The Health Quality Service HQS

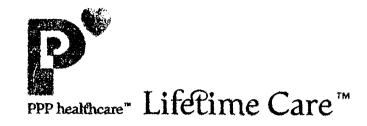
in association with the King's Fund

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Organisational Standards for Landards for La

FIRST EDITION





This publication was sponsored by PPP healthcare

Home from Home

Organisational Standards for Nursing and Residential Homes

FIRST EDITION

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Preface

This first published edition of the standards for nursing and residential homes represents the culmination of three years of development and testing both the standards and the process of organisational audit in this sector.

Over this time, the Health Quality Service (HQS) and the standards have needed to be responsive to the extreme diversity of the nursing and residential home environment and the complexity of its make-up. Against this backdrop came the increasing shift of acute care into the community, the publication of the Bergner Report and a change of government.

We are often asked how our standards fit within the framework of registration and inspection. During the development of the standards and criteria, we have worked closely with health and local authority registration and inspection teams to ensure that we do not contradict the legal and statutory obligations of homes and that the standards and criteria complement the regulations laid down in statute. There are some obvious and distinct differences:

- 1. Whereas homes are required, by law, to meet the requirements of registration and are regularly inspected by the health authority or local authority to ensure they do so, participation in the HQS process is entirely voluntary and there may or may not be a survey at the end.
- 2. As a quality improvement tool, HQS standards and criteria encourage homes to develop beyond that which is legally

- required. Many registration and inspection officers see development as part of their job and these standards and criteria may provide a useful framework for this part of their work.
- 3. HQS standards and criteria are nationally applicable.

Many questions are being asked about the future picture of the nursing and residential home sector: how can the sector respond to the needs of the community as long term care in hospitals becomes less likely an option? Will there be single care homes? How will long term care be funded? What will regulation and inspection units be like? How will national standards be applied?

We hope that our standards will provide some consistency at such a time. All will agree that, whatever the future holds, the experience of life and care in homes needs to be fulfilling for those who live there. Therefore, the standards have been developed to help staff review and improve the homes in which they work, in order to achieve a better all round experience for their residents.

Peter Griffiths

Executive Director October 1998

■ Acknowledgements

The production of this manual would not have been possible without the contributions of many individuals. These include members of:

- homes, who developed and commented on the standards and criteria
- professional, consumer and user organisations, who ensured that different perspectives were reflected in the standards
- * statutory organisations, who provided specific expertise on the relevant regulations and guidelines
- PPP healthcare, who sponsored the publication.

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■ Introduction

The publication of this manual signals the end of the year long pilot programme to test ways of making the Health Quality Service (HQS) process more widely available to nursing and residential homes and marks the beginning of the nursing and residential care homes programme.

The manual is published 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.

The Health Quality Service

The HQS quality improvement process is an independent and voluntary audit of the whole organisation using a set of standards and criteria. These relate to the systems and processes required to support the delivery of care in homes.

The HQS programme combines assessment of compliance with the standards and an educational, developmental approach. It sets out to complement local and professional initiatives, recognise and spread good practice and support continuous organisational development.

Background

Project for Nursing Homes 1994 - 1996

In 1994, the King's Fund Organisational Audit (now the Health Quality Service) set up a project to develop standards and an organisational audit process for nursing homes. This was in response to requests from a number of stakeholders in the sector. The project was overseen by a national advisory committee which comprised representatives from organisations such as the UKCC, RCN, HIA, NAHAT (now the NHS Confederation), Counsel and 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:

- W Aaram Lodge Bournemouth, Dorset
- W Plasgeller Nursing Homes Brynmauer, Greent
- * The Abbeyfield Society Haleyon House, Formby, Mersenside

- * 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

Representatives from these sites were involved in developing the standards, which were then piloted in the homes. Each home was surveyed against the standards, using peer review. At the end of the process, the homes were provided with a report, in the form of an action plan, which detailed the findings of the survey and gave them a focus for planning future quality improvements.

Pilot programme for nursing and residential homes

Building on the nursing homes project, a pilot programme was set up in 1996 to test various models of process delivery and management as well as further developing the standards to make them applicable to both nursing and residential homes. Eight sites, reflecting the diversity of the sector and its stakeholders, were chosen to participate:

- Brent & Harrow Health Authority
- ****** Bromley Health Authority
- ****** Care First Group
- Cornwall & Isles of Seilly Health Authority
- Coverage Care
- * East Surrey Health Authority
- * Lambeth, Southwark & Lewisham Health Authority
- Southern Derbyshire Health Authority

Following the experience of the sites and the homes, both the process and the standards and criteria were revised and refined.

Scope

The distinction between nursing homes and residential homes is blurred. In theory, residential homes provide personal care and meals whereas nursing homes provide specialist nursing care and must employ qualified nurses. The reality is that more and more residential homes provide an element of nursing care. They are not, however, legally required, as nursing homes are, to have a qualified nurse on duty at all times. Some homes are run as combined nursing and residential homes and these do have to fulfil the nursing home's staffing requirements. Our standards are for use in both types of home; where requirements differ, this is made explicit within the relevant criteria.

The process

The standards and criteria contained in the manual provide homes with the means to evaluate practice and 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 health authorities and inspectors to support the development of homes in their area.

Homes may work at stage 1 only or at both stages 1 and 2 of the process.

Stage 1: Self-assessment and application of standards

It is recommended that, over a period of nine months to a year, staff in the home work towards implementing the HQS standards and criteria. Central to the success of this stage are the training of a local coordinator in the use of the standards and criteria and the establishment of a steering group within the home.

Staff begin by assessing the home's compliance with the HQS standards and criteria. It is important to involve staff at all levels, who can work with the criteria relevant to their area of work. This encourages ownership of the process and group discussion. It also facilitates the identification of weak and problem areas, bringing out into the open different staff members' perceptions of how well their service is complying with the criteria. There is limited value in a manager

completing the self-assessment of the service based only on their perception of the situation.

This initial self-assessment enables staff to identify those criteria that are not met and, from this, to identify priorities and plan the action needed to implement the criteria. Again, staff at all levels should be involved in planning and implementing the action to be taken.

Stage 2: Survey

An independent team of care home professionals, chosen for their experience, knowledge, credibility and appropriateness for the home, undertake a peer review survey. Surveyors are selected by the HQS and undergo training prior to taking part in surveys.

It is recommended that, six weeks before the date of the survey, the home undertakes a second self-assessment of its compliance with the standards and criteria. This is sent to the surveyors with supporting background documentation, including a profile of the home. The self-assessment information and the profile are used by the surveyors to build up a picture of the home before the survey begins.

The surveys last an average of two days, depending on the size of the home. While in the home, the surveyors review documentation, interview staff and residents (or their relatives if more appropriate) and generally observe the running of the home. A verbal debriefing is given to the staff at the end of the survey. This summarises key themes and overall observations. A detailed, written report follows six to eight weeks later. This provides a comprehensive assessment of compliance with the HQS standards and criteria. It includes recommendations for change and highlights good practice. The report provides a basis for developing future action plans and monitoring progress.

Standards development

The standards and criteria were reviewed and developed with the help of experienced professionals currently working in or with nursing and residential care homes. The development was coordinated by the HQS. The standards and criteria were developed to be:

- **measurable:** both by the staff implementing the criteria and by surveyors measuring compliance against them
- **achievable:** some homes will find it more difficult to achieve the criteria than others, but there is little point in including criteria that are not achievable
- # flexible: so that they can be used by staff in any residential or care home
- **acceptable:** representing a consensus on currently accepted roles and responsibilities
- **adaptable:** non-prescriptive stating what should be in place and not how it should be put in place so that they can be implemented in accordance with local needs
- * nationally applicable: offering a common framework against which all nursing and residential care homes within the UK can be assessed.

Guidance

Guidance notes are given in italics beneath a number of the criteria. These are to:

- help staff interpret the criteria;
- provide guidelines for meeting the criteria;
- provide an indication of the areas that the surveyors will be assessing during a survey.

Definition of terms used

A glossary of terms is included at the end of the manual

Ongoing review and update

The scope of good practice in nursing and residential care homes continues to advance. To ensure that HQS standards and criteria reflect these changes and are representative of best practice, we will continue to review the standards and criteria on an ongoing basis.

To assist us in this process, there is a section at the end of each standard for comments to be recorded.

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Standard 1: Preparation for home life

The home recognises and respects the effects that moving into a home can have on individuals and ensures that it can respond to the variety of emotions that are being experienced as well as the care needs that must be met...



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIOS
1.1	The home assesses whether or not it can meet the care needs of each potential resident	YES NO	
	Guidance		
	The assessment includes a report of social and cultural needs and health needs, both physical and mental.		
	The assessment includes finding out about the resident's personal history from relatives/friends or advocates if the resident is unable to be involved.		
1.2	The person-in-charge prepares prospective residents for entering the home	YES NO	
	Guidance		
	Preparation activities include:		
	visiting the home, including meeting other residents and relatives where possible		
	the use of brochures and, where possible, videos for residents too frail to visit the home		
	* the home manager visiting the resident in their home or hospital.		
	The care manager may also be involved in preparation activities.		
	Staff should be aware of the impact of moving into the home on the psychological and social well-being of the resident.		
1.3	Residents have the opportunity to stay in the home for a trial period	YES NO	
	Guidance		
	Self-funding residents should always stay in the home for a trial period.		
4			
	CONTINUE TO NEXT PAGE >		

Standard 1: Preparation for home life **CONTINUED**



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIC
1.4	Each resident has a copy of a written contract for care and accommodation with the home	YES NO	
	Guidance		
	This includes:		
	 activities available including choices for residents 		
	* additional charges		
	 assessment, care planning and frequency of reviews 		
	* details of the complaints procedure		
	ending of contract and notice of termination		
	facilities, both individual and communal		
	fees and when fees are reviewed		
	* handling of money	:	
	insurance		
	 information about what happens when the resident goes into hospital or on holiday, for example, paying fees, their room being intact and secure 		
	payment of fees after death		
	 personal belongings which residents can bring 		
	* privacy and security of the home		
	 services available including choices for residents 		
	** staffing and availability of staff		
	* visiting		
	whether pets are allowed.		
1	If the resident is funded through State provision there may also be a contract between the home and the client which reflects meeting their needs and requirements as relayed to the care manager.		
	A nominated relative or advocate may also be given a copy of the contract.		
	The resident specifies who is given a copy of the contract.		

CONTINUE TO NEXT PAGE >

Standard 1: Preparation for home life **CONTINUED**



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO!
1.5	The contract is presented in a form that can be understood by the resident	YES NO	
	Guidance		
	Consideration is given to the use of:		
	 plain English and the lack of jargon 		
	* audiovisual aids		
	* relevant language		
	* advocates		
	interpreters		
	large size print/audio tapes for sight impaired people.		
1.6	The home has a written and up-to-date admissions policy	YES NO	· · · · · · · · · · · · · · · · · · ·
1.7	There is an admissions procedure which ensures that each new resident is welcomed to the home	YES NO	
	Guidance		
	This includes:		
	 being given initial information about the home 		
	 being introduced to residents and staff 		
	 being helped to unpack 		
	 ensuring that someone accompanies the resident to their first meal in the home 		
	 ensuring that relatives/friends/advocates who travel with the resident or 		
	visit as they arrive are also made welcome		
	planning the resident's first week and some outings.		
1			
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Standard 1: Preparation for home life **CONTINUED**



	Criteria			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
1.8	There is an up-to-date brochure or information leaflet about the home	YES	NO	
	Guidance			
	The brochure or information leaflet may include:			
	* application form			
	# details of the home's complaints procedure			
	details of the registering body and how to make contact			
	details of the services provided (for example, hairdressing, chiropody)			
	 details of any restrictions (for example, on food brought into the home and visiting hours) 			
	■ fees and what is included/excluded			
	* the resident's rights.			
1.9	The resident's handbook is available to the resident and their relatives	YES	NO	
1.10	Information for residents and relatives is:	VEC	NO	
1.10.1	up-to-date	YES YES		
1.10.2	regularly reviewed			
1.11	Adherence to admissions policies and procedures is monitored	YES	NO	
	Guidance			
	Examples of monitoring activities include:			
	checking staff awareness and understanding of the policies and procedures			
	** spot checking			
	* tracking			
	 residents' and relatives' satisfaction surveys 			
	 checking residents'/relatives'/advocates' awareness of the existence of the policies and how to obtain copies. 			





	Disease service in the first test and	
	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 achieveable?	
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Standard 2: Participation in home life

Recognising that the home is a place to live, residents are enabled to play a part in the day-to-day life of the home and influence decision making...



	Criteria	YES NO	PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
2.1	Residents contribute to the running of the home		
	Guidance		
	Examples include:		
	 being involved in shopping and menu planning 		
	* choosing decor		
	choosing mealtimes		
	* choosing times they can get up and go to bed		
	controlling lighting, heating and television in their own rooms		
	* helping out (where possible and suitable), for example gardening and cooking		
	participating in residents' meetings		
	sitting on the home's management committee		
	* taking part in residents' suggestion schemes and residents' surveys.		
	Consideration should be given to ways in which to involve residents who have high dependency needs and/or have difficulty in expressing themselves.		
2.2	Residents are able to make informal comments/criticisms of the home, know who to speak to, and know they will be listened to without prejudice	YES NO	
	Guidance		
	Residents may be assigned a staff member to whom informal comments may be made.		
	Comments may cover food, outings, staff procedures.		
4	All staff, including catering staff, care workers and key workers, are proactive in seeking the ideas and comments of residents and/or relatives. For example, feedback is sought when assisting with personal care and at mealtimes.		
	Comments received are passed on to senior staff.		
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Standard 2: Participation in home life **continued**

	Criteria		STREE CONSIDER TO THE THE TOP OFFICE AND CORES AND CONTRACT TO THE TRACT TO THE TRA
2.3	Comments and criticisms are evaluated by the home and actioned within a given timeframe	YES NO	PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
	Guidance		
	If action is unable to be taken, the home should record the reasons for not being able to follow through.		
2.4	The home considers how to obtain the views of residents who are unable to communicate effectively	YES NO	
	Guidance		
	Examples include:		
	dementia care mapping		
	audio visual prompts, symbols, pictograms		
	consultation with relatives/advocates to obtain the input of residents who cannot make their needs/ideas clear.		
2.5	Residents, relatives and advocates have access to a formal written procedure for reporting complaints:		
2.5.1	internally	YES NO	
2.5.2	externally	YES NO	
	Guidance		
	External organisations include:		
	community health council		
	* inspection unit (either health or social services)		
	Mental Health Act Commission (for sectioned residents only)		
	* community nurses		
4	. GPs		
	* Action on Elder Abuse		
	local government ombudsman		
	* NHS ombudsman.		
	CONTINUE TO NEXT PAGE >		

Standard 2: Participation in home life continued



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
2.6	Formal complaints are investigated and acted on urgently	YES NO	
	Guidance		
	Outcomes are shared with the resident/relative/advocate who raised the complaint.		
2.7	Residents, relatives and advocates are able to make a complaint without fear of reprisal	YES NO	
2.8	A record of complaints is maintained	YES NO	
	Guidance		
	This record could be used to monitor quality.		
2.9	Complaints of abuse are externally investigated	YES NO	
2.7	complaints of abose are externally investigated	L	
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Comments standard 2: PARTICIPATION IN HOME LIFE



	Mr	
	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	
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	* not achieveable?	
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### Standard 3: Privacy



	Criteria	VEC 1		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIOS
3.1	Bedrooms are shared only by choice	YES N		
3.2	In shared bedrooms privacy is recognised	YES N	10	
	Guidance			
	Consideration is given to the position of bookshelves and other furniture and the use of curtains and screens.			
3.3	Residents' rooms have locks and residents are offered keys to their rooms	YES N	40	
	Guidance			
	Residents are offered a key unless the risk assessment demonstrates an unacceptable level of risk.			
	Doors can be accessed from the outside.			
3.4	The resident's personal space is free from unwelcome noise, smell and uninvited intrusion	YES N	10	
	Guidance			
	The home makes residents, relatives and other visitors aware of the need to respect that residents' own rooms are private.			
3.5	Residents may express their sexual, personal, cultural and religious needs in private	YES N	10	
3.6	A private place is made available for residents to see visitors or to give personal information to a member of staff	YES N	40	
	Guidance			
	Ideally, for ease of access, this should be on the ground floor.			
1	It could be the resident's own room if it is not shared with another person and if it is easily accessible to the resident.			
	If residents prefer to see their visitors in the lounge, staff should ensure that they can sit together and are not interrupted.			
	CONTINUE TO NEXT PAGE >			

### Standard 3: Privacy continued



	Criteria		
		YES NO	PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
3.7	All bathrooms and toilets can be locked from the inside		
	Guidance		
	Doors can be accessed from the outside.	V#6	
3.8	Each resident has individual lockable storage space	YES NO	
	Guidance		
	Residents can choose whether or not they wish to keep this locked.	Vrc. NO	,
3.9	Provision is made for safeguarding residents' property	YES NO	
	Guidance		•
	A safe for residents' valuables could be available.		
	Security marking could be used.		
3.10	The resident's private property is not taken, lent or given to other people without the resident's permission	YES NO	
	Guidance		
	This includes making provision to prevent		
	property being taken by other residents.		
	Provision is also made to safeguard property		
	when a resident is on holiday or in hospital.		
3.11	Residents' post is not opened and read unless this has		
	been agreed in advance, and the letters are opened	YES NO	
	and read in the resident's presence and in privacy		
	Guidance		
,	Residents receive all general mail that is sent to the home, for example political literature.		
	Where post is opened and read, the contents remain		
	confidential between resident and reader.		
	CONTINUE TO NEXT PAGE >		***************************************

### Standard 3: Privacy continued



	Criteria			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
3.12	Residents have access to a telephone where they can have a conversation at any time of day or night which cannot be overheard	YES [	NO	
	Guidance			
	Telephones may include portable 'phones and trolley 'phones			
3.13		YES	NO	
	Guidance			
	For example, amplifier telephones, large dials, minicoms.			
21/		YES	NO	
3.14	Furniture in communal rooms is placed to allow a degree of privacy if required			
	Guidance			
	For example, consideration is given to the provision of separate seating areas, grouping of chairs, the positioning of furniture and the use of screens.			
3.15	Residents are protected from the undesirable actions of others	YES	NO	
	Guidance			
	Consideration could be given to the use of 'panic' buttons			
	or other devices to summon help.			
3.16	Information about residents imparted to			
	members of staff, including session workers,	YES	NO	
	is treated with respect and confidentiality	L_J {		
	Guidance			
	This includes information gathered through working directly or indirectly with a resident.			
	There may be a need to share confidential information in the interest of the health, well-being and legal protection of the resident.			

#### Comments **standard 3: PRIVACY**



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

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Standard 4: Dignity

	Criteria	YES NO	PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
4.1	Residents are addressed by their preferred name		
	Guidance		
	This is established at initial assessment, documented in the resident's record, communicated to all staff and reviewed at regular intervals.		
	The differential use of names by different members of staff is also recognised and respected. For example, a key worker may be asked to use a more familiar term than would be acceptable by others with less frequent contact.		
4.2	Communications to residents, and to others about residents, are respectful	YES NO	
	Guidance		
	Communications are not patronising.		
	Consideration is given to the dress code of staff and how this conveys respectful communications to residents.		
4.3	Residents are enabled to wear the clothes of their choice	YES NO	
	Guidance		
	The clothes worn belong to the resident.		
	Clothes are clean, dry, ironed, laundered and in a good state of repair.		
4.4	·		
7,7	The resident's preference to receive care from a male or female member of staff or other professional is ascertained and respected	YES NO	
4.5	Chaperones are provided	YES NO	
7.5	Guidance		
	Chaperoning may be required for reasons of:		
	culture		
	* personal preference		
	resident or staff safety.		
	CONTINUE TO NEXT PAGE >		

Standard 4: Dignity continued



Criteria

4.6 The individual needs of residents who require assistance with eating their meals are addressed

YES NO

Guidance

This includes:

- * allowing the resident to choose where they eat
- ensuring that the resident eats food that is fresh and hot
- ensuring that special utensils are provided where necessary.

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Standard 5: Independence

	Criteria			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
5.1	Residents are encouraged to bring personal possessions into the home	YES	NO	
	Guidance			
	If this includes soft furnishings, this will be at the discretion of each registering authority on the advice of the local fire authority.			
5.2	Residents are enabled and encouraged to have visitors of their choice and to maintain personal contacts	YES	NO	
	Guidance			
	This includes maintaining contact with old communities and establishing contact with the new community outside the home.			
5.3	Anniversaries and birthdays are celebrated in accordance with the resident's wishes		NO NO	
5.4	Residents are offered a key to the front door			
	Guidance			
	Unless the risk assessment demonstrates an unacceptable level of risk.			
5. 5	Residents are able to obtain hot/cold drinks and snacks for themselves and visitors at any time of the day or night	YES	NO	
5.6	Residents are enabled to control their financial and other affairs	YES	NO	
	Guidance			
	If residents are becoming mentally incapacitated, they and their relatives/advocate are given information about registered Enduring Power of Attorney.			
,	Residents have small change in their possession to			
	pay immediately for incidental purchases.			
	CONTINUE TO NEXT PAGE >			

Standard 5: Independence **CONTINUED**



5.7	Where residents are unable to manage their financial and other affairs, and there are no		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIC
	appropriate relatives to do so on their behalf,	YES NO	
	independent advocacy is provided		
	Guidance		
	Consideration is given to the use of specialist advocates.		
	For example:		
	Alzheimer's Disease Society		
	■ Age Concern		
	Citizens Advice Bureaux		
	** Court of Protection		
	Local Disability and Advocacy Groups		
	** MIND		
	₩ The Relatives Association		
	* those who hold registered Enduring Power of Attorney.		
	Anyone with an interest in the home, for example the owner, an employee		
	or a volunteer, should be prohibited from being an independent advocate.		
5.8	Residents are enabled to choose, as far as is practicable,	YES NO	
	the person who will act as advocate for them		
5.9	Posidonts are anabled to show for your 1.1	YES NO	
3.7	Residents are enabled to shop for personal items		
	Guidance		
	This includes helping the resident to go shopping		
	as well as shopping for mail order items.		





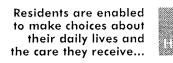
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Standard 6: Choice



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
6.1	Residents are enabled to choose how and where they spend their day	YES NO	
	Guidance		
	For example, when to get up, go to bed, wash and bathe, which clothes to wear and what activities to participate in, including domestic activities and intellectual pursuits, for example, participation in the University of the Third Age.		
6.2	Residents are able to participate in activities which may involve a degree of risk	YES NO	
	Guidance		
	Restriction in activities is only imposed following an assessment of undue risk to the person or to others. If they are able, residents are involved in the assessment of risk.		
	Preferences and capabilities are recorded in the care plan.		
	Relatives are included in discussions about risk taking.		
	Activities may include:		
	* outings		
	exercises		
	* smoking (restricted to specific areas)		
	* swimming		
	* dancing		
	 household chores, such as cooking and cleaning 		
	being able to wander without restriction or restraint		
	drinking alcohol.		
•	An activities coordinator may be employed.		
6.3	A resident's choice not to participate in an activity is respected	YES NO	
	CONTINUE TO NEXT PAGE >		





	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
6.4	Residents are enabled to choose TV and radio programmes and books/magazines for themselves.	YES NO	
	Guidance		
	This may include providing information about what is on, and what is available, helping to switch on and off and providing opportunities for discussion.		
	Residents have access to library services.		
6.5	Residents are enabled to observe religious and cultural anniversaries	YES NO	
6.6	Residents and relatives are aware of and have access to the pastoral and/or spiritual support of their choice	YES NO	
6.7	A quiet area is available for prayer and religious observance in the home	YES NO	
	Guidance		
	This may be the resident's own room, although this should not then become communal.		
6.8	A resident's choice to refuse care or treatment is respected	YES NO	
6.9	When care/treatment is refused, the decision is recorded in the resident's care plan	YES NO	
	Guidance		
	This includes personal care.		
	The outcome, reason and how the care or treatment was offered is also recorded.		
	This is reviewed with the patient at regular intervals.		
6.10		YES NO	
0.10	Residents who wish to do so exercise their electoral rights	لــا لـــ	
	Guidance		
	Residents with physical disabilities should be informed of the postal voting system.		
	Those who wish to vote in person should be enabled to do so.		





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### Standard 7: Upholding the rights of residents

	Criteria	YES	NO	)   	LEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
7.1	The following policies and procedures to uphold the rights of residents are documented:	VEC			
7.1.1	abuse		NO	]	
7.1.2	access to records		NO		
7.1.3	advance directives completed by terminally ill patients			j	
	Guidance				
	The policy needs to address staff training on the legal and ethical status of advance directives (see glossary), how staff become aware of advance directives, how they are stored and how they are implemented.			***	
	For further information, reference should be made to the British Medical Association's book, Advance Statements about Medical Treatment.				
7.1.4	advocacy		NO NO	]	
7.1.5	complaints		NO	]	
7.1.5	confidentiality and the release of information			]	
7.1.7	gratuities		NO	]	
7.1.8	handling financial affairs		NO	]	
7.1.9	informal comments/criticisms		NO	]	
7.1.10	leaving the home		NO	]	
7.1.11	refusal of treatment		NO	]	
7.1.12	residents' access to information		NO		
7.1.13	risk assessment		NO	]	
7.1.14	using control and restraint			]	
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### Standard 7: Upholding the rights of residents **CONTINUED**



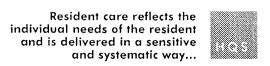
	Guidance		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
	Examples of control and restraint include:		
	* safety straps on wheelchairs and other resident transporting items which are not fitted with side rails		
	* the use of beds fitted with adjustable side rails where the resident (or their representative) requests them.		
7.1.15	valid consent	YES NO	
7.1.16	visiting	YES NO	
7.2	These policies are made available to residents, relatives and advocates	YES NO	
	Guidance		
	The policies are available in different languages and braille		
	and audiotape versions are produced if appropriate.		
7.3	Adherence to policies and procedures	YES NO	
7.0	is monitored and evaluated		
	Guidance		
	Policies and procedures are regularly reviewed.		
	Examples of monitoring activities include:		
	checking staff awareness and understanding of the policies and procedures		
	* spot checking		
	* tracking		
	* residents' satisfaction surveys		
	* relatives' satisfaction surveys		
4	* checking residents'/relatives'/advocates' awareness of the existence of the policies and how to obtain copies.		
	Policies and procedures should be accessible and understood.		
	Evaluation should provide evidence of anything that needs to be changed.		·
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### Comments standard 7: upholding the rights of residents



	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	
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Standard 8: The resident's care



	Criteria				PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
8.1	There is a written philosophy of care which reflects the values of the home	YES	NO	<u> </u>	
	Guidance				
	The philosophy is up to date and relevant to the needs of the residents living in the home.				
	It is reviewed annually and when any significant changes occur.				
	In nursing homes, there may also be a named nurse.				
8.2	The philosophy of care is developed and reviewed with input from:				
8.2.1	residents	YES	NO	0	
8.2.2	relatives	YES			
8.2.3	advocates	YES	NC	0	
8.2.4	staff.	YES	NO	0	
8.3	The philosophy of care is clearly displayed in a public area	YES	NC	0	
	Guidance				
	This is easily readable, for example written in large print and in other languages where applicable.				
	Individual copies may be provided to residents.				
8.4	The philosophy of care is implemented throughout the home	YES	NC	°	
	Guidance		-	_	
,	The philosophy is a live document which is owned by everyone in the home.				
	CONTINUE TO NEXT PAGE >				

9 Health Quality Service

THE RESIDENT'S CARE **32** OF 103

Standard 8: The resident's care **CONTINUED**



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
8.5	All registered nurses are aware of and guided by their professional responsibilities to the residents as set out in the UKCC Code of Professional Conduct	YES NO	
	Guidance		
	Examples of publications that should also be referred to in nursing homes are:		
	■ UKCC Standards for the Administration of Medicines		
	 UKCC Standards for Records and Record Keeping 		
	■ UKCC Scope of Professional Practice		
	* UKCC Guidelines for Professional Practice.		
8.6	Each racidant has a leav/named waller	YES NO	
0.0	Each resident has a key/named worker		
	Guidance		
	The key/named worker is allocated prior to the resident's arrival.		
	The resident is informed about the role of the key/named worker.		
	As far as is possible, the key/named worker has already met with the resident/relatives/friends/advocates prior to the resident's arrival.		
	The key/named worker is responsible for welcoming the resident into the home.		
	The resident has a choice of key/named worker and is enabled to change their key worker if they wish.		
	Relatives/advocates are informed of the name of the key worker and when staff changes occur.		
	In nursing homes, there may also be a named nurse.		
o =			
8.7	The key/named worker:	YES NO	
8.7,1	receives training and updating in their role		
8.7.2	is professionally supervised	YES NO	
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Standard 8: The resident's care **CONTINUED**



	Criteria			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
8.7.3	is supported in their role	YES	NO	
		I		
8.7.4	has the opportunity to liaise with relatives, advocates and other agencies, either directly	YES	NO	
	or via the manager/senior staff	YES [NO	
8.8	Each resident is registered with a GP if they wish			
	Guidance			
	Where possible, the GP should be of the resident's choice.			
8.9	Residents and relatives are able to ask to see a doctor	YES	NO	
	and to request a specialist opinion if necessary			
8.10	There are policies and procedures for			
0	contacting the medical practitioner,	YES	NO	
	community nurses and relevant consultants			
	Guidance			
	These policies and procedures should respect the resident's right to have their doctor contacted if they request it and should account for both normal and emergency situations.			
	Staff should receive training in the handling of medical emergencies and in the recognition of appropriate situations in which medical attention for			
	residents should be sought.			
8.11	A resident gives valid consent to the following:			
		YES	NO	
8.11.1	care	YES	NO	
8.11.2	treatment			
	Guidance			
•	Valid consent is given when a person is competent, informed and free from			
	pressure to give that consent.			
	CONTINUE TO NEXT PAGE >			

Standard 8: The resident's care **CONTINUED**



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
	Care includes personal care, for example:		
	* bathing		
	 grooming, for example, shaving, nail cutting 		
	* hairdressing.		
	Residents are informed of the purpose of the care/treatment.		
	The method of obtaining valid consent is recorded in the care plan, including how it was obtained and the discussion that led to it		
3.12	If a resident is unable to give valid consent, involvement of relatives and/or advocates is considered	YES NO	
3.13	Residents, relatives and/or advocates have the		
	opportunity to discuss residents' wishes on the following with an informed member of staff:		
		YES NO	
.13.1	treatment	YES NO	
.13.2	prognosis		
.13.3	care	YES NO	
.10.0		YES NO	
.13.4	planning for death		
	Guidance		
	When discussing the above, confidentiality issues are considered.		
	Relevant professionals may also be involved in the discussions.		
	Discussions are recorded in the care plan.		
,	The support service needs of each resident are assessed and access provided	YES NO	
	are assessed and access provided	L L	
	CONTINUE TO NEXT PAGE >		

Standard 8: The resident's care **CONTINUED**



Criteria Guidance Support services may include: advocates alternative therapists approved social workers attorneys/solicitors bereavement counsellors community nurses, for example district nurses community nurse specialists, for example continence advisors, diabetic nurse specialists dentists dieticians hearing specialists occupational therapists ■ palliative care workers, for example Macmillan nurses physiotherapists psychologists social workers speech therapists spiritual advisors transportation

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PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION

welfare rights workers.

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Standard 8: The resident's care **CONTINUED**



8.15	Transport is arranged when necessary for residents to attend hospital appointments and social/leisure/spiritual activities	YES NO	PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
	Guidance		
	Residents are given information about:		
	* community transport services		
	* dial-a-ride		
	* taxicard.		
	Transport has fitted seat belts.		
	Arrangements are made for escorts where necessary.		
8.16	Adherence to policies and procedures is monitored and evaluated	YES NO	
	Guidance		
	Policies and procedures are regularly reviewed.		
	Examples of monitoring activities include:		
	* checking staff awareness and understanding of the policies and procedures		
	■ spot checking		
	* tracking		
	residents' satisfaction surveys		
	* relatives' satisfaction surveys		
	* checking residents'/relatives'/advocates' awareness of the existence of the policies and how to obtain copies.		
	Policies and procedures should be accessible and understood.		
	Evaluation should provide evidence of anything that needs to be changed.		
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Comments standard 8: THE RESIDENT'S CARE



	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	
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Standard 9: Management of medicines

There are in-house procedures for the adminstration of medicines which ensure that the correct medication is given to the right person at the right time and in accordance with UKCC standards, legal and local registration requirements...



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
9.1	All medicines in nursing homes are administered by a registered nurse	YES NO	
	Guidance		
	In some circumstances administration may be carried out by a care assistant fully supervised and signed for by the registered nurse.		
9.2	The home has a current edition of the British National Formulary	YES NO	
	Guidance		
	In residential homes, a more appropriate guide, written for non-registered staff, may also be sought. For example:		
	■ local registration guidance		
	Your Medicines Explained - Any Questions?		
	■ A-Z of Medicines.		
9.3	The home has access to a local pharmacist/dispensing doctor so that prescriptions are dispensed within 24 hours	YES NO	
9.4	There are arrangements for obtaining urgent pharmaceutical products	YES NO	
	Guidance		
	These are products which require dispensing before the next working day. For example:		
	* antibiotics		
	mewly prescribed items.		
9.5	There is a written contract between the home and a local pharmacist for the provision of advice on the storage and safekeeping of medicines	YES NO	
	Guidance		
	The contract outlines the practical support available to the home, in line with local arrangements by health authorities for nursing and residential homes.		
	CONTINUE TO NEXT PAGE >		

Standard 9: Management of medicines **CONTINUED**



	Criteria			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIOS
9.6	There are documented policies relating to pharmaceutical and related products for the following:	VEC. N		
9.6.1	supply, including reordering	YES N		
9.6.2	delivery of medicines and their receipt into the home	YES N		
9.6.3	storage and stock control	YES N		
9.6.4	security (for example, keyholding)	YES N		
9.6.5	administration of medication			
	Guidance			
	This should include:			
	self-administration			
	* the acceptance of verbal orders			
	* record keeping			
	* the management of error and other risk, including the safe disposal of sharps.	YES N	10	
9.6.6	handling of drug alerts	YES N		
9.6.7	COSHH as it refers to medication		Ĭ	
9.6.8	disposal, including the safe disposal of			
	medicines where necessary, in compliance	YES N	9	
	with the Environmental Protection Act 1990			
	Guidance			
	This includes the disposal of out-of-date medicines or deceased residents' medicines.			
4	Medication is retained for seven days if a coroner is involved.			
	Pharmaceutical and related products include:			
	* prescribed medicines			
	* medical gases			
	CONTINUE TO NEXT PAGE >			

Standard 9: Management of medicines **CONTINUED**



	Criteria	YES NO	PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIOR
	sterile supplies		
	* dressings		
	* intravenous fluids		
	* nutritional supplements		•
	* agreed home remedies.		
9.7	These policies are agreed with the pharmacist/ dispensing doctor, the home and the health authority pharmacist/local authority inspector	YES NO	
9.8	There is a procedure to support the policy for the safe administration of medicines	YES NO	
	Guidance		
	This should take into consideration the following:		
	individual risk assessment		
	arrangements on excursions/holidays		
	administration of home remedies		
	* checking expiry dates		
	* the use of photographs of residents on drug records.		
9.9	Residents are encouraged and enabled to self-administer their own medicines	YES NO	
	Guidance		
	This may be more likely in residential homes or for those receiving respite care in nursing homes. However, inhalers and nitrates may be self-administered by any resident.		
+	Community pharmacists are consulted where appropriate.		
	CONTINUE TO NEXT PAGE >		

Standard 9: Management of medicines **CONTINUED**



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
9.10	Where the home uses a medication system, it is appropriate for the home and client group and there are clear procedures for its use	YES NO	
	Guidance		
	Medication systems include monitored dosage systems, which are filled by pharmacists, such as:		
	* blister-packs		
	■ Nomad		
	■ Venalink.		
9.11	Those are come storing for the state of the		
7.11	There are secure storage facilities in the home which ensure that all pharmaceutical and related products		
	are held under conditions which conform to statutory, regulatory and manufacturer's requirements	YES NO	
	Guidance		
	Storage facilities include:		
	controlled drugs cupboards which comply with regulation 3(1) of the Misuse of Drugs (Safe Custody) Regulations SI 1973/798		
	(in residential homes, this applies in Scotland only)		
	* refrigerators which are lockable and are monitored to ensure that appropriate temperatures are measured and recorded		
	* a lockable drawer or cupboard for residents who self- administer their own medicines		
	and, for nursing homes only:		
	·		
	# drug cupboards which are fitted to the manufacturer's specification and according to legal requirements		
4	* medicine trolleys which are securely stored, either in a		
	locked room designated for drug storage or to a solid wall.		

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Standard 9: Management of medicines continued

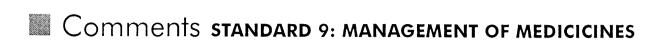


	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
9.12	Records are kept of receipt, administration and disposal of all pharmaceutical and related products	YES NO	
	Guidance		
	The records may include those generated by computer.		
	The records are signed at the time the medicine is administered and indicate the quantity involved.		
	The records include medication brought into the home by a resident.		
	There is also a record of those who self-administer their own medicines.		
	A record is kept of medicines offered to residents but which residents choose not to take.		
	The records are legible.		
	In nursing homes, the UKCC Standards for Records and Record Keeping and the UKCC Standards for the Administration of Medicines are adhered to.		
9.13	All records of administration of medicines are kept for eight years from date of discharge or death of a resident	YES NO	
9.14	The recording system is approved by the registering and inspecting authority	YES NO	
9.15	In nursing homes, a separate register is kept for the receipt, administration and disposal of controlled drugs	YES NO	
9.16	In nursing homes, the register is signed and witnessed when controlled drugs are disposed of	YES NO	
	Guidance		
	Disposal meets legal and regulatory guidance.		
•			
	CONTINUE TO NEXT PAGE >		

Standard 9: Management of medicines continued



	Criteria			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
9.17	Procedures for the administration of medicines are evaluated and revised when necessary	YES	NO	
	Guidance			
	This may include evaluating:			
	* drug administration errors			
	* drug reactions/side effects			
	* use of medicines as required.			
9.18	Nursing homes ensure that they receive	YES	NO	
7.10	drug alert notices and hazard warnings			
0.10	Could be a second of the secon	VEC	NO	
9.19	Staff have access to training and updates on all aspects of medicines management and use			
	Guidance			
	In nursing homes, training may be offered in the following areas:			
	* control indicators			
	enteral and parenteral feeding			
	* IV therapies			
	 medication incompatibility 			
	mew drug therapies			
	syringe drivers			
	venepuncture.			
	In residential homes, staff who are administering medicines receive appropriate training through a competency based system, for example:			
	* NVQ 3			
•	training in the common side effects and uses of medicines.			
	(





	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	
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#### Standard 10: Record keeping

Resident care is based on an accurate and complete record and care plan. In nursing homes, records are made in accordance with the UKCC Standards for Records and Record Keeping...



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#### The Resident's Record

#### 10.1 The resident's record contains the following:

#### 10.1.1 identification data including administrative details

#### Guidance

This covers:

- # full name
- how the resident likes to be known
- sex
- date of birth
- marital status
- ethnic origin
- languages spoken
- home address and telephone number
- mext of kin/significant other
- ** additional contact name(s), address(es) and telephone number(s), for example, solicitor, registered Enduring Power of Attorney
- date and time of admission
- admission details for example, where the resident has been admitted from
- referring agent and length of involvement with the resident

- - arrangements on death and organ donation
  - * any other information that the resident wishes to have recorded.

The home recognises and respects the resident's right not to give information.

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Criteria

10.1.2 an assessment of physical needs by an appropriately qualified person Guidance

This may include:

- diagnosis/reason for entering the home
- past medical history and family history
- recent hospital admission
- allergies (food, medication, personal washing and laundry products)
- skin (risk assessment and dependency rating)
- weight, build, height (for moving and handling assessment)
- diet and fluids (whether the resident can feed themselves)
- teeth and dentures
- * normal elimination pattern (urinalysis and continence)
- wital signs (temperature and pulse rate, blood pressure, breathing)
- ** communication (hearing, glasses, language)
- mobilisation and physical disabilities
- sleeping habits
- washing and dressing
- expressing sexuality
- pain assessment
- medication and any side effects
- requirement for aids and adaptations, for example continence aids, cutlery special mattresses.

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	Criteria	YES NO	PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIC
10.1.3	an assessment of psychological needs		
	Guidance		
	This includes:		
	how the resident feels about their current situation		
	mood changes		
	* demeanour		
	* mental state.		
		YES NO	
10.1.4	an assessment of social needs		
	Guidance		
	This includes:		
	* family profile		
	* hobbies and pastimes		
	* social contacts		
	interpersonal relationships		
	employment		
	* smoker/non-smoker		
	* alcohol intake		
	daily living skills (washing, shopping, cooking, handling of finances)		
	ife history		
			·
	relevant financial requirements.		
•	A separate record is kept of belongings and valuables brought into the home by the resident.		
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	Criteria	V## .		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIOF
10.1.5	an assessment of spiritual needs	YES N		
	Guidance			
	This includes:			
	spiritual expression			
	religious beliefs			
	practices relating to religious belief or ethnic group.			
10.1.6	an assessment of independence	YES N		
10.1.7	an assessment of risk	YES N	10	
	Guidance			
	This may include the use of restraint in accordance with the resident's wishes (or those of the nominated relative/advocate).			
Asses	ssment			
10.2	All assessment information is described:	YES N	10	
10.2.1	clearly			
10.2.2	in measurable terms	YES N		
10.3	Assessment information is treated with confidentiality	YES N	10	
	·	YES N	10	
10.4	Assessments are updated			
	Guidance			
	This should be on a regular basis and as circumstances alter/change.			
4	Staff should be aware of the importance of observation of small changes			
	in the mood or demeanour of residents which may indicate the need for further assessment.			
	CONTINUE TO NEXT PAGE >			



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
Care	Planning		
		YES NO	
10.5	A written plan of care is developed for each resident		
	Guidance		
	This addresses the assessment, planning and evaluation of care.		
	A care model may be used which is appropriate to the care needs of the resident.		
	In nursing homes, the management of each care plan is assigned to a named registered nurse whose name is prominently recorded in the record.		
	The care plan is based on the resident's assessed needs and preferences and is signed by the resident if they are able to do so.		
	The care plan is signed by the nominated relative		
	or advocate if the resident is unable to do so.		
	The home takes account of any previous care		
	plans to ensure continuity of treatment.		
10.6	An up-to-date copy of the care plan is available to the resident and/or to the nominated relative/advocate	YES NO	
	Guidance		
	The care plan is legible.		
	The resident gives permission for the care plan to be made available to the nominated relative/advocate.		
10.7	In formulating the plan of care there		
	is evidence of the involvement of:		
10.7.1	the resident	YES NO	
10.7.1	The resident		
10.7.2	their relative and/or advocate	YES NO	
	with the resident's permission		
10.7.3	other staff where appropriate (for example, catering, therapists, the multidisciplinary team)	YES NO	
	· , ,		
	CONTINUE TO NEXT PAGE >		



	Criteria			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
	Guidance			
	The multidisciplinary team may include:			
	■ doctors, for example GPs and consultants			
	* nurses			
	■ occupational therapists			
	physiotherapists			
	■ psychologists			
	■ social workers			
	any other significant professional who has input into the resident's care.			
10.8	Entries into the care plan, including alterations, are:			
1001		YES	NO	
10.8.1	legible	YES	NO	
10.8.2	dated and timed			
10.8.3	signed in full in black ink	YES	NO	
			لـــا	
10.8.4	only made by care assistants or key workers with the countersignature of a qualified nurse/manager	YES	NO	
		YES	NO	
10.9	An initials book is maintained			
	Guidance			
	This includes all signatures and designations of staff. The signature entry in the book			
	should correspond to the individual's style of signing in the record. Procedures are			
	in place for updating the book and monitoring currency and accuracy.			
10.10	The care plan does not contain:			
i		YES	NO	
10.10.1	abbreviations			
	Guidance			
	A list of accepted abbreviations is agreed and made known to all staff who make entries into the care plan.			
	CONTINUE TO NEXT PAGE >			



	Criteria			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
10.10.2	meaningless phrases	YES	NO	
10.10.3	offensive subjective statements unrelated to the resident's care and associated observations	YES	NO	
10.10.4	erasures, obliterations of any material, or the use of correction fluids, for example Tippex™	YES	NO	
	Guidance			
	Errors are scored through with a single line and initialled.			
10.11	The care plan is:	VEC	NO	
10.11.1	implemented		NO NO	
10.11.2	evaluated at stated times		NO	
10.11.3	systematically updated as needs change			
	Guidance			
	The resident and/or their relative/advocate can ask for a review of the care plan and are aware of how often a review will take place.			
10.12	There is evidence that medication is reviewed by a GP at stated intervals	YES	NO	
	Guidance		-	
	This is recorded:			
	* on the drug chart			
	in the medical and nursing records			
	■ in the care plan.			
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	Criteria			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
	Nursing and care staff are involved in handover discussions to ensure communication and continuity of care	YES	NO	
	Guidance			
	Care planning documentation is used to form the basis of the handover.			
10.14	The daily record/evaluation progress sheet is cross-referenced to the care plan	YES	NO	
10.15	Results from appointments and treatments are:	YES	NO	
10.15.1	recorded in the care plan	VEC	NO	
10.15.2	acted upon			
10.16	Reports by medical, nursing and allied health professionals and social services which are relevant to the care and well-being of the resident in the home are recorded in the care plan	YES	NO	
10.17	Action is taken on the reports of medical, nursing and allied health professionals and social services	YES	NO	
Recor	d Storage			
10.18	There is a storage system which:	YES	NO	
10.18.1	enables records to be readily identified and retrieved			
10.18.2	enables information from the records to be readily identified and information retrieved	YES	NO	
,	Guidance			
	Information is filed in a logical order within the records.	YES	NO	
10.18.3	is in accordance with registration authority requirements			
	CONTINUE TO NEXT PAGE >			

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RECORD KEEPING ■ 53 OF 103



	Criteria
10.19	There is space to meet future record storage needs
10.20	Current and old records are secured to guard against loss, damage or use by unauthorised persons

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#### Comments standard 10: RECORD KEEPING



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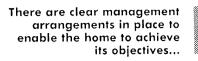
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■ Standard 11: Management arrangements





	Criteria			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
Busin	ess Planning			
11.1	The home has a business plan which sets out short, medium and long term objectives	YES N	<u>°</u>	
	Guidance			
	The business plan takes into account:			
	» local community care plans			
	* service specifications			
	purchasing intentions			
	head office plans (as appropriate).			
	The business plan is based on accurate financial calculations.			·
Contr	racts			
11.2	There are written and signed contracts for the services provided and purchased by the home	YES N	10	
	Guidance			
	These contracts may cover rights and obligations of care, third party finance, domestic services, gardening, security, maintenance, waste disposal.			
	These may include contracts with health authorities and local authorities.			
11.3	Compliance with contract specifications	YES N	10	
11.5	is monitored and reviewed			
Orac	unisational Structure			
O.gc	anisanonal shociote			
11.4	The person registered is a governing body or a designated individual	YES N	10	
·	Guidance			
	The governing body may be a board of directors or an elected management committee.			
	CONTINUE TO NEXT PAGE >			

Standard 11: Management arrangements continued



	Criteria	V=C		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
11.5	There is a written organisational chart for the home	YES		·
	Guidance			
	The organisational chart should include any governing body and specify job titles and lines of responsibility.			
11.6	The organisational chart is:			
11.6.1	understood by staff	YES		
11.6.2	dated	YES		
11.6.3	reviewed annually or when there are changes			
11.7	In nursing homes, the person in charge is the clinical manager	YES	NO	
	Guidance			
	The person in charge is either a first level nurse or a registered medical practitioner and is experienced and qualified for the client group of the home.			
11.8	In both nursing and residential homes, the person in charge is a trained and experienced manager, appropriately qualified and competent for their role	YES	NO	
	Guidance			
	The person in charge has access to regular training and updating.			
11.9	There is a designated individual to take responsibility for the home in the absence of the person in charge	YES	NO	
	Guidance			
•	In nursing homes, the designated individual is either a first level nurse or a registered medical practitioner and is trained and qualified for the client group of the home.			
11.10	The person in charge is accessible on site to staff, residents and relatives	YES	NO	
	CONTINUE TO NEXT PAGE >			

Standard 11: Management arrangements **CONTINUED**



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIC
Finan	ices		
11.11	The person in charge has access to financial advice	YES NO	
11.12	Accurate reports of income and expenditure are received by the person in charge	YES NO	
11.13	There are documented systems in place for authorising, ordering, receiving and paying for goods and services on a value for money basis	YES NO	
11.14	There are written and up-to-date policies and procedures for all accounting functions	YES NO	
	Guidance		
	Consideration is given to the ways in which these are made available. For example:		
	* displaying information		
	* producing copies		
	* arranging viewing.		
Comp	outerised Information		
11.15	Where computerised information is kept, confidentiality is maintained in accordance with the Data Protection Act 1984	YES NO	
11.16	Plans are in place to ensure that clinical and non-clinical computerised information is not lost in the event of computer failure	YES NO	
	Guidance		
	Computerised information may include:		
	* personnel records		
	* care planning information		
	CONTINUE TO NEXT PAGE >		

Standard 11: Management arrangements continued



	Criteria	YES NO	PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIC
11.17	Staff meetings are held regularly		
	Guidance		
	Consideration should be given to the timings of meetings to ensure, for example, that permanent night staff are given the opportunity to attend.		
	Issues that may be discussed include:		
	mew/amended policies and procedures		
	* staff changes		
	service development issues		
	* quality assurance.		
11 10	Notes of meetings are taken and simulated to stuff	YES NO	
11.10	Notes of meetings are taken and circulated to staff	لــا لــا	
11.19	Staff have access to up-to-date information which affects their work	YES NO	
	Guidance		
	Consideration is given to the way in which information is disseminated throughout the home. For example:		
	** the use of noticeboards		
	* staff newsletters		
	■ team briefings.		
11.20	There are means of communication with head	YES NO	
	office/the governing body (where applicable)	YES NO	
11.21	Communication systems are reviewed regularly		
	Guidance		
4	Both internal and external communication is included.		
	CONTINUE TO NEXT PAGE >		

Standard 11: Management arrangements **CONTINUED**



	Criteria			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO:
Inspe	ction			
11.22	An up-to-date registration and inspection report is available	YES	NO	
Quali	ty			
11.23	There is a written quality plan which is linked to the objectives of the business plan		NO NO	
11.24	The plan identifies areas for improvements			
	Guidance			
	For example:			
	■ residents', relatives' and staff satisfaction			
	* the accuracy of health care records			
	** response to complaints			
	* reduction in the incidence of pressure sores			
	acare planning.			
11.25	The plan contains clear timescales, responsibilities and outcomes for implementing action	YES	NO	
	Guidance			
	The outcomes should be relevant to the areas identified for improvement.			
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Standard 11: Management arrangements **continued**



	Criteria			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
11.26	Action taken to ensure continuous improvement is reviewed	YES	NO	
	Guidance			
	This could include:			
	* peer review			
	* quality meetings			
	* quality steering meetings			
	* ongoing review.			
	Resident and relative involvement should be invited wherever possible.			
11.07		YES	NO	
11,27	All staff are informed of quality improvements			
	Guidance			
	For example, at staff meetings or in a newsletter.			
11.28	The quality plan is made available to residents, relatives and other agencies	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 achieveable?	
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#### Standard 12: Human resources



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
Staffi	ing		
12.1	There is a systematic approach to planning staffing levels	YES NO	
	Guidance		
	The approach is clearly stated in the business plan.		
	The following are taken into consideration:		
	* the requirements of the registration authority		
	* 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).		
Recru	uitment and Selection		
12.2	There is a documented procedure for	YES NO	·
	the recruitment and selection of staff		
	Guidance		
	This may include:		
	≋ job definition		
	* selection criteria		
	retention of shortlisting and interview notes		
	obtaining references		
	<ul> <li>health screening</li> </ul>		
,			
	** issuing a letter of appointment within one week of the job offer		
	a statement of equal opportunities		
	involvement of residents/relatives in selection		
	* the use of volunteers, including procedures for taking up references and vetting.		
	CONTINUE TO NEXT PAGE >		



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
12.3	Managers receive training on recruitment and selection issues	YES NO	
	Guidance		
	This may include:		
	* interviewing skills		
	* equal opportunities		
	■ legal requirements relating to recruitment and selection.		
12.4	As part of the recruitment and selection procedure:		
		YES NO	
12.4.1	qualifications are checked		
12.4.2	criminal convictions are disclosed in compliance	YES NO	
	with the Rehabilitation of Offenders Act 1974	YES NO	
12.4.3	health status declaration is made		
12.4.4	equal opportunities are monitored	YES NO	
		YES NO	
12.4.5	references are checked		
Terms	and Conditions of Service		
105	Thousand with a Principle of the Princip	YES NO	
12.5	There are written policies and procedures for the terms and conditions of employment		
	Guidance		
	Policies and procedures include:		
	<ul> <li>absence through sickness</li> </ul>		
1	annual leave		
	availability of occupational health		
	# disciplinary and grievance		
	CONTINUE TO NEXT PAGE >		



	Criteria			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIOR
	maternity/paternity leave			
	* termination of employment.			
	Current employment legislation should be referred to when drawing up these policies.			
12.6	All staff receive written contracts of employment within two months of appointment	YES	NO	
	Guidance			
	This includes staff on trial periods of employment and temporary staff.			
	All contracts should detail terms and conditions of service.			
		VEC	NO	
12.7	Staff are consulted and informed of changes in their terms and conditions of employment		NO	
	Guidance			
	A sufficient period of notice is given before any changes are made to terms and			
	conditions.			
	This is made explicit in the contract of employment.			
12.8	There are written job descriptions for all posts	YES	NO	
12.9	Job descriptions are:	YES	NO	
12.9.1	dated			
	rovioused appually as when the nest helder shares	YES	NO	
12.9.2	reviewed annually or when the post holder changes	YES	NO	
12.10	Personnel records are maintained			
	Guidance			
4	These records may include:			
	application form/curriculum vitae			
	* appraisal details			
	* up-to-date job description			
	CONTINUE TO NEXT PAGE >			



Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
any disciplinary proceedings		
<ul> <li>details of qualifications held</li> </ul>		
mext of kin contacts		
* PIN numbers for qualified nurses		
<ul> <li>records of leave and sickness</li> </ul>		
references		
* staff identification		
* the contract of employment and any amendments issued		
training and course attendance records.		
2.11 Personnel records are:		
2.11.1 up to date	YES NO	
·	YES NO	
2.11.2 confidential	YES NO	
2.11.3 accessible to the employee.		
2.12 Exit interviews are conducted	YES NO	
2.12 LAN Interviews are conducted		
Orientation and Induction		
2.13 New staff receive induction in the following areas:		
	YES NO	
2.13.1 emergency procedures, for example fire, resuscitation		
2.13.2 health and safety, for example moving, handling,		
security, dealing with accidents and incidents, risks	YES NO	
in the workplace and how to minimise them		
2.13.3 care of residents, for example confidentiality,	YES NO	
records and care plans, the role of key workers		
CONTINUE TO NEXT PAGE >		





•	Criteria	VEC	NO	PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
12.13.4	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.			
Perfor	mance Review	YFS	NO	
12.14	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:			
i	areas requiring further development			
į	educational/training needs			
	strengths in performance.			
Trainir	ng and Development	YES	NO	
12.15	There is an identified training budget			
	There is access to programmes for continuing education, professional updating and management development	YES	NO	
	Guidance			
	Continuing education is based on identified corporate, staff and residents' needs.			
	Programmes 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, information technology, finance, communication, time management, recognising signs of abuse			
	CONTINUE TO NEXT PAGE >			



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
	■ lectures, workshops and conferences		
	mentoring schemes.		
12.17	The learning from these programmes is shared with staff	YES NO	
12.18	Current reference manuals, pamphlets, journals and textbooks are available in the home	YES NO	
12.19	Educational and developmental opportunities for staff are publicised	YES NO	
	Guidance		
	Staff are made aware of the criteria for access to the training budget.		
12.20	Records of training are maintained	YES NO	
	Guidance		
	These may be included in the individual's personnel file.		
12.21	The impact of training on corporate, staff and residents' needs is evaluated	YES NO	
Staff Support			
12.22	There is a system of ongoing staff support	YES NO	
	Guidance		
	This may include:		
	* counselling		
	* dealing with bereavement		
	* staff supervision		
1	* stress management.	YES NO	
12.23	In nursing homes, all non-registered staff practise under the supervision of, and have access to, a registered nurse on a 24 hour basis		
	CONTINUE TO NEXT PAGE >		



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
12.24	Staff have access to a formal procedure for reporting suspected or witnessed abuse in the home	YES NO	
Monit	toring		
12.25	Adherence to policies and procedures relating to human resources is monitored	YES NO	
	Guidance		
	Policies and procedures are regularly reviewed.		
	Examples of monitoring activities include:		
	<ul> <li>checking staff awareness and understanding of the policies and procedures</li> </ul>		
	■ spot checking		
	* tracking		
	* residents' satisfaction surveys		
	<ul> <li>relatives' satisfaction surveys</li> </ul>		
	** checking residents'/relatives'/advocates' awareness of the existence of the policies and how to obtain copies.		
	Policies and procedures should be accessible and understood.		
			,
	Evaluation should provide evidence of anything that needs to be changed.		
1			





	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	
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Standard 13: Policies and procedures

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



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
13.1	Written policies and procedures are developed with the input of staff, residents and relatives	YES NO	
	Guidance		
	Those involved will depend on the type of policy being drawn up.	YES NO	
13.2	Policies and procedures are communicated to staff		
13.3	When writing policies, statutory regulations, professional codes of practice and up-to-date research are taken into consideration	YES NO	
13.4	Policies and procedures are:	YES NO	
13.4.1	written in a clear and intelligible style	YES NO	
13.4.2	reviewed on a regular basis, and if necessary, amended		
	Guidance		
	This could be annually or sooner if new guidance is issued. Responsibility for guidance should be clear.		
13.4.3	compiled into a manual	YES NO YES NO	
13.4.4	dated	YES NO	
13.4.5	signed	YES NO	
13.4.6	accessible to all staff.		
	Guidance		
	This should include bank and agency staff.		
	CONTINUE TO NEXT PAGE >		

Standard 13: Policies and procedures continued



Criteria

- 13.5 Staff are informed when changes to policies and procedures occur
- 13.6 Residents and relatives are informed of changes in policies and procedures

Guidance

Information is presented in a way that ensures that residents and relatives can understand and comment.

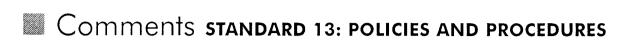
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## Standard 14: Buildings, facilities and equipment

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			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
14.1	The home is clean, welcoming and free from unpleasant smells	YES	NO	
	Guidance			
	Consideration may be given to prohibiting smoking in the dining room and sitting room.			
14.2	Communal spaces are designed to allow a variety of activities	YES	NO	
	Guidance			
	Activities include reading, watching the television, playing games, talking, dancing and listening to the radio, records, tapes and CDs.	VEC	NO	
14.3	There is wheelchair access inside and outside the home		NO	
14.4	There is access for emergency vehicles			
14.5	Aids and adaptations are made available to residents according to their need	YES	NO	
	Guidance			
	These may be provided by the home or by community or voluntary services.			
14.6	Internal and external security arrangements to protect the home and contents and to ensure the safety of residents, staff and visitors include:	VES		
14.6.1	a staff identification system	1 63	NO	
	·	YES	NO	
14.6.2	a system for identifying visitors	YES	NO	
14.6.3	insurance policies to cover buildings and content	VEC	NO	
14.6.4	secure locks and an intruder alarm system		NO	
14.6.5	well-lit internal and external areas.			
	CONTINUE TO NEXT PAGE >			

## Standard 14: Buildings, facilities and equipment continued



	Criteria	VEC	NO	PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
14.7	There is clear internal and external signposting			
	Guidance			
	Consideration is given to:			
	the needs of the visually impaired			
	* the needs of ethnic minority residents			
	* the needs of those who have dementia			
	* the needs of those with learning difficulties			
	* the needs of those who are not literate.			
14.8	Loop systems for hearing impaired residents are	YES	NO	
1 7.0	provided in the sitting room and some bedrooms			
14.9	Where residents are accommodated on floors other	YES	NO	
1 71,7	than ground level there is a minimum of one shaft lift			
14.10	Resident safety devices are installed to meet the needs of residents and include:			
14.10.1	a staff call system in all areas to which residents have access	YES	NO	
	Guidance			
	Alternative mechanisms are in place for residents who are unable to use the staff call system.			
14.10.2	hand rails in passage ways		NO NO	
14.10.3	emergency lighting	VEC		
14.10.4	window locks		NO	
14.10.5	grab rails in residents' toilets, showers and bathrooms			
				-
	CONTINUE TO NEXT PAGE >			



## Standard 14: Buildings, facilities and equipment **CONTINUED**

	Criteria	YES NO	PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
14.10.6	provision of variable height beds.		
	Guidance		
	The design of resident safety devices should promote independence.		
	When installing safety devices the needs of visually impaired residents are considered	YES NO	
14.12	The temperature of the hot water supply in resident areas is automatically controlled to prevent accidental scalding	YES NO	
14.13	The temperature of low surface or unguarded radiators is automatically controlled to prevent accidental burning	YES NO	
14.14	All portable gas cylinders are safely stored, restrained and secured	YES NO	
14.15	There is a planned and documented maintenance programme which covers:		
14.15.1	equipment, for example resuscitation equipment, hoists, heating systems, lighting, sluices and cookers	YES NO	
14.15.2	electrical wiring	YES NO	
14.15.3	nurse call systems, pagers and telephones	YES NO	
14.15.4	furnishings	YES NO	
14.15.5	internal and external decoration		
	Guidance		
ı	The decor of rooms and corridors is chosen to ensure clear visibility and enhance mobility.	VEC. NO.	
14.15.6	the grounds	YES NO	
14.15.7	portable appliances.		
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## Standard 14: Buildings, facilities and equipment continued



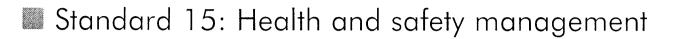
	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
14.16	Current maintenance certificates are in place for lifts, dumb waiters and electric and mechanical resident lifting aids	YES NO	
14.17	Preventive measures are in place for the control of legionella pneumophila bacteria in hot water systems	YES NO	
14.18	Adherence to policies and procedures relating to buildings, facilities and equipment is monitored.	YES NO	
	Guidance		
	Policies and procedures are regularly reviewed.		
	Examples of monitoring activities include:		
	<ul> <li>checking staff awareness and understanding of the policies and procedures</li> </ul>		
	<ul> <li>spot checking</li> </ul>		
	* tracking		
	•		
	* residents' satisfaction surveys		
	relatives' satisfaction surveys		
	** checking residents'/relatives'/advocates' awareness of the existence of the policies and how to obtain copies.		
	-		
	Policies and procedures should be accessible and understood.		
	Evaluation should provide evidence of anything that needs to be changed.		
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## Comments standard 14: BUILDINGS, FACILITIES AND EQUIPMENT



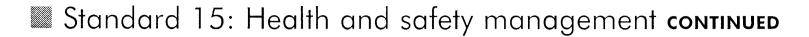
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For example, is there anything that is	
* difficult to interpret	
# not achieveable?	
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There is a managed approach to health and safety and fire safety which creates a safe and healthy environment for all residents, visitors and staff...



	Criteria			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
Healt	th and Safety			
15.1	There is an individual who has overall responsibility for developing, implementing and reviewing health and safety policy		NO NO	
15.2	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.			
15.3	Written local health and safety policies/procedures are developed and implemented	YES	NO	
	Guidance			
	These policies/procedures should be consistent with the home's health and safety policy.			
	Areas where local policies/procedures may be needed include:			
	* kitchen			
	* laundry rooms			
	* linen rooms.			
15.4	A poster which outlines the employers' and employees' obligations under the Health and Safety at Work Act 1974 is displayed	YES	NO	
15.5	An employer's liability insurance certificate is displayed in a public place		NO NO	
15.6	Safety representatives are appointed within the home			
•	Guidance			
	The responsibilities of health and safety representatives are:			
	detailed in their job descriptions			
	CONTINUE TO NEXT PAGE >			





	Criteria			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIOU
	■ detailed in objectives			
	■ set and reviewed annually			
	Safety representatives may include a resident and/or relative.			
15.7	The safety representatives are provided with the training necessary to make an informed contribution to health and safety matters	YES	NO	
15.8	Arrangements are in place for obtaining competent health and safety advice	YES	NO	
	Guidance			
	Competent means from 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.			
15.9	First aid arrangements are in place and	YES	NO	
	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.			
15.10	The home promotes the awareness of health	YES	NO	
	and safety policy and health and safety issues			
	Guidance			
	This could be through noticeboards, newsletters, suggestion schemes.			
15.11	The risks to the health and safety of staff, residents, and other visitors are assessed	YES	NO	
	Guidance			
•	Risks to be assessed include:			
	moving and handling of residents, equipment and other heavy loads			
	CONTINUE TO NEXT PAGE >			



Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
personal protective clothing		
security and violence inside and outside the home		
work equipment (including electrical equipment)		
* fire		
* the working environment		
the living environment.		
2 Once risks have been assessed:		
n preventive and protective measures are identified	YES NO	
	YES NO	
2 preventive and protective measures are put in place	YES NO	
3 records of assessment and action taken are maintained		
3 Accidents, errors, incidents, hazards and safety deficiencies are:		
reported	YES NO	
2 investigated	YES NO	
3 acted upon	YES NO	
Guidance		
An accident book is kept and is available to staff, residents and relatives.		
4 Where necessary, accidents and incidents are reported to		
the Health and Safety Executive under the requirements of the Reporting of Injuries, Diseases and Dangerous	YES NO	
Occurrences Regulations 1995 (RIDDOR)		





	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
15.15	There is a documented health and safety education programme for the home	YES NO	
	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 post holder moves).		
	Training in the following areas should be considered: fire; moving and handling of residents, equipment or other heavy loads; food hygiene; first aid.		
	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.		
15.16	Records of health and safety training given to staff are maintained	YES NO	
	Guidance		
	Training should be recorded for each employee, together with the date on which it took place.		
15.17	Mechanisms are in place to minimise the risk of accident or injury to lone workers	YES NO	
•			
	CONTINUE TO NEXT PAGE >		



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO:
15.18	The effectiveness of health and safety management within the home is reviewed  Guidance  Staff should be involved in reviewing effectiveness.	YES NO	
15.19	Adherence to policies relating to health and safety management is monitored	YES NO	
	Guidance		
	Policies and procedures are regularly reviewed.		
	Examples of monitoring activities include:		
	checking staff awareness and understanding of the policies and procedures		
	* spot checking		
	* tracking		
	* residents' satisfaction surveys		
	▼ relatives' satisfaction surveys		
	** checking residents'/relatives'/advocates' awareness of the existence of the policies and how to obtain copies.		
	Policies and procedures should be accessible and understood.		
	Evaluation should provide evidence of anything that needs to be changed.		
Infect	ion Control		
15.20	There are written infection control policies and procedures	YES NO	
	Guidance		
i	These should be in keeping with the health/local authority's infection control policy and should consider the following areas:		
	■ clinical procedures		
	CONTINUE TO NEXT PAGE >		





	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
	* hotel services eg kitchens, laundry, domestics		
	* isolation techniques		
	* last office guidance		
	* sterilisation and disinfection		
	* outbreaks.		
	The local trust's infection control nurse may be consulted about developing infection control policies and procedures.		
15.21	There are written policies and procedures for the disposal of waste	YES NO	
	Guidance		
	When drawing up policies and procedures the Environmental Protection Act 1990 should be referred to.		
	Policies and procedures should address:		
	<ul> <li>segregating general and contaminated waste at the site of generation (including colour coding and labelling the place and date of origin)</li> </ul>		
	disposing of sharp objects in suitable containers		
	dealing with needlestick 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.		
15.22	2 Adherence to policies and procedures relating to infection control is monitored	YES NO	
	Guidance		
	Examples of monitoring activities include:		
•	checking staff awareness and understanding of the policies and procedures		
	* spot cheeking		
	* tracking		
	CONTINUE TO NEXT PAGE >		



Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
residents' satisfaction surveys		
relatives' satisfaction surveys.		
* checking residents'/relatives'/advocates' awareness of the existence of the policies and how to obtain copies.		
Fire Safety: Management Responsibilities	YES NO	
15.23 A senior manager is designated as fire safety officer		
15.24 A senior person is nominated to act in the fire safety officer's absence at all times	YES NO YES NO	
15.25 There is a written fire safety policy for the home		
15.26 The nominated fire safety officer coordinates fire safety procedures in the event of an alarm	YES NO	
15.27 There is written evidence that all buildings comply with legislation relating to fire safety	YES NO	
Guidance		
Where major building alteration, development or service alteration have taken place, written evidence of a fire inspection should be available.		
15.28 There is a documented response to any recommendations made by the fire authority	YES NO	
15.29 All fire incidents are investigated by the nominated fire officer	YES NO	
Guidance		
This may be in conjunction with the local fire authority, as appropriate.		
Incidents are reported to the local registration authority, as appropriate.		
CONTINUE TO NEXT PAGE >		



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIOR
Fire S	afety: Fire Systems and Equipment		
15.30	Approved fire detection and alarm systems exist throughout the home	YES NO	
	Guidance		
	These include:		
	* smoke detectors		
	<ul> <li>manual fire alarms (call points should be unobstructed and clearly visible or suitably indicated).</li> </ul>		
	These should take into account the needs of residents and staff loss.		
	Audible alarm systems should be:		
	loud enough to be heard in all areas of the home		
	distinctive from other signals/alarms used in the area.		
1501			
15.31	Fire fighting equipment is:	YES NO	
15.31.1	installed		
15.31.2	appropriate to the type of fire most likely to occur in the area in which it is located	YES NO	
	Guidance		
	Fire fighting equipment would include:		
	* fire extinguishers		
	** hose reels		
	# fire blankets		
1	# hydrants.		
	CONTINUE TO NEXT PAGE >		



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
	Particular attention should be given to hazardous areas such as:		
	* kitchens		
	* laundry storage areas and linen rooms		
	* refuse collection and storage areas.		
15.32	There is recorded evidence that the testing and maintenance of fire fighting equipment is performed	YES NO	
	Guidance		
	Extinguishers should be tested annually, emergency lighting monthly, fire bells weekly and automatic door releases weekly.		
15.33	Fire equipment is clearly signposted	YES NO	
15.34	Notices detailing what to do on discovering a fire and on hearing the alarm are displayed	YES NO	
Fire S	afety: Evacuation		
15.35	A plan showing the internal layout of the building with fire exits and siting of extinguishers is displayed in one or more prominent locations	YES NO	
15.36	Fire emergency plans and procedures are in place	YES NO	
	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 are given clear information about the fire emergency plans and procedures.		
15.37	There is a written plan available detailing action to be taken in the event of residents having to be moved out of the home	YES NO	
	CONTINUE TO NEXT PAGE >		



Criteria	YES N	<b>10</b>	PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIOS
15.38 Doorways, corridors, ramps and stairways designated as fire escape routes are:			
15.38.1 accessible at all times	YES N	10	
15.38.2 wide enough for the evacuation of non-ambulant residents	YES N		
15.38.3 not used to store combustible materials	YES N		
15.39 Fire and smoke doors can be opened and closed manually	YES N		
15.40 Fire exit signs are clearly displayed			
Fire Safety: Training			
15.41 Practice fire drills are held for day and night staff under varied conditions	YES N	10	
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.			
15.42 All drills are evaluated and a written report produced	YES N	40	
Guidance			
Recorded details may include:			
ate of instruction or exercise			
duration			
mame of person giving the instruction			
* name of persons receiving instruction			
mature of instruction, training or drill.			
			•
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	Criteria	YES NO	0	PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
15.43	Staff receive training in fire procedures twice yearly		Ĭ	
	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.		_	
15.44	Attendance at fire training is recorded	YES NO	9	
		VEC. N	_	
15.45	Adherence to policies and procedures relating to fire safety is monitored	YES NO	Ĭ	
	Guidance			
	Policies and procedures are regularly reviewed.			
	Examples of monitoring activities include:			
	<ul> <li>checking staff awareness and understanding of the policies and procedures</li> </ul>			
	<ul> <li>spot checking</li> </ul>			
	** tracking			
	residents' satisfaction surveys			
	relatives' satisfaction surveys			
	checking residents'/relatives'/advocates' awareness of the existence of the policies and how to obtain copies.			
	Policies and procedures should be accessible and understood.			
	Evaluation should provide evidence of anything that needs to be changed.			
	,			





	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	
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### Standard 16: Hotel services

Catering, housekeeping and laundry/linen services meet the needs of residents, staff and visitors, are provided to a high standard and ensure that health and safety requirements are fully met...



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIOF
Cater	ing		
16.1	Menus are planned to provide meals which meet the nutritional needs and preferences of residents and staff	YES NO	
	Guidance		
	Consideration is given to the following:		
	* attractive presentation of food		
	* nutritional balance		
	■ balance of fresh produce		
	sehoice within the daily menu		
	wariety and texture		
	cultural, religious and other preferences		
	* difficulties with swallowing		
	* flexibility of mealtimes		
	* food temperature		
	* portion size		
	* location of service		
	** menu cycles		
	* the needs of residents and staff on either restricted or therapeutic diets.		
16.2	There is access to dietetic advice	YES NO	
	and special diets where required	YES NO	
16.3	The food intake of each resident is monitored		



	Criteria			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
16.4	Residents are able to give feedback on the meals provided	YES	NO	
	Guidance			
	This may be direct feedback to catering staff or through a residents' committee.			
	Action is recorded.			
16.5	Special eating utensils are available to meet the needs of individual residents (for example, modified eating and drinking utensils).	YES	NO	
16.6	All staff who handle food receive documented training and updating in:			
16.6.1	food handling		NO NO	
16.6.2	hygiene practices	VES	NO	
16.6.3	safe practice			·
16.6.4	religious customs.	YES	NO	
16.7	Measures are in place to prevent cross infection occurring when:			
16.7.1	storing food		NO NO	
16.7.2	preparing food		NO	
16.7.3	cooking and reheating/regenerating	YES	NO	
16.7.4	dishwashing	YES	NO	
16.7.5	disposing of waste			
	CONTINUE TO MAKE THE			
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	Criteria			PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
16.7.6	cleaning	YES	NO	
	Guidance			
	There are procedures for food handlers to report if they are suffering from certain infections and the action to be taken.			
16.8	There are documented policies and procedures for:			
16.8.1	safe storage of food		NO	
16.8.2	preparation of food (including advance preparation)		NO NO	
16.8.3	handling food			
16.8.4	distributing food.		NO	
	Guidance			
	Policies and procedures reflect the requirements of the Food Safety Act 1990.			
16.9	Food premises are registered with the local authority	YES	NO	
16.10	Relatives and visitors are able to obtain hot and cold drinks and snacks		NO III	
16.11	There is a cleaning schedule	TES	NO	
16.12	There is a continuing programme of pest and vermin control	YES	NO	
16.13	A written response to the recommendations of the environmental health officer is produced	YES	NO	
16.14	Recommendations made by the environmental health officer are complied with	YES	NO	
	CONTINUE TO NEXT PAGE >			



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
	Adherence to policies and procedures relating to catering is monitored	YES NO	
C	Guidance		
P	Policies and procedures are regularly reviewed.		
E	Examples of monitoring activities include:		
**	checking staff awareness and understanding of the policies and procedures		
**	spot checking		
**	tracking		
**	residents' satisfaction surveys		
88	relatives' satisfaction surveys		
**	checking residents'/relatives'/advocates' awareness of the existence of the policies and how to obtain copies.		
F	Policies and procedures should be accessible and understood.		
E	Evaluation should provide evidence of anything that needs to be changed.		
lousek	keeping		
	Policies and procedures for housekeeping are developed	YES NO	
(	Guidance		
7	When developing policies and procedures the following should be addressed:		
8	disposal of general and contaminated waste		
8	cleaning of specialised areas (for example, toilets, sluices, bathrooms, treatment rooms, kitchens and laundries)		
8	the cleaning of residents' rooms should take place with the minimum of disruption to residents		
8	routine and special purpose cleaning		
	records and maintenance.		
i	Policies and procedures should be consistent with the home's infection control policy.		



	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIO
16.17	All new staff receive in-service training on the following:		
16.17.1	disposal of waste	YES NO YES NO	
16.17.2	storage and handling of any hazardous substances		
	Guidance		
	The Control of Substances Hazardous to Health Regulations (COSHII) 1988 should be referred to.		
16.17.3	safe practices, including personal safety and risk management	YES NO	
16.17.4	the control of infection and the role of		·
	the employee in this control (for example, colour coded cloths and mop heads)	YES NO	
16.17.5	the reporting of incidents and accidents	YES NO	
		YES NO	
16.17.6	use of specialist equipment.		
16.18	Adherence to policies and procedures relating to housekeeping is monitored	YES NO	
	Guidance		
	Policies and procedures are regularly reviewed.		
	Examples of monitoring activities include:		
	* checking staff awareness and understanding of the policies and procedures		
	* spot checking		
	* tracking		
ŧ	* residents' satisfaction surveys		
	relatives' satisfaction surveys		
	checking residents'/relatives'/advocates' awareness of the existence of the policies and how to obtain copies.		
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	Criteria	YES NO	PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERIOF
	Policies and procedures should be accessible and understood.		
	Evaluation should provide evidence of anything that needs to be changed.		
Laund	dry and Linen		
16.19	Staff receive in-service training on the following:	V75 115	
16.19.1	safe practice, including lifting and handling	YES NO	
16.19.2	operation of laundry equipment	YES NO	
16.19.3	infection control.	YES NO	
16.20	Clean personal clothing for residents is:		
		YES NO	
16.20.1	available on a daily basis	YES NO	
16.20.2	not mislaid or lost.		
	Guidance		
	The key worker or nominated 'laundry person' takes care of individual resident's clothes including making arrangements for repair and liaising with relatives where appropriate.		
	теншуев where аругоринее.	YES NO	
16.21	The home replaces laundry which is damaged or lost		
	Guidance		
	The resident should help choose the replacement.		
16 22	Limon is stand in a dame day and the Health Li	YES NO	
10.22	Linen is stored in a clean, dry and well-ventilated area	YES NO	
16.23	There is a written procedure for washing linen		
ı	Guidance		
	This procedure should address:		
	processing techniques		
	* wash formula.		
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Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
16.24 Clean linen and soiled linen are transported and stored separately	YES NO	
16.25 Infectious linen is labelled and suitable precautions are taken in its processing	YES NO	
16.26 Shafts for linen chutes are equipped with doors that have self-closing devices and safety latches	YES NO	
Guidance		
For infection control purposes, linen passed through linen chutes is bagged.		
16.27 In-house laundry facilities are separated from:	YES NO	
16.27.1 the clean linen processing area		
16.27.2 resident rooms	YES NO	
16.27.3 areas of food preparation and storage	YES NO	
16.27.4 areas in which cleaning material and equipment are stored	YES NO	
16.28 The laundry area is planned and equipped to prevent the spread of contaminants	YES NO	
16.29 There is an exhaust ventilation system which ensures that air flows from clean to soiled areas	YES NO	
Guidance		
This will depend on the size of the home.		
16.30 Surface and overhead areas in the laundry are cleaned	YES NO	
16.31 The laundry is sited so that noise is not intrusive to residents, staff or visitors	YES NO	
16.32 A separate area is allocated for ironing		
CONTINUE TO NEXT PAGE >		



(	Criteria		PLEASE COMMENT ON THE PROGRESS YOU HAVE MADE TOWARDS MEETING EACH CRITERION
16.33	Equipment is checked and maintained in safe working order and all faults are reported immediately	YES NO	
16.34	Adherence to policies and procedures relating to laundry services is monitored	YES NO	
(	Guidance		
Ĭ	Policies and procedures are regularly reviewed.		
I	Examples of monitoring activities include:		
ä	checking staff awareness and understanding of the policies and procedures		
	spot checking		
*	* tracking		
*	residents' satisfaction surveys		
	relatives' satisfaction surveys		
	checking residents'/relatives'/advocates' awareness of the existence of the policies and how to obtain copies.		
F	Policies and procedures should be accessible and understood.		
	Evaluation should provide evidence of anything that needs to be changed.		
Genero			
	There are stock control systems for all hotel services	YES NO	
(	Guidance		
ไ	This should include, for example:		
8	eleaning materials		
**	linen		
4	food.		
t	Where hotel services are provided under contract, he home ensures that the criteria in this standard are written into the service specification and maintained	YES NO	
с	ONTINUE TO NEXT PAGE >		





Please comment on the standard and criteria in the space below – this will help in the revision of the standards
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■ Appendix 1: Relevant legislation, regulations and guidance

Access to Health Records Act 1990 (or Access to Health Records [Northern Ireland] Order 1993)

Gives people right of access to their own health records, and a for the correction of inaccurate information in manually held records (subject to certain exemptions).

Adaptations of Housing for People who are
Physically Handicapped DOE Circular LAC (78) 14.

Administration and Control of Medicines in Residential Homes Pharmaceutical Society of Great Britain 1984.

BMA 1995 Advanced Statements about Medical Treatment

Carers (Recognition and Services) Act 1995

The Act covers carers who are either providing, or intend to provide, a substantial amount of care on a regular basis. Under the Act, the carer is entitled to request an assessment, the results of which should be taken into account along with the needs of the patient/user.

Centre for Policy on Ageing 1996 A Better Home Life

A code of good practice for residential and nursing homes care.

Clinical Waste - Duty of Care Regulations HSAC 1992

Control of Substances Hazardous to Health Regulations 1988 (COSHH)

These are commonly referred to as the 'COSIIII requirements.'

Court of Protection

Operates under Part VII of the Mental Health Act 1983 and has jurisdiction to administer the financial and property affairs of people with a mental disorder and without capacity. The court may appoint a receiver, often a close friend or relative to administer.

Counsel and Care 1994 Being Cared For

Data Protection Act 1984

Brings the UK into line with other western countries in terms of the rights, duties and obligations of all persons and organisations concerned with computers and computerised data. The Act recognises the specific importance of personal data and the individual citizen's rights. The Act allows individuals right of access to information about themselves held on computer.

Disability Discrimination Act 1995

This Act makes it unlawful to discriminate against disabled persons in connection with employment, the provision of goods, facilities, and services for the disposal or management of premises. It makes provisions with regard to the employment of disabled persons. This Act is applicable to Great Britain.

Draft Guidelines to Fire Precautions in Existing Residential Care Premises HMSO 1983

Electricity at Work Regulations 1989

Employment Rights Act 1996

Environmental Protection Act 1990

Although not legally binding, this Act is used as the benchmark of good practice, along with Waste Management - the Duty of Care: A Code of Practice, (HMSO 1991).

Essentials of Health and Safety at Work

Provides guidance on complying with health and safety legislation in the workplace (Health and Safety Executive, 1990).

Fire Precautions Act 1971

Includes the requirements for certification by the local fire brigade.

Food Safety Act 1990

Food Safety Act (General Food Hygiene) Regulations 1995 (Statutory Instrument 1995/1763)

Food Safety (Temperature Control) Regulations 1995 (Statutory Instrument 1995/2200)

Health and Safety (Consultation with Employees) Regulations 1996

Sets out the requirements for consultation with employees on health and safety issues.

Health and Safety (First Aid) Regulations 1981

Identifies the necessary requirements to ensure first aid can be provided in the workplace.

Health and Safety at Work etc. Act 1974

Sets out the relevant responsibilities of employers and people at work. The legal obligations ensure, as far as is reasonably possible, that employees and members of the public are not exposed to unacceptable risk as a result of the organisation's activities.

Hospital Infection Control Department of Health 1995

Hospital Laundry Arrangements for Used and Infected Linen HSG(95)18

Hot Water Temperatures DHSS Social Services Inspectorate Letter CI (86) 10

Koschland, B. I've come to visit 1995 The Relatives Association

Management of Health and Safety at Work Regulations 1992

These regulations set out broad general duties which apply to almost all work activities.

Medicines Act 1968, Misuse of Drugs Act 1971, Medicines Labelling Regulations 1976 and Statutory Instrument 1985 No 2066

This legislation governs medicinal products for human use, including the sale of medicines over the counter.

Mental Health (Patients in the Community) Act 1995

Sets out the requirements for supervised discharge for severely mentally ill people. This Act supplements Section 118 of the Mental Health Act 1983.

NAHAT 1988 Handbook on the Registration and Inspection of Nursing Homes

NHS and Community Care Act 1990

Covers the establishment of NIIS trusts, the financing of the practices of medical practitioners, the provision of accommodation and other welfare services by local authorities' and the establishment of the Clinical Standards Advisory Group.

Notification of Births and Deaths Regulations 1974

States that a doctor or midwife present at a birth must inform the DHA of that birth (or stillbirth) within 36 hours. A medical practitioner treating a patient with a terminal illness must provide the registrar of deaths with the certificate of death stating inter alia the cause of death.

Nursing Homes and Mental Nursing Homes Regulations (Statutory Instrument 1984 No 1578)

Sets out the services and standards required in nursing homes.

Post Registration Education and Practice for Nurses (PREP), UKCC

Introduces new requirements for the renewal of registration for nurses, midwives and health visitors and restructures all specialist post registration education.

Protection and Use of Patient Information HSG(96)18

Department of Health guidance which sets out the basic principles governing the use of patient information. These include: informing patients why information is needed, how it is to be used and their own right of access to it: safeguarding information required for NHS and related purposes; and the circumstances in which information may be passed on for other purposes, or as a legal requirement.

Provision and Use of Work Equipment Regulations 1992

Govern equipment used at work and list minimum requirements for work equipment to deal with selected hazards, whatever the industry.

Rehabilitation of Offenders Act 1974

States that an ex-offender (after a period of rehabilitation of up to ten years) has no need to disclose a previous conviction unless his or her sentence exceeded two years' imprisonment. Once a conviction becomes 'spent' an employer cannot refuse to employ, and cannot discuss or otherwise discriminate against an ex-offender on the grounds of a previous conviction. Medical practitioners (eg doctors, nurses, midwives, opticians, pharmacists) are exempt.

Registered Homes Act 1984

Covers the registration of residential homes (part I) and nursing and mental nursing homes (part II).

Reporting of Injuries, Diseases and Dangerous Substances Regulations (RIDDOR) 1995

Identifies the injuries, diseases and dangerous substances that must be reported, and the relevant authorities to which they should be reported (HMSO, 1995).

Residential Care Homes Regulations (Statutory Instrument 1984 No 1345)

Sets out the standards and services required in nursing homes

Residential Forum 1996 Creating a Home from Home: a guide to standards

A guide to setting and judging standards in care homes in the UK.

Safe and Secure Handling of Medicines Report 1988

Sex Discrimination Act 1975

Makes it illegal for employers, professional bodies and trade unions to discriminate either directly or indirectly on the grounds of sex or marital status, except where marital status or a particular sex can be shown to be bona fide requirements.

The Relatives Association 1996 Setting up Relatives' Groups in Homes

The Relatives Association 1996
The Need to Involve Relatives and Friends A Relative's Perspective

UKCC Project 2000

A comprehensive review of the training of nurses, midwives and health visitors - to prepare them for the health care needs of society in the 1990s and beyond.

Workplace (Health, Safety and Welfare) Regulations 1992

States the minimum health and safety requirements for the workplace (distinguishing between new and existing workplaces). Regulations 5-27 came into force in January 1996.

■ Appendix 2: Glossary

- **Accountability** The state of being answerable for one's decisions and actions. Accountability cannot be delegated.
- **Advance directives** A document which sets out the wishes of a resident if they are later unable to give or withhold consent for a particular treatment. This is particularly important when the resident's wishes may conflict with clinical judgement.
- **Advocate** An individual acting on behalf of, and in the interests of, a resident who may feel unable to represent himself/herself when dealing with health care, or other, professionals.
- **Aim** Overall purpose or goal.
- **Appraisal system** A system aimed at improving an individual's performance (in relation to their job description and work objectives) by identifying strengths, areas for development and educational needs.
- **Assessment** The collection and interpretation of data and identification of problems.
- **Audit** The process of setting or adopting standards and measuring performance against those standards, with the aim of identifying both good and bad practice and implementing changes to achieve unmet standards.
- **Business plan** A plan which sets out how the strategic aims of an organisation, or service, are to be achieved.
- **Care plan** A document which details the care that a resident receives and identifies who delivers the care and treatment.
- **Carer** Someone who regularly helps, without pay, a relative or friend with the domestic, physical, emotional or personal care needed because of illness or disability.
- **Continuing education** Activities which provide education and training to staff. These may be used to prepare for specialisation or career development as well as facilitating personal development.

- **Contract/agreement** The document agreed between providers of health care and the purchasers of health care detailing activity, financial and quality levels to be achieved.
- **COSHH** Aeronym for the Control of Substances Hazardous to Health Regulations 1988.
- **Criterion** A measurable component of performance. A number of criteria need to be met in order to achieve the desired standard.
- **Enduring Power of Attorney** The legal authority to act on behalf of another when the person who granted the power subsequently becomes mentally incapable.
- **Errors** Mistakes made by staff in the performance of their duties.
- **Evaluation** The study of the performance of a service (or element of treatment or care) with the aim of identifying successful and problem areas of activity.
- **Hazards** The potential to cause harm including: ill health and injury; damage to property, products or the environment; production losses; or increased liabilities.
- **Health and safety policy** A plan of action for the health, safety and wellbeing of staff, residents and visitors.
- **Health authority** A term used to refer to DHAs/FHSAs, health boards and health and social services boards, however they are named.
- **Health record** Information, including opinion, about the physical or mental health of someone, which has been made by, or on behalf of, a health professional in connection with the care of that person.
- **Incident** An event or occurrence, especially one which leads to problems. An example of this could be an attack on someone.
- **Induction programme** Learning activities designed to enable newly appointed staff to function effectively in a new position.

- **Informed consent** The legal principle by which a resident is informed about the nature, purpose and likely effects of any treatment proposed before being asked to consent to it.
- **Job description** Details of accountability, responsibility, formal lines of communication, principal duties, entitlements and performance appraisal. A guide for an individual in a specific position within an organisation.
- **Job specification** Details of the attributes and qualifications required for a specific position within an organisation.
- **Keyworker** The person responsible for coordinating the care plan for each individual resident, for monitoring its progress and for staying in regular contact with the resident and everyone involved. A keyworker can come from a variety of different professional or non-professional backgrounds.
- Monitoring The systematic process of collecting information on clinical and non-clinical performance.

 Monitoring may be intermittent or continuous. It may also be undertaken in relation to specific incidents or to check performance in key areas.
- **Objective** A specific and measurable statement which sets out how overall aims are to be achieved.
- **Organisational chart** A graphic representation of the responsibility, relationships and formal lines of communication.
- **Outcome** The end result of care and treatment, that is the change in health, functional ability, symptoms or situation of the person, which can be used to measure the effectiveness of care and treatment.
- **Person registered** The person registered in respect of a home under the 1984 Act, whose name appears on the registration certificate and who is responsible for ensuring that the requirements of the 1984 Act and regulations and

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■ Appendix 2: Glossary continued

locally imposed conditions are fulfilled. The person registered is not required to be professionally qualified.

Philosophy The values of a service or department. A philosophy is characterised by statements such as: 'We believe...' and 'Our values are ...'

Planned maintenance and replacement programme A plan for the maintenance of machines to minimise the amount of time lost through breakdown by anticipating and preventing likely problems.

Planning The process of determining how aims and objectives are to be achieved. This includes identifying the resources that will be needed to meet the aims and objectives.

Policy An operational statement of intent in a given situation.

Procedure The steps taken to fulfil a policy.

Quality assurance (QA) A generic term to cover the review of the quality of services provided, along with interventions designed to improve that quality through the remedying of deficiencies identified by the review process. The review may include both qualitative and quantitative measurements and may or may not relate to clearly stated standards.

Quality improvement plan A written statement of objectives relating to quality improvement and a plan for meeting those objectives. The strategy should be consistent with the business plan.

Registering authority For nursing homes, this is the health authority. For residential homes, it is the local authority.

Regulatory body For nursing homes, this is the health authority. For residential homes, it is the local authority.

Responsibility The obligation that an individual assumes when undertaking delegated functions.

Review The examination of a particular aspect of a service so that problem areas requiring corrective action can be identified.

Risk management A systematic approach to the management of risk, to reduce loss of life, financial loss, loss of staff availability, staff and resident safety, loss of availability of buildings or equipment, or loss of reputation.

Satisfaction survey Seeking the views of residents/relatives through responses to pre-prepared questions and carried out through interview or self-completion questionnaires.

Skill-mix The balance of skill, qualifications and experience of nursing and other staff employed in a particular area.

Staff All individuals working from or within the home full time, part time, casual or contract.

Staff development The formal and informal learning activities which contribute to personal and professional growth. This encompasses induction, in service and continuing education.

Standard An overall statement of desired performance.

Strategy A long-term plan.

UKCC United Kingdom Central Council for Nursing, Midwiffing and Health Visiting.

Valid Consent Given when a person is competent, informed and free from pressure to give consent.

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