
 difficult to interpret out of date not achievable? 				
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CATERING

Standard 13

The catering service provides a high standard of food to residents, staff and visitors.

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
13.1	Where the catering service is provided under contract, the home ensures that these criteria are written into the service specification and maintained.		
13.2	There is access to dietetic advice.		
13.3	All staff who handle food receive documented training and updating in:		
	13.3.1 food handling		
	13.3.2 hygiene practices		
	13.3.3 safe practice		
	13.3.4 religious customs.		
13.4	Service policies and procedures reflect the requirements of the Food Safety Act 1990.		
13.5	There are procedures for food handlers to report if they are suffering from certain infections and the action to be taken.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
13.6	There are documented procedures for the safe storage, preparation, handling and distribution of food.		
	Guidance		
	This may include advance preparation.		
13.7	Menus are planned to provide meals which meet the nutritional needs and preferences of residents and staff.		
	Guidance		
	Consideration is given to the following		
	 attractive presentation of food portion size variety and texture nutritional balance cultural and religious preferences menu cycles the needs of residents and staff on either restricted or therapeutic diets. 		
13.8	There is a continuing programme of pest and vermin control.		
13.9	There is a stock control system.		
13.10	Food premises are registered with the local authority.		
13.11	Systems are in place to prevent cross infection.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
	Guidance		
	These include:		
	 food storage food preparation cooking and reheating/regeneration dishwashing waste disposal surfaces cleaning. 		
13.12	Special eating utensils are available to meet the needs of residents (for example, modified eating and drinking utensils).		
13.13	Residents are able to consult with catering staff and give feedback on the meals provided.		
13.14	A written response to the recommendations of the environmental health officer is produced.		
13.15	Recommendations made by the environmental health officer are complied with.		

COMMENTS Please comment on the standard and criteria in the space below.				
This will help in the revision of the standards.				
For example, is there anything that is:				
difficult to interpretout of datenot achievable?				
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HOUSEKEEPING

Standard 14

The housekeeping service ensures and maintains a high standard of cleanliness and hygiene throughout the home.

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
14.1	Where the housekeeping service is provided under contract, the home ensures that these criteria are written into the service specification and maintained.		
14.2	All new staff receive inservice training on the following:		
	14.2.1 disposal of waste		
	14.2.2 storage and handling of any hazardous substances		
	Guidance		
	The Control of Substances Hazardous to Health Regulations 1988 should be referred to.		
	14.2.3 safe practices		
	14.2.4 the control of infection and the role of the employee in this control (for example, colour coded cloths and mop heads).		
14.3	Policies and procedures for housekeeping are developed.		

Criteria Criteria Criteria Company de la Com	Yes No	Please comment on the progress you have made towards meeting each criterion
Guidance These include: * disposal of general and contaminated waste * cleaning of specialised areas (for example, toilets, sluices, bathrooms, treatment room, kitchen and laundry) * routine and special purpose cleaning. Policies and procedures should be consistent with the home's infection control policy. 14.4 There is a stock control system.		

COMMENTS Please comment on the standard and criteria in the space below. This will help in the revision of the standards.			
For example, is there anything that is:			
 difficult to interpret out of date not achievable? 			

LAUNDRY AND LINEN

Standard 15

The laundry and linen service provides a personal laundry service to residents and linen throughout the home.

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
15.1	Where the laundry and linen service is provided under contract, the home ensures that these criteria are written into the service specification and maintained.		
15.2	Staff receive inservice training on the following:		
	15.2.1 the control of infection and the role of the employee in this control		
	15.2.2 safe practice		
	15.2.3 operation of laundry equipment.		
15.3	Clean personal clothing for residents is:		
	15.3.1 available on a daily basis		
	15.3.2 clearly labelled.		
15.4	The amount of clean linen available is based on calculated need.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
15.5	There is a linen stock control system.		
15.6	Linen is stored in a clean, dry and well ventilated area.		
15.7	There are written procedures for handling linen.		
	Guidance		
	These include:		
	 physical appearance and condition of linen processing techniques wash formula. 		
15.8	Clean linen and soiled linen are transported and stored separately.		
15.9	Infectious linen is labelled and suitable precautions are taken in its processing.		
15.10	Inhouse laundry facilities are separated from:		
	15.10.1 the clean linen processing area		
	15.10.2 resident rooms		
	15.10.3 areas of food preparation and storage		
	15.10.4 areas in which cleaning material and equipment are stored.		

Criteria		Yes No	Please comment on the progress you have made towards meeting each criterion
15.11	The laundry area is planned and equipped to prevent the spread of contaminants.		
15.12	There is an exhaust ventilation system which ensures that air flows from clean to soiled areas.		
15.13	Surface and overhead areas in the laundry are cleaned.		
15.14	The laundry is sited so that noise is not intrusive to residents, staff or visitors.		
15.15	A separate area is allocated for ironing.		
15.16	Equipment is checked and maintained in safe working order and all faults are reported immediately.		

Please comment on the standard and criteria in the space below. This will help in the revision of the standards.	
For example, is there anything that is:	
difficult to interpretout of datenot achievable?	
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COMMENTS

King's Fund

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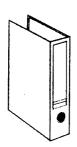
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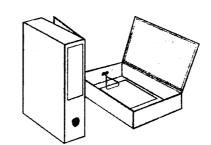
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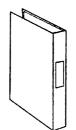


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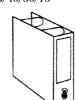


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Colour availability: Black 25/Grey 45/Green 40/Blue 50/Red 75/Yellow 80/