

## **Residential and Nursing Care Services**

### **SERVICE SPECIFICATION**

## 1. Introduction

This service specification will identify and describe the key features and standard of care and support required to enable vulnerable adults to: live lives that achieve the best outcomes, offer a good quality service and provide safe care with dignity and respect in residential and nursing home settings. The Provider will be expected to deliver the care to service users against the standards set out in this specification. The expectation will be that these standards are applied in all placements whether they are on a long term, short term or respite basis.

Residential and Nursing Care Providers will be expected to provide 24 hour care as set out in the service user's Care Plan. The care provided should be delivered with the following principles:

- A culture of high performance that delivers individualised care will need to be at the heart of service delivery.
- Delivering care that maintains the dignity of service users. The Provider will need to embed within the Home the principles set out in the Dignity in Care Challenge (Dept. of Health). Further information is available at the Dignity in Care Campaign on the Department of Health website.
- To ensure safeguards are in place to protect service users from abuse
- Deliver support that empowers service users and is respectful of them.
- Service users' skills are maximised to enable them to live as independently as possible.
- Service users are supported to make their own choices with appropriate risk taking.
- Recognising and nurturing relationships – service users are to be supported to develop new relationships and maintain existing relationships which are appropriate and safe.
- Service users will be supported, insofar as is possible to maintain their personal and wider history, heritage and culture.
- The service will work in ways that enable service users to develop self-respect and feel valued members of the home and community.
- The Provider will respect a service user's right to privacy and confidentiality.
- Ensure service users and/or family/carers/advocates are confident that complaints will be dealt with appropriately.

This specification will form an integral part of the contractual arrangements and provides the criteria by which service quality, efficiency and effectiveness will be monitored and evaluated by the Purchaser.

## 2. Strategic Relevance

### National and Local Policy Context

The Provider is expected to develop Care Plans that consider the priorities as part of service users' outcomes that will be met through the delivery of the service.

### 2.1 Local Policy Context:

#### 2.1.1. Nottingham Plan to 2020: safe, clean, ambitious and proud:

Sets out five key priorities for the City to deliver. The focus of this service will be helping service users to be healthier (including improving mental health).

### **2.1.2. The Vulnerable Adults Plan 2012-2015:**

- Vulnerable adults are safer, healthier, happier and live longer lives in which they are able to fulfil their aspirations.
- Vulnerable adults have support, advice and information to live with choice, control and dignity, in a place of residence which seeks to meet individual needs; and
- Vulnerable adults are enabled to achieve their full potential as active partners in their own support as part of a community wide support system.

## **2.2 National Policy Context:**

### **2.2.1 Adult Social Care Outcomes Framework (ASCOF) for 2013/2014:**

- Enhancing quality of life for people with care and support needs – central to this will be a focus to maintain the service user's independence and having control of the type and timing of support that is delivered to them.
- Delaying and reducing the need for care and support – to ensure that service users are receiving care that is personalised to meet their individual and diverse needs. The service will also need to consider how it will encourage and accommodate the involvement of family/carer/advocate where appropriate.
- Ensuring that people have a positive experience of care – ensuring that the service user's dignity is respected at all times and support is sensitive to the circumstances of each individual. Service users and their carer/advocate/family members are satisfied with their experience of care and support services.
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm – there will be a need to ensure that service users enjoy physical safety, free from physical and emotional abuse, harassment, neglect and self-harm and that they are protected from avoidable harm, disease and injuries.

**2.2.2 Caring for our Future: Reforming Care and Support, White Paper. (Dept. of Health) July 2012**, which has a focus on people's well being and supporting them to stay independent for as long as possible.

**2.2.3 No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages (Dept. of Health) July 2011:** sets out six shared objectives to improve the mental health and wellbeing of the nation and to improve outcomes for people with mental health problems through high quality services.

**2.2.4 A National Dementia Strategy (Dept. of Health) February 2009:** sets out 17 objectives including but not limited to:

- Objective 1: Improving public and professional awareness and understanding of dementia: ensuring a well trained workforce who is able to provide the right support in an anti-discriminatory manner.
- Objective 11: Living well with dementia in care homes: delivering improved quality of care through strong leadership within the care home.

- Objective 12: Improved end of life care for people with dementia: enable service users and their carer/family/advocate to have control on the planning of the care they should receive.
- Objective 13: An informed and effective workforce for people with dementia: the focus will be to have a skilled workforce who understands the care and support needs for people with dementia.
- Objective 15: Improved registration and inspection of care homes and other health and social care services for people with dementia and their carers: ensuring monitoring and inspection regimes are better able to assure the quality of dementia care being provided.

### **2.2.5 Valuing People Now (2009):**

- Service users have the opportunity to make informed choices about where, and with whom they live.
- Service users have the right to lead their lives like any others, with the same opportunities and responsibilities.
- Service users have the right to be treated with the same dignity and respect.
- Service users are entitled to the same aspirations and life chances as other service users.

## **3. Service Specification Requirements**

### **3.1 Service provision**

This section sets out what Nottingham City Council's expectations are in terms of:

- skills and expertise within the home
- eligibility criteria for accessing residential and or nursing homes

See Appendix 2 for specific reference to Care Homes with Nursing.

Residential and/or Nursing Care will be provided to those individuals that are assessed as eligible for needing 24 hour care.

### **3.2 Registration**

From the commencement of the Service, the Provider is required to ensure that the Residential Service is registered as Care Home Services with Nursing or Care Home Services without Nursing with the Care Quality Commission (CQC). Registration must continue throughout the duration of this Contract. The Provider is required to comply with the section 20 Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

The Provider is required to meet the Care Quality Commission (CQC) Essential Standards of Quality and Safety.

### **3.3 Level of need**

Residential and Nursing Care Home services (adults 18+) are used by service users with a diverse range of needs including those with mild to moderate needs, people with complex health needs, challenging behaviour, mobility needs and physical disabilities and sensory impairment (including acquired brain injury)

The service user may at some time demonstrate challenging behaviours. These behaviours may include but are not limited to aggression/violence, passive non-aggressive behaviour, severe dis-inhibition, intractable noises or restlessness, resistance to necessary care and treatment (this includes non-compliance), severe fluctuations in mental state, extreme frustration associated with communication difficulties and inappropriate interference with others. Mood disturbances or anxiety, periods of stress which have an impact on the persons health and wellbeing. In some cases behaviours may include:

- Self harm;
- Regular persistent damage to property, disruption or noise;
- The potential to abscond with a consequent significant risk;
- Smearing or other activity e.g. PICA which is at a frequency and intensity to cause significant risk to self and others.

In most cases these behaviours will usually be caused or exacerbated by significant communication difficulties associated with autism and other conditions or by rigidity of thought or ritualistic behaviours similarly associated. The service user therefore will require intensive Care and Support Plans to manage, reduce or prevent these behaviour/s and this will require high level of expertise amongst Provider staff. A range of person centred approaches will be required to enable the service user over time to develop independent life skills and interests.

Residential services must be staffed 24 hours a day, 7 days per week for 365/6 days per year.

The Provider will be expected to evidence sound knowledge and understanding of the support needs of service users that they are offering a service to.

Where the service need has been identified under Fair Access to Care Services (FACS) the Council shall be responsible for the commissioning of the services on behalf of the service user.

### **3.4 Referral Arrangements**

Service users will be referred by Care Managers of the Purchaser. Full written information relating to individual assessed needs for each service user will be provided in advance of services commencing. The referral information will include the outcomes required for each service user and will clarify any special requirements.

### **3.5 Emergency Admissions**

Following an emergency admission, an assessment must be undertaken by the Provider within 7 days to decide the future for the service user. During these 7 days the termination of the placement will be subject to negotiation between the service user, Care Manager and Home Manager.

### **3.6 Pre-admission Process**

Before a placement is made the Provider is required to undertake a comprehensive pre-admission process to ensure the Provider can meet the needs of the service user.

Where a service user is in hospital the Provider will undertake an assessment in as prompt a manner as possible, preferably within 48 hours of a request being received.

On accessing residential services, the new service user and/or their family/carer/advocate will be issued with:

- a copy of the complaints procedure in an accessible easy to read format.
- a welcome pack about the service in an accessible format.
- any additional services to those described within this specification offered by the Provider.

Information will be accessible using a variety of formats and methods.

Prospective new service users and family/carer/advocate will be able to make introductory visits to the services to enable them to make an informed choice.

The first six weeks of the service shall be deemed as a trial period and, during week one of this period the needs of the service user will be identified within an individual Care Plan to be completed by the Provider in consultation with the service user and their family/carer/advocate. The Care Plan shall set out in detail how the Provider shall meet the assessed needs of the service user, including any specialist needs.

At the end of the trial period, the Provider is required to hold a review at which the Council's Care Manager, family/carer/advocate will be present. At this review meeting the appropriateness of the service will be considered and the suitability of the placement will be discussed.

### **3.7 Service user needs and trial period**

Service users can trial the service to decide whether or not they wish to use it, or to allow them to become familiar with it in order to allay anxiety or fear.

The Provider must provide information about the services offered by the organisation and how these may be accessed including the following:

- A statement of the aims and objectives of the services provided.
- How the Provider operates on a day to day basis.
- How the service user may contact the manager.
- A statement that the Provider does not discriminate on the grounds of race, gender, disability, age, sexual orientation, religion or belief, either in service delivery or recruitment of staff.
- A statement about legal and insurance implications of receiving a service.
- Information relating to the insurance cover of service users' property must be included.
- An indication of any circumstances in which help may be withdrawn from a service user, with prior consultation with the Purchaser.
- Information should be available in appropriate languages, jargon free and readily understandable by the user group.

In advance of the start of the Service for individual service users' 'Effective Date' the Care Manager shall supply to the Provider copies of any up to date assessments of service user needs, to assist the Provider as part of the pre-admission process.

The first 6 weeks of the service shall be deemed as a trial period and, during week 1 of this period the needs of the service user will be identified within an individual Care Plan to be completed by the Provider in consultation with the service user and their carer / advocate. The Care Plan shall set out in detail how the Provider shall meet the assessed needs of the service user, including specialist needs. The Provider shall make available a copy of the Care Plan to the Care Manager within one week of the effective date if requested.

Should arrangements for a placement of a service user be made by the Purchaser and that service user does not occupy the placement at the stated commencement date the Purchaser shall pay for the placement from that stated date to a maximum of three days following notification by the Purchaser if the placement is cancelled. If the placement is not cancelled the Purchaser shall pay for the placement from either a new commencement date agreed with the Purchaser or from the original commencement date if no new date is agreed.

On completion of the initial 6 weeks trial period a review will be held. This will consider the appropriateness of the Service, the suitability of the placement and will agree the priority goals for the individual Care Plan.

Following this initial review, the Provider shall undertake regular reviews of at least monthly or as required of service user's needs as set out in the Care Plan and shall give advance notice to the Care Manager of any recommended changes in a service user's needs that necessitates a reassessment which may result in a variation to the individual ACM23FINAGREE documentation.

The Provider shall also participate in reasonable formal multi-disciplinary reviews of a service user's needs when requested to do so by the Purchaser, and shall comply with all reasonable requests for their staff to assist with those reviews.

The Provider shall not offer or provide to the service user any services other than the Service as defined in this Service Specification, except where it is clearly distinguishable from the Services commissioned by the Purchaser, is at the service user's request, and is not charged to the Purchaser.

The Provider shall deliver services as specified in the Service Specification Any difficulty that the Provider shall have in delivering the Services shall be notified to the Care Manager within 24 hours, or the next working day.

The delivery of the Service and its timing shall require flexibility on the part of the Provider as these shall be dictated by the needs of each service user as defined in their Care Plan, and the lifestyle they wish to have within the practical constraints of the Service.

In an Emergency or where a service user is at risk, reasonable additional care and support may be provided to secure the immediate health and safety of the service user. The Provider shall notify the Care Manager wherever possible in advance, or within 24 hours [or the next working day if at a weekend] of providing such additional care and support.

### **3.8 Core Service:**

In line with the requirements of this service specification The Provider will also be expected to deliver core elements of care (see Appendix 1). The specific elements of care to be delivered will be recorded in the service user's individual, person centred

Care Plan. The service user's package of care may include some or all of these core elements. There is an expectation that most service user's care needs will be met within the core elements.

### **3.9 Specialist Services**

Where specific needs have been identified for a service user in addition to the core elements, Nottingham City Council's Adult Social Care Assessment Team will complete an assessment of need. Any recommendations will be taken to the Nottingham City Adult Social Care Panel to be agreed. Any additional care/support will need to be agreed with Nottingham City Council prior to placement or on a review of care delivery.

### **3.10 Care Plans:**

The Provider will have Care Plans in place for each service user based on the assessment carried out by the Adult Social Care Assessment Team, their own pre-admission information and the wishes of the service user and where appropriate the service user's family/carer/advocate.

When developing Care Plans the Provider should ensure that the following is undertaken:

- 3.10.1** Discussion between the service user (and family/carer/advocate where relevant), NCC's Adult Social Care Assessment Team and Provider will support the construction of the Care Plan and will identify the practical outcomes required for the individual service user.
- 3.10.2** In order to realise these outcomes the Care Planning system adopted by Provider must meet certain key criteria as follows:
- Must be individual to the service user: a person centred approach must be taken. Care Plans should focus on both what is important to the person and also support to stay healthy and safe.
  - Should identify the needs and preferably the outcomes required by the service user.
  - Should comprise of an assessment that identifies the likely or emerging needs of the service user and review mechanisms to reflect changing needs.
  - Needs to be measurable and specific. The Provider must ensure there is a formal system in place that contains the element of assessment, risk assessment, care planning with regular reviews as described.
  - Must be wherever possible developed with the service user or family/carer/advocate and as a true record of their agreement to receiving and describing their care needs and outcomes desired.
  - Must have in place effective procedures to enable its staff to liaise effectively with other agencies who may be involved or have an interest in the service user.
- 3.10.3** Care Plans should be person centred and include details of personal care tasks required, prescribed medication, and any other significant matters concerning the service user's welfare including any supplementary information such as food and fluid, behavioural and weight charts along with relevant risk assessment, capacity test and best interest decision documentation and any DOLS referrals/authorisations.



**3.10.4** Care Plans will be reviewed on a regular basis and/or when a change in need has been identified, to ensure they continue to meet the changing needs of the service user. Wherever possible service users should be involved in the review of their Care Plan.

**3.10.5** The Provider will be expected to fully participate in any reviews arranged by The Purchaser

**3.11 Personal Care:**

Personal Care services are services that attend to the physical needs of service users. Service users will be helped and/or prompted with intimate physical care and treatment sensitively, discretely and in a way that maintains their dignity and privacy and in line with service user's Care Plan.

**3.12 Domestic Services:**

Domestic Care services are those that enable a service user to maintain their living environment. The Provider will retain overall responsibility in ensuring that the service user's living environment is maintained to a high standard. Where service users indicate a wish to get involved then the Provider should where appropriate and safe make provision which enables this to happen. This could include doing, assisting, supporting and encouraging an individual with: light meal preparation, maintaining the cleanliness of living space, general tidying, ironing and laundry.

**3.13 Social and Recreational Activities:**

The Provider is required to plan, deliver and facilitate positive and person centred activities and experiences that are focused on providing a purposeful day. The aim should be to ensure that the activity or experience meets the individual needs, wishes and preferences of the service user. In some instances this may require accompanying the service user to access activities.

**3.14 Community Support Services:**

Community support services are those that enable a service user to access their local community and are supported to maintaining a relationship with community based services. These services could include assisting, advising, supporting, accompanying and encouraging a service user with access to:

- Community activities (such as libraries, places of worship)
- Social networks, maintain relationships including family.
- Enabling opportunities to education and employment (this could be paid or voluntary work).
- Supporting service users to manage their finances.

**3.15 Respite Care:**

The Provider will be expected to develop Care Plans based on the principles outlined in this specification for service users, who are accessing services on a short term or respite basis. On leaving the service The Provider will ensure that information is made available to the family/carer/advocate regarding the service user's stay. This information should also include details of any ill health that might have taken place whilst the service user was in their care.

**3.16 Health Care Services:**

The Provider will need to show that they are effective in supporting service users to access the full range of primary care and where appropriate specialist health care

services from GPs, dentists, opticians, physiotherapy, occupational therapy, Dementia Outreach Team, dietician, pharmacy, continence services, falls team, specialist mental health services to hospital care etc. The Provider will need to ensure that their staff team are equipped and trained to discuss any health concerns with service users and are able to refer to other agencies where appropriate. Staff will need to ensure that this is recorded in the service user's Care Plans.

### **3.17 HIV/AIDS safe practice**

The Provider shall ensure the sensitive and safe care of people suffering from HIV or AIDS or other blood borne infectious diseases.

### **3.18 Mobility**

The Provider is responsible for the assessment, ongoing monitoring and management of service users with mobility issues. The Provider is required to ensure appropriate referrals are made when additional support is required. Referrals should be made to the specialist services where appropriate.

### **3.19 Physical Intervention:**

The Service will be provided within the parameters described below:

- a) The Service to be provided is to the service user who can present profound challenging behaviour and behaviour which poses risks to themselves, staff, others and the environment. On occasion, a duty of care may require physical intervention by the Provider. This should always be as a last resort and not as a matter of course and form part of a positive person centred behaviour support plan.
- b) The following check list should serve as a framework for the Provider to consider issues around physical intervention. This check list is not exhaustive for each and every occasion the Provider may become involved in where physical intervention may be used, and so should be used in conjunction with national guidance. (DOH 2002 Guidance On The Use Of Restrictive Physical Interventions, Mansell 2007, BPS And Royal College Guidelines 2007). The Provider will ensure they are satisfied that:
  - there is a written Care and Support Plan agreed by the multi-disciplinary team in respect of the service user, detailing in what circumstances physical intervention will be implemented. The plan will ensure intervention forms part of a holistic hierarchical response, clearly detailing proactive and reactive approaches, identifying early warning signs, triggers and clear ways of responding to behaviour from warning signs through to crisis and recovery;
  - the intervention is required, and the rationale provided by those proposing physical intervention is sound.
  - the intervention is legal and implemented by staff who have received current training by an organisation accredited to the British Institute of Learning Disabilities who have judged the Provider's staff as being competent to practice.
  - the intervention is safe and the least restrictive possible option under the circumstances.
  - other less restrictive/intrusive interventions have been tried or considered if circumstances permit and proven to be non effective.

- the service user, their family (and advocate if involved) and consent or best interests are clearly recorded.
- the need to intervene will be reviewed after each episode.
- pain will not be used intentionally as part of the procedure. A debriefing protocol for the Citizen and staff should be in place and audited for its effectiveness.
- that an individual's ethnicity, gender, and disability have been regarded as part of the planning process.

### **3.20 Dementia/Challenging Behaviour**

The Provider will ensure that staff have appropriate skills and competencies to support service users with cognitive impairment and that the care environment is appropriate to meet the needs of the service user. Referrals should be made to the specialist services where appropriate.

### **3.21 Meals/nutrition:**

The Provider shall supply three meals a day along with drinks and snacks that will be available and accessible throughout the day and night. The Provider is required to provide a choice of food and drink that reflects the service user's personal preferences, and dietary requirements. The Provider will be required to support service users to eat and drink as independently as possible in line with what is recorded in their Care Plan. The Provider will ensure that meals and meal times are flexible which meet the preferences of the service user.

The Provider will ensure that service users are supported to eat and drink in a way that promotes dignity.

The Provider is responsible for ensuring that nutritional risks are identified and effectively managed. Service users should be screened for nutritional risk on a regular basis including monitoring of weights. Referrals should be made to the specialist services where appropriate.

### **3.22 Continence**

The Provider will provide effective bladder and bowel management for all service users, including incontinence and constipation. Referrals should be made to the specialist services where appropriate.

### **3.23 Tissue Viability**

The Provider is responsible for risk assessment, prevention and management of pressure areas. Referrals should be made to the specialist services where appropriate.

### **3.24 Equipment**

The purpose of providing equipment is to increase or maintain functional independence and well-being of residents as part of a risk management process.

Equipment provision will be focused on service user need and will be provided by the Care Home in line with the Nottinghamshire Integrated Community Equipment Loan Service (ICELS) Care Homes Equipment Policy. The equipment provided must be issued as part of a risk management process and staff must be competently trained.

Whilst it is the expectation that the majority of equipment will be provided by Care Homes, the ICELS Policy shows the different routes that both residential and nursing homes can use to access specific equipment where appropriate, including via the NHS, Local Authority, ICELS and Community Health Services e.g GP prescription, District Nurses and Tissue Viability Services.

Where equipment is to be used for Moving and Handling purposes, a moving and handling assessment should be undertaken to ensure safe transfers for service users and staff. Staff should also be trained in using the specific piece of equipment.

### **3.25 Transport and Travel**

The Provider is required to make arrangements to meet the transport and travel requirements of service users, and to promote person centred solutions to transport which maximise independence, choice and control. A variety of transport and travel methods should be considered by the Provider in seeking to make suitable arrangements to meet the transport and travel needs of each service user using the Service. The Provider will need to ensure transport organised is safe and suitable in meeting a service user's individual needs. Risk assessments should be carried out where appropriate.

### **3.26 Medication:**

The Provider will ensure that staff who provide support with any aspect of the medication administration process are appropriately trained and competent to do so. Such Staff will receive accredited and appropriate training in the safe handling of medication, and will have their competency in practice assessed periodically.

The Provider ensures the continuity of medication for residential service users through effective communication and co-ordination with permanent carers.

### **3.27 Administration of medication**

**3.27.1** The Provider will ensure that (a) there are policies and procedures in place and (b) staff adhere to those policies and procedures, for obtaining supplies of medicines, receipt, recording (on MAR sheets and Care Plans), storage (including controlled drugs and refrigerated items), handling, administration and disposal of medicines in accordance with:

- The Clinical Commissioning Group (CCG) Standard Operational Procedures (Procedural guidance) and CCG Medicines Management competency Assessments
- The Handling of Medicines in Social Care Settings by The Royal Pharmaceutical Society of Great Britain 2007 or subsequent revisions;
- Professional advice documents produced by the Care Quality Commission, (or its predecessor, the Commission for Social Care Inspection), including The Administration of Medicines in Care Homes, Medicine Administration Records (MAR) In Care Homes and Domiciliary Care, and the Safe Management of Controlled Drugs in Care Homes or subsequent revisions; and
- The Misuse of Drugs Act 2001 (amended).

**3.27.2** The Provider's policy for medicines administration will include procedures to ensure that service users are able to take responsibility for and self-administer their own

medication if they wish, within a risk management framework and the Service Provider's policies and procedures will protect service users in doing so.

- 3.27.3** Prescribed medication will be administered in a format suitable for the service user, with the service user's consent who have the capacity to do so.
- 3.27.4** The Service Provider's policies and procedures for medicine management will include the management of homely remedies.
- 3.27.5** The Provider's policies and procedures for medicine management will, wherever possible, be agreed by all GP's providing services to the home.
- 3.27.6** The Provider will seek information and advice from a pharmacist regarding medicines policies within the home and medicines dispensed for individuals in the home.
- 3.27.7** The Provider, where appropriate will have a system in place to ensure that anticipatory end of life drugs can be prescribed and stored in the home for service users who have reached the last days of life.
- 3.27.8** The Provider will ensure that staff monitor the condition of the service user on medication and will prompt a medication review with the GP if there are concerns relating to use of medicines.
- 3.27.9** The Provider will have a system in place to ensure that service users over the age of 75 have an annual medication review, service users taking four or more medicines have a six monthly medication review, and those taking less than 4 medicines have an annual medication review.
- 3.27.10** Medicines prescribed for individual service users will not be supplied or dispensed to any other person.
- 3.27.11** The Provider will ensure that staff adhere to controlled drugs procedures.
- 3.27.12** The Provider will make the necessary arrangements in accordance with regulatory requirements for the disposal of medical waste.
- 3.27.13** The Provider will have procedures for the transfer of medicines when a service user transfers to another health / social care setting; returns from hospital stays or is newly admitted.
- 3.27.14** The Provider will have procedures for dealing with verbal orders from prescribers; giving medicines to service users with difficulties in swallowing; for covert administration and crushing tablets; expired medicines and for adverse drug reactions.
- 3.27.15** The Provider will have procedures in place to deal with errors or incidents relating to any aspect of medicines management.
- 3.27.16** Safe procedures should be put into place to ensure security with regard to keys to medicines cupboards, trolleys and controlled drugs cabinets.
- 3.27.17** The Provider must ensure that staff are appropriately trained in all aspects of safe handling and use of medicines appropriate to their role. Appropriate competency assessments must be in place. Staff training must be documented.
- 3.27.18** The Provider will ensure that all staff comply with all applicable statutory and legal obligations concerning information recorded in relation to service users.
- 3.27.19** The Provider will maintain adequate records including, but not limited to:
  - a) A central register of prescribed drugs and medicines
  - b) A medication profile for each service user
  - c) Medication administered per service user (except those for self administration);

- d) Medicines that the service user stores and self administers (following a risk assessment)
- e) A “Controlled Drugs (CD) Register” for recording:
  - The receipt, administration and disposal of controlled drugs schedule 2, in a bound book with numbered pages
  - The balance remaining for each product; and Computerised CD records where used, should comply with guidelines from the registering authority.

**3.27.20** Facilitate access to Nottingham City CCG Medicines Management Team who will carry out medicines audits in Nursing and Residential Care Homes in Nottingham City on behalf of Nottingham City Council.

### **3.28 End of Life Services:**

The Provider will facilitate early discussion about preferences at the end of life. The Provider will offer an Advance Care Plan to all service users within 3 months of admission, using a recognised Care Planning tool. Advance Care Plans should be reviewed at least annually, and upon any significant change in the service user’s condition.

The Provider will have formal processes for appropriate onward referral to the GP or District Nursing Services when appropriate. Following the identification of significant changes or deterioration in the service user’s health condition it may be appropriate at this time to review the increased care needs of the service user and consider the continued appropriateness of the placement.

The Provider must have processes in place to identify and address the training needs of all staff (including registered nurses) with regard to end of life care, including communication skills, assessment care planning, advanced care planning and symptom management.

The Provider will ensure referral to specialist palliative care services where required to ensure service users receive effective palliative care symptom management at end of life.

### **3.29 Health Action Plans:**

Some service users will require a Health Action Plan (in particular those service users who have a learning disability) which will need to be completed jointly between the Provider and service user and/or family/carer/advocate.

The Provider must ensure that the service user’s health needs are documented within their Health Action Plan. The Health Action Plan should demonstrate the service user’s access to health checks to cover primary health needs, such as screening, dentist checks, opticians, access to a General Practitioner etc. It is expected that the Provider will ensure access to health care professionals at the appropriate and required times. The service user’s right to privacy and dignity must be maintained during all examinations.

### **3.30 Mental Capacity Act and Deprivation of Liberty Safeguards**

The Provider shall work within the principles of the Mental Capacity Act (2005) and the Mental Capacity Act 2005 Code of Practice to understand best practice and in particular best interests decision making in regard to that legislation.

The provider will be expected to understand their responsibility under the Deprivation of Liberties Safeguards (DOLS) addendum to MCA and the Deprivation of Liberty Safeguards Code of Practice.

The Provider will have a policy in place in line with the MCA and DOLS Codes of Practice.

Information should routinely be provided to service users, their families and friends about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Information must be included about the right of a concerned person to bring to the Provider's attention that there should be an application for a Deprivation of Liberty authorisation, and what else they could do if the Provider did not agree.

The Provider should have a system in place to ensure that the role of representative under Deprivation of Liberty Safeguards is carried out adequately in line with the guidance in the Deprivation of Liberty Code of Practice 7.25 – 7.28.

The Provider should have a procedure in place that identifies:

- How restraints are recorded to ensure that they are in a person's best interests in each case
- How to identify when these restraints constitute a Deprivation of Liberty in line with current case law and guidance
- Whether they have taken all practical and reasonable steps to avoid deprivation of liberty;
- When to implement and Urgent Authorisation
- How to apply for a Standard Deprivation of Liberty Authorisation;
- Who would be the authorised applicant (the Registered Manager in a care home);
- A prompt response to eligible persons concerned that there may be a Deprivation of Liberty;
- How to implement any conditions;
- How and When to request a review of a standard authorisation;
- How they would monitor and record the representative's contact with the person;
- What governance processes are in place to evaluate the procedures, duties, referral rates and authorisations

#### **4. Hospital Admissions / Medical Appointments**

If a service user is admitted to hospital for any reason, the Provider is required to ensure a smooth transition between the residential service and hospital, by providing all relevant information on the service user at the point of admission to the hospital and its staff.

The Provider is required to inform Adult Residential Services as soon as a hospital admission or discharge takes place.

Service users should have an escort to planned hospital and GP visits where family/carer/advocate is not available or unable to escort.

Where required, the Provider will provide transport to and from the hospital with an escort, and will ensure all means are undertaken to guarantee the safe transport of

the service user at the required time(s). In the case of 999 emergencies an escort should accompany the service user to hospital and stay with the service user until admission or transferred back to the care home.

If the service user is not able to return to the same home, the Provider will work with the Health and Social Care professionals in the transition to new accommodation.

The Provider is responsible for ensuring that the service user's personal property is safeguarded whilst they are in hospital.

If, for whatever reason, the service user does not return to the residential or nursing home, 28 days notice will be given to end the placement by The Purchaser as soon as it is known that the service user will not return. If the service user is in receipt of Funded Nursing Care this will cease as soon as it is known the service user will not be returning to the home.

The Provider is required to inform the Nottingham Health and Care Point as soon as they are made aware by the hospital if a death occurs. Contact number: **0300 300 3333**.

## **5. Organisational Management**

The Provider is required to manage the residential services effectively.

In providing the Service, there are a number of factors the Provider must take into consideration:

### **5.1 Operational Support**

The Provider must have operational support functions in place. This will include Human Resources, Central Administration, Training and Payroll. Information about these functions, and how to access them, must be made available to all staff.

The Provider will have a staffing structure in place and it should be clear how this relates to the services that are provided. The job descriptions of the staffing roles should be clearly set out.

Staff must be aware of when and how their salaries are paid, and have contact details for payroll queries.

### **5.2 Relationship Management**

The Provider will work in a spirit of partnership with the Council and Clinical Commissioning Group to achieve shared goals.

The Provider will develop and maintain clear communication channels with the service user and family/carer/advocate (using accessible formats), to assist in building strong and effective relationships.

## **6. Information Management:**



## **6.1 IT and Telephony**

The Provider must have a networked IT system in place to support the day to day operation of the service, communication between staff, and maintenance of service information.

## **6.2 Service delivery records:**

The Provider must have systems in place for the secure storage and management of data and information relevant to the delivery of the service.

## **6.3 Staff records**

The Provider must have clear procedures in place to ensure all staff records are maintained accurately and regularly and are stored in a secure manner which protects confidentiality.

## **6.4 Service users' records**

The Provider must have clear procedures in place to ensure all service users' records are maintained accurately and regularly and are stored in a secure manner which protects confidentiality.

# **7. Outcomes**

The Purchaser will use a Quality Monitoring Framework (see Appendix 3) to monitor the effectiveness and quality of the residential care services provided in Nottingham City. All residential care packages will be monitored in line with The Adult Social Care Outcomes Framework (ASCOF) for 2013/14.

The following outcomes will need to be delivered by The Provider of all residential and nursing care services:

## **7.1 General Care Values**

- Services are to be outcome based and person centred. The Provider should ensure that staffing levels and skills are appropriately matched to the needs of the service users.
- The Service set out in this Service Specification will be required to meet the evolving developments in the Personalisation Agenda set out by the Government. This will require all Parties to flexibly respond to emerging requirements. All changes to this Specification will comply with the Change Control Procedure set out in Schedule 5.

## **7.2 Outcomes required by the service user**

- A Needs Based Assessment will be completed with each service user. This document will be passed to the Provider for them, in conjunction with the service user (and their family/carer/advocate, if relevant), to prepare a person centred plan setting out how services will actually be delivered to the individual service user.
- Discussion between the service user (and family/carer/advocate where relevant), Care Manager and Provider in development of the Care Plan, will identify the practical outcomes required for the individual service user. High level required

outcomes are set out below, and are guided by the government's White Paper, Caring for our future: reforming care and support.<sup>1</sup>

- In order to realise these outcomes the Care Planning system adopted by a Provider must meet certain key criteria as outlined in section 3.10

## **8. Social Value**

Nottingham City Council is focused on reducing disadvantage and poverty by ensuring local residents are supported in accessing employment and training opportunities created in the City. The Provider who are part of Nottingham City Council's framework to provide residential and/or nursing care can be supported to employ and train local citizens through the Employer Hub facility. Further details are outlined in Appendix 4.

## **9. Citizen Focus**

The Provider shall ensure that service users are regularly consulted about the Service they are receiving. Such arrangements shall provide opportunities for the service user to talk privately about any concerns, dissatisfaction and complaints they might have. At its discretion the Purchaser may use the services of an independent agency to visit the home and conduct surveys of service users, in order to improve all aspects of service delivery. Visits shall be arranged through the Provider, and both the Purchaser and the Provider shall act in a reasonable manner to permit the surveys (which should last no more than 2 hours) to be carried out.

When information is shared between services or agencies to facilitate the care of a service user to other providers, agencies and professionals' client confidentiality must be respected as appropriate.

## **10. Complaints System**

The Provider shall have in place a written Complaints Procedure which is reviewed annually. The Procedure shall be available to service users and carers in an accessible format, both as part of the welcome pack and displayed in the home and should outline timescales involved. Care staff shall understand and implement the Complaints Procedure.

The Provider shall record all complaints received from the Purchaser's service users, including the nature of the complaint, the outcome and resolution. The Provider shall notify the Purchaser of all allegations of misconduct which are detrimental to the well being of the service user.

Complaints must be reviewed by the Provider within the context of the local Multi-Agency Safeguarding Vulnerable Adults Procedure for raising a concern and referring. Alerts should be made to the Providers local authority should a complaint meet the criteria for a safeguarding concern. Complaints and safeguarding investigations can run in parallel. – check this is not a complaint, this should be with safeguarding.

---

<sup>1</sup> The Draft Care Bill is building on the recommendations set out in the White Paper. Once this becomes legislation The Provider must be guided by it.

Where the Provider is unable to resolve a complaint by a service user, their family/carer/advocate, the Provider shall enable the service user to pursue the complaint through the Purchaser's own Complaints Procedure.

The Provider shall co-operate with all complaint's investigations undertaken by the Purchaser and shall ensure that all relevant records are available for inspection and all relevant staff available within what is reasonable for interview by the Purchaser.

The Provider shall consider and respond to any recommendations made by the Purchaser arising from its complaints investigations.

## **11. Whistle Blowing**

The Provider must have a whistle blowing procedure in accordance with the Public Interest Disclosure Act 1998. The following aims should be incorporated:

- To encourage staff to feel confident in raising concerns and to question and act upon concerns about practice.
- To provide avenues for staff to raise concerns in confidence and receive feedback on any action taken.
- To ensure that staff receive a response to their concerns and that they are aware of how to pursue them if they are not satisfied.
- To reassure staff that they will be protected from possible reprisals or victimisation if they have a reasonable belief that they have made any disclosure which is in the public interest. .
- To ensure that whistle blowing is covered as part of the staff induction process and continued to be discussed as part of Team Meetings and Supervision processes.
- To ensure staff have access to information at all times by displaying information in areas accessed by staff.

## **12. Safeguarding**

Safeguarding service users' safety and well being should be a core element of the services delivered by The Provider.

The Provider will fulfil their responsibility to safeguard the service user from potential neglect and abuse and adhere to the legislative requirements set out in the Health and Social Care Act 2008, Regulation 11.

The Provider should sign up to and be familiar with the Nottingham and Nottinghamshire Multi Agency Safeguarding Vulnerable Adults Procedure for Raising a Concern and Referring and their responsibilities detailed within the policy.

The Provider should ensure the following:

- People who use the services are protected from abuse, and their human rights are respected and upheld.
- All staff employed (or volunteers) have undertaken an enhanced Disclosure and Barring check.

- If the employee or volunteer has lived outside the United Kingdom of Great Britain and Northern Ireland for more than two years (cumulatively or continually) from the age of 16 years upwards the Provider shall also undertake additional checks equivalent to an enhanced Disclosure and Barring check or obtain a certificate of good conduct from the appropriate embassy and/or police force and/or obtain references and carry out background checks in respect of such person before allowing them to perform the Services under this Agreement .
- The Provider must have a policy and system in place to ensure full compliance with legislative requirement set out in the Health and Social Care Act 2008.

### **13. Equality & Diversity**

The Provider shall ensure that in delivering this service they incorporate respect for staff and service users and do not discriminate against people because of their age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion and belief, sex or sexual orientation in line with the Equality Act 2010.

In addition to the Provider taking steps to prevent such unlawful discrimination, the Provider shall also ensure that they promote equal opportunities and good community relations between people from different racial/social groups where possible.

It is recommended that The Provider have a clear published plan of action to achieve the equality principles in the equality duties.

The Provider must carry out Equality Impact Assessments as part of any service review process or if any change is made to the provision of the service which could impact on those in receipt of the service.

Compatibility considerations should be taken into account such as age, gender, language religion and culture. These differences should not automatically be considered incompatible and efforts must be made to manage any such differences within a home.

The Provider will ensure that service users have access to appropriate services/resource to enable equity of access and understanding.

### **14. Staffing**

The Provider has the responsibility to ensure that staffing levels and skills mix are sufficient at all times to deliver the service and meet the assessed needs of the service users (as specified in their Care Plan) as well as the size, layout and purpose of the care home. The Provider should have in place a planning mechanism to ensure appropriate levels and continuity of support workers where there are absences due to sickness, holiday or any other reason.

The Provider will ensure that the service is headed by a strong, effective leader who provides a role model of best practice to ensure the staff know what is expected of them and motivates them.

The Manager of the home will have achieved registration with CQC within 6 months of the commencement of employment as manager.

In order to ensure a responsive service is provided to service users the Provider must ensure the following in relation to their workforce:

- Robust recruitment processes are in place.
- Meet the standards set out in the Skills for Care Common Induction Standards.
- For all staff an introduction and 'getting to know the service user' is carried out and will familiarise the staff member with the service user's Care Plan.
- All staff are effectively integrated into their organisation. Staff will be made aware of the aims and objectives of the organisation, and of their position within the organisational structure.
- Staffing arrangements will provide sufficient flexibility to enable adjustments to respond to changing need and make best endeavours to enable continuity of staff delivering care and support to service users.
- All staff involved in the provision of the services are fully trained and receive regular ongoing training and development (including refresher training) timetabled in advance to meet the current and future needs of the service users.
- Staff have in place a Continuing Professional Development Plan that is relevant to the role, setting and the needs of the people using the service, and where possible should have the opportunity to access Level 2 and/or 3 Diplomas in Health and Social Care.
- There is an adequate level of senior cover available as well as an appropriate level of staffing to meet the needs of the service user at all times.
- On occasion, should it be necessary for the Provider to use temporary, agency or bank staff, the Provider will ensure that staff have received relevant training and have the relevant knowledge, skills and experience to support the service user. Temporary, agency or bank staff will be subject to the same checks as permanent staff.
- The Service Provider should make every effort to ensure the best possible continuity and consistency of care through the provision of excellent working conditions in order to minimise staff turnover.

**14.1** The Provider shall ensure that staff complete comprehensive induction training before commencing work. This should be signed by the Provider and the staff member on the completion of the induction training. Adherence to this procedure shall be subject to spot checks by the Purchaser. The induction for new staff should include at least (outcome 14 regulation 23 of the CQC essential standards):

- The aims, objectives and purpose of the service.
- Information on the people whose care, treatment and support the staff member will be involved in providing any specific communication needs.
- The rights of people who use the service.
- The policies and procedures of the service.
- The action to be taken in an emergency.

- The health and safety risk assessments and any necessary health surveillance, necessary for their work.
- How to report adverse events, incidents, errors and near misses.
- The arrangements for the staff member's own support and supervision.
- The support and safety arrangements where they are required to work alone.
- The arrangements for reporting where the service falls below essential standards of quality and safety.
- An orientation to the systems, culture and terminology of the health and or social care sectors in England, where the staff member has been recruited from outside the UK.

**14.2** The Provider shall ensure that staff have access to adequate supervision which is timetabled in advance with the agreement of the manager and staff member. The Provider must have a clear policy on the supervision of all staff and be able to provide evidence that effective supervision takes place with actions brought forward to the next supervision where applicable. The Provider's supervisory arrangements and ratio of supervisory staff to support workers must be fully effective and operational at all times.

**14.3** The Provider should ensure staff have the appropriate skills to ensure the service user is supported to communicate their wishes in a range of ways both verbal and non verbal. Staff should aim to promote choice, control and opportunity to encourage service users to enhance their own skills in this area.

## **15. Contract Compliance**

### **Quality Expectations and monitoring**

**15.1** The Purchaser is committed to commissioning high quality services which support the delivery of health and social care outcomes.

**15.2** The Provider shall at all reasonable times during the Contract period allow authorised officers of the Purchaser and the Clinical Commissioning Group or agents acting on their behalf, access to all documents relating to the performance of the service under the Contract.

The Provider, on request, will meet representatives of the Purchaser, the CCG or agents acting on their behalf, to review performance of the Contract including complaints and compliments, service user views and comments and staff expertise.

The Provider will be able to demonstrate to the Purchaser, the CCG or an agent acting on its behalf, that it has a commitment to providing quality services and ensuring customer satisfaction. In order to do this the Provider will have developed a quality assurance system, which continuously reviews and improves the standards of service delivery. Such a system will include but not be limited to the following:

- Seeking the views of service users, families and advocates
- Checking that the specified services are consistently being delivered efficiently, effectively and sensitively, taking account of service users needs and preferences.
- Ensuring that appropriate changes are promptly made where services are not consistently being delivered efficiently, effectively and sensitively, taking account of service users needs and preferences.

- Checking that all records are properly maintained and updated (see 6.2 for further details).
- Regular monitoring and evaluation of complaints, concerns, safeguarding alerts and investigations in addition to the requirements of the Provider's complaints procedure.
- An annual review of performance and customer satisfaction with the services provided.
- Participating in any independent quality assurance process.
- Equality and Diversity and Health and Safety are imbedded in service delivery and procedures followed as appropriate.

A safeguarding policy needs to be in place that aligns with and makes reference to Nottingham and Nottinghamshire Multi-agency Safeguarding Vulnerable Adults Procedure for Raising a Concern and Referring.

### **15.3 Record keeping**

The Provider will ensure appropriate records are maintained and available to the Council, or agents acting on their behalf, including but not limited to:

- Running Records
- Care Plans
- Activity Plans
- Risk Assessments and Management Plan
- Financial transactions undertaken on behalf of service users
- Monitoring and review of Person-Centred Care Plans
- Any assistance with medication or other health related tasks where this has been identified in the Care Plan
- Delivery of First Aid
- Preparing reports for and attending service user reviews
- Health and Safety audits
- Staff rosters
- Visitor's Book
- Safeguarding referrals

In addition, the Provider will keep and make available to the Council or agents acting on their behalf, upon request:

- Details of all staff employed (including volunteers) and staff changes
- Staff records including training, induction and supervision
- Records of all financial transactions carried out on behalf of service users
- Details of all complaints received and actions taken
- Records of all accidents / incidents involving staff/ service Users with follow up risk assessments and records of actions taken
- Health and Safety audits
- Staff team meetings and resident/relative meetings

- MAR Sheet (Medication Administration Record Sheet)

Information on any past or current criminal convictions of staff identified on the enhanced DBS Check

**15.4** Monitoring of progress against individual support plan goals will be undertaken as part of the scheduled review of Care Plans.

The Provider will provide relevant information on request for the purpose of monitoring the quality of the service (see 6.1 and 6.2)

The Purchaser has the right to conduct an annual review of the performance of the service. This review will be proportionate to the level and quality of service provided.

In addition, NHS Nottingham City CCG will undertake quality monitoring of Care Homes with Nursing



## Residential Care - Core Elements of Care

All residential care homes will be expected to deliver core elements of care (see table below) within the residential and nursing care homes standard rate. A service user's package of care may be some or all of these core elements. The specific elements of care to be delivered will be recorded in the service users Individual Care Plan.

Activity	Type of support
Personal care <ul style="list-style-type: none"> <li>▪ Washing</li> <li>▪ Dressing and undressing</li> <li>▪ Bathing</li> <li>▪ Hair care</li> <li>▪ Nail care</li> <li>▪ Foot care (not chiropody)</li> <li>▪ Mouth care</li> <li>▪ Denture care</li> <li>▪ Shaving</li> <li>▪ Support with make-up, perfume, aftershave, deodorant etc.</li> <li>▪ Application of non-prescribed creams and ointments</li> </ul>	With the support of one or two members of staff
Support to get up and go to bed	With the support of one or two members of staff
<ul style="list-style-type: none"> <li>▪ Support to transfer in and out of bed</li> <li>▪ Toileting</li> <li>▪ In and out of wheelchair</li> <li>▪ In and out of arm chair etc.</li> <li>▪ From any of the above to any of the above and visa versa</li> </ul>	One to one support or two to one <ul style="list-style-type: none"> <li>▪ Hoisting</li> <li>▪ Stand aids</li> <li>▪ Rotunda</li> </ul>
Weighing	<ul style="list-style-type: none"> <li>▪ With the support of one or two members of staff</li> <li>▪ Appropriate referral where gain or loss is evidenced.</li> <li>▪ Regular weighing as identified in the care plan</li> </ul>
Mental Capacity Act – capacity assessments	Capacity tests and best interest decisions carried out where applicable
Prompting or assisting with taking medication	Trained and competent care staff: <ul style="list-style-type: none"> <li>▪ Assisting Resident's handling of medication, ear or eye drops</li> <li>▪ Assisting Resident's with basic dressings etc.</li> <li>▪ Monitoring prescriptions, overseeing</li> </ul>

Activity	Type of support
	collection of medicines.
Continence Care	<ul style="list-style-type: none"> <li>▪ Fitting and changing continence pads</li> <li>▪ Safe disposal of waste</li> </ul>
Turning regime	<ul style="list-style-type: none"> <li>▪ With the support of one or two members of staff</li> <li>▪ Turning regime appropriate to individual</li> </ul>
Night checks	<ul style="list-style-type: none"> <li>▪ Regular night checks where it is deemed appropriate</li> </ul>
Support with meals	<ul style="list-style-type: none"> <li>▪ Support to eat</li> <li>▪ Support to drink as and when required</li> <li>▪ Peg feeding</li> </ul>
Meet dietary needs	Specialist dietary requirements e.g. <ul style="list-style-type: none"> <li>▪ Diabetes</li> <li>▪ Celiac</li> <li>▪ Swallowing difficulties</li> <li>▪ Smooth/thickened fluids etc</li> <li>▪ Allergies</li> </ul>
Meet dietary preferences and choices	<ul style="list-style-type: none"> <li>▪ Religious</li> <li>▪ Cultural</li> <li>▪ Choice e.g vegetarian etc.</li> </ul>
Nutritional/fluid intake	Appropriate recording where a risk is identified
Communication – including sight and hearing	All appropriate support and aids available to enable citizens to communicate in the most effective way for them.
Preparation for attendance at appointments	Support and where appropriate accompany to attend medical appointments/bank/solicitors etc.
Purposeful day	<ul style="list-style-type: none"> <li>▪ Supported interests and hobbies</li> <li>▪ Activities available daily</li> <li>▪ Support of staff/Activities Coordinator to engage with citizens</li> <li>▪ Support to engage in day to day activities e.g.               <ul style="list-style-type: none"> <li>- setting tables</li> <li>- making own drinks</li> <li>- preparing vegetables/snacks</li> <li>- folding laundry</li> </ul> </li> </ul>

Activity	Type of support
Links to family where appropriate and safe	<ul style="list-style-type: none"> <li>▪ Support and where appropriate accompany to see family and maintain family relationships</li> <li>▪ Involving family if consent is given in the Care Plans</li> <li>▪ Informing family of any significant changes</li> </ul>
Links to the local community	<ul style="list-style-type: none"> <li>▪ Support or accompany: <ul style="list-style-type: none"> <li>- to access to local amenities</li> <li>- on trips out</li> <li>- to see friends</li> <li>- to engage in religious activities where appropriate</li> <li>- to engage in education and learning</li> <li>- to engage in voluntary work, or paid employment</li> </ul> </li> </ul>
ABC / Behaviour charts	<ul style="list-style-type: none"> <li>▪ Appropriate charts etc in place to reduce risk to citizens and others</li> <li>▪ Analysis of behavioural chart to understand behaviours and pre-empt where possible. Referral to appropriate agencies for further support.</li> </ul>
Rehabilitation where appropriate	Assisting the service user to develop skills that can help them re-establish independence
End of life	End of life plans in place

There is an expectation that most service user's care needs will be met within the core elements. However, there may be occasions when additional care/support is required over and above those set out in the core elements. Any additional care or support will need to be agreed with the Care Manager either prior to placement or upon review by Nottingham City Council Adult Assessment Team.

## Nursing Home Specification

### 1. Introduction

- 1.1 This appendix clarifies the requirements for Care Homes with Nursing which are in addition to the general requirements described in the main body of the Service Specification.

### 2. Service Description

- 2.1 Under this service Care Homes with Nursing will provide care for service users whose primary need is for accommodation and 'social care', but nevertheless have needs which normally require 24 hour availability of a registered health care professional.
- 2.2 Where assessed as eligible, service users in Care Homes with Nursing may receive a Funded Nursing Care contribution from the NHS. Service users in receipt of NHS Continuing Healthcare are excluded from this Service Specification.
- 2.3 Registered nursing can involve many different aspects of care. It can include direct nursing tasks as well as the planning, supervision and monitoring of nursing and healthcare tasks to meet service user's needs and to recognise a preventable or reversible medical condition.
- 2.4 Providers offering nursing care will provide safe, high quality care that meets the individual health and social care needs of the resident. The Provider will ensure that appropriate onward referrals are made to specialist services in the event of any significant change in the service user's condition.
- 2.5 The range of interventions that the Service will provide in response to an individual service user's needs will include, but is not limited to:

#### 2.5.1 *Continence*

Care Homes with Nursing will provide effective bladder and bowel management for all service users, male and female, including catheter and stoma care and management of incontinence and constipation. Care Homes will ensure that there is appropriate onward referral to the GP and Community Urology and Colorectal Service where required. Care Homes with Nursing will receive continence products supplied by Nottingham CityCare Partnership following a Continence Assessment. If Care Homes require additional supplies to the assessed amount, then the Care Home will be responsible for the provision. Care Homes with Nursing are responsible for the provision of other equipment, with the exception of those provided through prescription (i.e. catheter and stoma supplies).

#### 2.5.2 *Tissue Viability Care*

Care Homes with Nursing are responsible for risk assessment, prevention and management of pressure areas and pressure wounds. Where required, Care Homes will make referrals to the Tissue Viability service using their referral process and criteria.

#### 2.5.3 *End of Life Care*

Care Homes with Nursing will deliver effective palliative care and symptom management at the end of life, including administration of medication via a syringe driver where appropriate.

Care Homes will follow a pathway approach to end of life care, using a formal and recognised end of life care pathway. This will include use of a palliative and supportive care register, protocols for onward referral for specialist advice, provision of holistic assessment, care planning and care delivery in accordance with the resident's wishes. The Provider will ensure appropriate referral and ongoing liaison with the GP and specialist palliative care services where required.

The Care Home must ensure that Staff employed have the knowledge and skills to deliver effective palliative care and symptom management at the end of life.

#### *2.5.4 Dementia/Challenging Behaviour*

Care Homes with Nursing will ensure that staff have appropriate skills and competencies to support Service users with cognitive impairment, and that the care environment is appropriate to meet the needs of these service users.

Service users' psychological and emotional needs should be assessed and onward referral made to the GP or specialist services where appropriate.

#### *2.5.5 Mobility*

Care Homes with Nursing are responsible for the assessment, ongoing monitoring and management of service users with contractures or movement restrictions. Onward referral is made to the GP or community physiotherapy services where additional support is required.

#### *2.5.6 Nutrition*

Care Homes with Nursing are responsible for ensuring that nutritional risks are identified and effectively managed. Service users should be screened for nutritional risk on a regular basis, including monitoring of weights. Where screening identifies that a Resident is at risk an appropriate nutrition assessment and Care Plan should be instituted. Onward referral to the GP, dieticians or SALT teams should be made where appropriate.

Where applicable the Care Home with Nursing will ensure that service users with a PEG or Naso gastric feeding tube in situ are managed safely and appropriately and receive adequate nutrition.

### **3. Equipment**

3.1 The purpose of providing equipment is to increase or maintain functional independence and well-being of service users as part of a risk management process. Equipment provision will be focused on resident need and will be provided by the Care Home in line with the Nottinghamshire ICES Care Homes Equipment Policy. The equipment provided must be issued as part of a risk management process and staff competently trained. Whilst it is the expectation that the majority of equipment will be provided by Care Homes, the ICES Policy shows the different routes that both residential and nursing homes can use to access specific equipment where appropriate, including via the NHS, Local Authority, ICES and Community Health Services eg GP prescription, District Nurses and Tissue Viability Services.

Where equipment is to be used for Moving and Handling purposes, a moving and handling assessment should be undertaken to ensure safe transfers for service users and staff. Staff should also be trained in using the specific piece of equipment.

### **4. Training**

4.1 Registered nurses must maintain their registration. When recruiting, Providers should undertake appropriate checks to ensure that the applicant is registered with the Nursing and Midwifery Council (NMC) and undertake annual checks throughout their employment.

### **5. Medicines Management**

Staff must adhere to local MM policies and procedures, for obtaining supplies of medicines, receipt, recording (on MAR sheets and Care Plans), storage (including controlled drugs and refrigerated items), handling, administration and disposal of medicines in accordance with:

- The Clinical Commissioning Group (CCG)
- The Handling of Medicines in Social Care Settings by The Royal Pharmaceutical Society of Great Britain 2007 or subsequent revisions;

- Professional advice documents produced by the Care Quality Commission, (or its predecessor, the Commission for Social Care Inspection), including The Administration of Medicines in Care Homes, Medicine Administration Records (MAR) In Care Homes and Domiciliary Care, and the Safe Management of Controlled Drugs in Care Homes or subsequent revisions; and
- The Misuse of Drugs Act 2001 (amended).

# Quality Monitoring Guidance

**Please be advised that these guidance notes have been produced to support Providers to understand the Quality Monitoring Process and the evidence that will be required on the day of the visit.**

**In no way are the examples used in these guidance notes exhaustive; they are simply to support Providers with an idea of the types of information that will be looked at. The final report may have evidence of some or all of the examples but could also include evidence that was not in the list of examples given.**

**Category** Residential Care



# SECTION 1: ASSESSMENT AND CARE/SUPPORT PROVISION

## A. Service Initiation

Outcome	Criteria	Guidance:
Comprehensive assessment / service initiation processes in place.	A1) Documentation confirms that the provider can meet the needs of the citizen prior to service initiation.	<ul style="list-style-type: none"> <li>Comprehensive pre-admission documentation in place.</li> <li>Evidence of a visit being offered before placement to support an informed choice</li> <li>Respite and short-term placements should also have evidence of a pre-admission process</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>Completed pre-admission documents in care plans</li> <li>Running records/review of how any visits prior to placement went</li> </ul>
	A2) The Mental Capacity Act and DoLS have been considered and acted upon where applicable.	<ul style="list-style-type: none"> <li>MCA and DOLS have been taken into account as part of the pre-admission process</li> <li>Appropriate DOLS authorisation in place where applicable</li> <li>Best interest decision made for citizens who lack capacity to decide where they live.</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>Completed pre-admission documents in care plans</li> <li>DOLS authorisation in place or evidence of an urgent authorisation in care plan where appropriate.</li> </ul>

## B. Care/Support Plans

Outcome	Criteria	Guidance:
Care/Support plans are person-centred and record the needs of the citizen whilst ensuring a holistic approach to service delivery.	B1) Care/support plans are person centred, based on citizens' individual needs, preferences and choices.	<ul style="list-style-type: none"> <li>Citizens are at the centre of care delivery</li> <li>Care plans in place to ensure all the needs of the citizen can be met, including any long term health conditions.</li> <li>Person centred approach including, front sheet with personal details and photograph, individual preferences and choices, daily and night time routines, preferred toiletries etc.</li> <li>Life histories in place to support staff to get to know the citizen</li> <li>End of life plan</li> <li>Health action plan (if applicable)</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>Care plans</li> </ul>
	B2) The service is proactive in engaging with a range of professionals and agencies and relevant professionals are involved in care/support planning.	<ul style="list-style-type: none"> <li>Holistic approach to care delivery to ensure that the citizen receives all the care and support needed</li> <li>A variety of professionals are used where appropriate for example (not exhaustive list)</li> </ul>



		<ul style="list-style-type: none"> <li>○ Dementia Out Reach Team</li> <li>○ Falls Prevention</li> <li>○ Tissue Viability</li> <li>○ Continence Advisory Service</li> <li>○ Speech and Language Team</li> <li>○ GP</li> <li>○ District Nurse</li> <li>○ Chiropodist</li> <li>○ Dietician</li> <li>○ End of Life Team</li> <li>○ Optician/dentists</li> </ul> <ul style="list-style-type: none"> <li>● Appropriate follow up information recorded along with the outcome following a professional visit.</li> <li>● Health professional visits are recorded along with the outcome and any follow up appointments.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>● Care plans</li> <li>● Running records</li> <li>● Handover notes/diaries</li> </ul>
	<p>B3) The MCA and DoLS have been considered and acted upon where applicable.</p>	<ul style="list-style-type: none"> <li>● Decision specific mental capacity assessments are in place for those citizens where capacity is in doubt.</li> <li>● DOL authorisations are still in date with a record of the representative visiting along with a review date to ensure the authorisation does not expire.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>● Care plans</li> <li>● Representative visitors log/running records</li> </ul>
	<p>B4) Provider actively seeks citizen, carer/family and, where appropriate, advocate involvement in the care / support planning process.</p>	<ul style="list-style-type: none"> <li>● Citizen is involved in the care planning process where possible, or consultation with family/carer or advocate/IMCA</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>● Care plans should evidence who has been involved along with signatures and dates</li> <li>● If citizen or family/carer/advocate do not wish to be involved this should be clearly recorded, signed and dated.</li> </ul>
	<p>B5) A proactive approach is taken to ensure that citizens' communication needs are addressed.</p>	<ul style="list-style-type: none"> <li>● Communication needs are recorded and acted upon</li> <li>● Aids used to support communication for example (not exhaustive list) <ul style="list-style-type: none"> <li>○ Hearing aids</li> <li>○ Glasses</li> </ul> </li> </ul>



		<ul style="list-style-type: none"> <li>○ Talking books</li> <li>○ Picture cards</li> <li>○ Signs</li> <li>○ Body language</li> <li>○ Makaton</li> <li>● Additional guidance information sought for example <ul style="list-style-type: none"> <li>○ Dementia Outreach Team</li> <li>○ Speech and Language</li> <li>○ Discussion with family/carer</li> </ul> </li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>● Care plans – in depth care plan where communication needs are identified.</li> <li>● View some of the aids available</li> </ul>
	B6) Support is planned to meet agreed outcomes for citizens where appropriate.	If applicable.

### C. Risk Assessment

Outcome	Criteria	Guidance:
Comprehensive risk assessments and risk management processes in place.	C1) Risk assessments are completed in line with care/support plans, outlining identified risk and relevant preventative measures.	<ul style="list-style-type: none"> <li>● Risks are identified as part of the care planning process which clearly identifies the risk, how to manage the risk and any preventative measures recorded.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>● Care plans</li> </ul>
	C2) Processes/strategies are in place and implemented to manage identified risk.	<ul style="list-style-type: none"> <li>● Supporting documentation in place to support and inform risk assessments for example (this list is not exhaustive) <ul style="list-style-type: none"> <li>○ ABC / behaviour charts</li> <li>○ Body maps</li> <li>○ Falls log</li> <li>○ Weight charts</li> </ul> </li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>● Care plans / supporting documentation</li> </ul>

### D. Reviewing Process

Outcome	Criteria	Guidance:
Care/Support plans are reviewed to ensure citizens' identified needs continue to be met.	D1) Care plans and risk assessments are reviewed and updated within appropriate timescales and/or where changes to individual needs are identified.	<ul style="list-style-type: none"> <li>● Reviews take place monthly or when required and are clearly dated and signed</li> <li>● Changes in need clearly recorded with evidence that care plans / risk assessments have been updated to reflect any changes.</li> <li>● Following hospital visits evidence that full review of care needs has taken place.</li> </ul>



		<ul style="list-style-type: none"> <li>Input from professionals directing changes in care delivery including any dietician or health professional</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>Care plans</li> <li>Running records</li> <li>Handover records/book</li> </ul>
	D2) Provider actively seeks involvement of citizen, carer/family, and advocacy (where appropriate) and other relevant professionals in the care/support review process.	<ul style="list-style-type: none"> <li>Citizens/families/carers have the opportunity to engage in reviews</li> <li>Citizens/families/carers have agreed how often they wish to be involved in reviews either monthly, 6<sup>th</sup> monthly, annually or not at all.</li> <li>Any involvement from citizens/families/carers are clearly recorded, signed and dated.</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>Care plans</li> </ul>

**E. Staff**

<b>Outcome</b>	<b>Criteria</b>	<b>Guidance:</b>
Citizens needs are met by a suitable and appropriately trained workforce.	E1) The service is suitably staffed at all times taking into account citizen's needs and preferences.	<ul style="list-style-type: none"> <li>Appropriate level of staffing in place to ensure that the identified needs of citizens are met.</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>Staff rota which should include               <ul style="list-style-type: none"> <li>Identified first aider on each shift</li> <li>All staff roles identified</li> <li>Key of abbreviations used</li> <li>Any one to one hours delivered</li> </ul> </li> <li>Any dependency tools that are used to identify staffing levels required.</li> </ul>
	E2) Assessment and care/support planning is addressed in a structured induction programme, appropriate to the service.	<ul style="list-style-type: none"> <li>Staff complete the Skills for Care – Common Induction Standards which includes Standard 7 Person Centred Support</li> <li>Any in-house inductions must include care planning to ensure staff understand how to use and update them appropriately</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>Staff files</li> <li>Induction template</li> <li>Discussion with staff</li> </ul>
	E3) Staff are continually supported and appraised in their role through supervisions, mentoring and appropriate training.	<ul style="list-style-type: none"> <li>Staff receive regular supervisions</li> <li>Supervisions are recorded appropriately and signed by both staff member and line manager. Actions recorded and followed up at next supervision.</li> <li>All mandatory training has been completed by staff along with any supplementary training required to support the needs of the citizens</li> </ul> <u>Evidence</u>



		<ul style="list-style-type: none"> <li>• Staff files/record of supervision</li> <li>• Training Matrix which should include, training staff have attended, date attended and when refresher training is due.</li> <li>• Discussion with staff</li> </ul>
	E4) Staff are appropriately trained in assessment and support/care planning.	<ul style="list-style-type: none"> <li>• Staff understand the care planning process (of the home) and the importance of keeping information clear and up to date, which is always signed and dated</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>• Training matrix</li> <li>• Staff supervision records</li> <li>• Team meetings</li> </ul>
Staff have understanding of assessment and care/support planning	E5) Staff demonstrate an appropriate understanding of needs assessment and care/support planning.	<ul style="list-style-type: none"> <li>• Staff should know when to refer to and update care plans and when to refer information onto other professional agencies such as dietician following weight loss etc.</li> <li>• Appropriate handovers take place to ensure all staff are aware of current needs of citizens.</li> <li>• Staff should be involved in the care planning and reviewing process to understand the importance of keeping information up to date and accurate and why it is important to ensure any changes in need are recorded.</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>• Staff supervision records</li> <li>• Team meetings</li> <li>• Discussion with staff</li> <li>• Handover record/book</li> </ul>

## SECTION 2: SAFEGUARDING

### A. Policies and Procedures

Outcome	Criteria	Guidance:
Appropriate safeguarding policies and procedures are in place to ensure the safety of citizens.	A1) A copy of the 'Nottingham and Nottinghamshire Multi Agency Safeguarding Vulnerable Adults Procedure for raising a concern and referring' is made available to staff and is referenced within or in line with providers' in-house policy.	<ul style="list-style-type: none"> <li>A copy of the 'Nottingham and Nottinghamshire Multi Agency Safeguarding Vulnerable Adults Procedure for raising a concern and referring' can be produced and is referenced.</li> <li>In-house safeguarding policy in place which makes reference to the above procedure and has the appropriate and up to date referrals details.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>copy of guidance available</li> <li>copy of in-house policy</li> </ul>
	A2) Staff have access to and an understanding of safeguarding policies and procedures.	<ul style="list-style-type: none"> <li>Policies and procedures are available to staff to refer to when necessary</li> <li>Safeguarding is discussed in supervisions and team meetings as a regular agenda item.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>Staff supervision records</li> <li>Team meeting minutes</li> <li>Discussion with staff</li> </ul>
	A3) Policies and procedures are regularly reviewed and updated as necessary	<ul style="list-style-type: none"> <li>All appropriate policies and procedures in place with evidence that they are reviewed and updated where appropriate.</li> <li>Staff are informed of any updates and are able to access policies and procedures at all times</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>View policies and procedures</li> <li>Discussion with staff</li> <li>Staff team meetings</li> </ul>

### B. Safeguarding Information & Referrals

Outcome	Criteria	Guidance:
Relevant information on safeguarding is made available to citizens, relatives and/or carers.	B1) Information on safeguarding is made available and is accessible to citizens and other key partners.	<ul style="list-style-type: none"> <li>Safeguarding is discussed with citizens in a way they will understand.</li> <li>Safeguarding information is made available to all visitors to the home.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>Citizens / relatives meeting minutes</li> <li>Record of one to one discussions with citizens</li> </ul>

		<ul style="list-style-type: none"> <li>• Posters and leaflets available</li> <li>• Information in citizens welcome pack / home information pack</li> <li>• News letters</li> </ul>
	B2) Manager and staff know when, how, where and to whom to make a safeguarding referral. There is a designated and appropriately trained safeguarding lead.	<ul style="list-style-type: none"> <li>• Staff know how to make a safeguarding referral both anonymously or;</li> <li>• Staff know who to go to in the organisation who can give information and advise on any safeguarding issues or concerns</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>• Training matrix</li> <li>• Discussion with staff</li> </ul>
	B3) A record of safeguarding referrals is maintained.	<ul style="list-style-type: none"> <li>• A record is kept of all safeguarding referrals made by the home including who the referral was made to and on what date with a brief description of the reason for the referral. Where possible with a recorded outcome.</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>• Referrals tracker/log</li> <li>• Running records</li> <li>• Care plans</li> </ul>

### C. Communication

Outcome	Criteria	Guidance:
---------	----------	-----------

Communication practices in place to keep staff, citizens and carers up to date on relevant issues.	C1) Processes are in place to ensure communication of relevant information between staff and other professionals.	<ul style="list-style-type: none"> <li>• Communication practices are in place to ensure all relevant parties are updated on what is happening within the home.</li> <li>• Topical issues are cascaded to all relevant parties where appropriate</li> <li>• Robust handovers take place at the start/end of each shift to ensure the</li> <li>• Staff /Citizen/relatives meetings take place on a regular basis</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>• Staff/citizen/relatives meeting minutes</li> <li>• Newsletters/websites</li> <li>• Handover records</li> <li>• Leaflets and information posters where appropriate</li> <li>• Welcome/information pack</li> </ul>
--	---	---



D. Staff		
Outcome	Criteria	Guidance:
Staff have been through appropriate processes to ensure they are suitable to work in this area.	D1) A robust and appropriate recruitment and selection process is followed in the appointment of all staff.	<ul style="list-style-type: none"> <li>• Staff have been through an appropriate recruitment process</li> <li>• The appropriate DBS checks have been carried out</li> <li>• Contract of employment is in place</li> </ul> <p>Evidence</p> <ul style="list-style-type: none"> <li>• Staff files</li> <li>• Any additional files where relevant.</li> </ul>
	D2) Safeguarding is addressed in a structured induction programme, as appropriate to the service.	<ul style="list-style-type: none"> <li>• Staff complete the Skills for Care – Common Induction Standards which includes Standard 6 Principles of safeguarding in Health and Social Care</li> <li>• Any in-house inductions must include safeguarding to ensure staff understand how when and who to make a referral</li> <li>• The organisations own Whistle Blowing policy is discussed with all new starters</li> </ul> <p>Evidence</p> <ul style="list-style-type: none"> <li>• Staff files</li> <li>• Induction template</li> <li>• Discussion with staff</li> <li>• Staff supervision records</li> </ul>
Staff are appropriately trained to safeguard citizens.	D3) All mandatory safeguarding training appropriate to the service has been undertaken and is updated regularly.	<ul style="list-style-type: none"> <li>• All staff should undertake safeguarding training, including, domestic, kitchen, handyperson, laundry etc along with any volunteers working within the home.</li> <li>• Regular refresher training should be undertaken</li> </ul> <p>Evidence</p> <ul style="list-style-type: none"> <li>• Training Matrix</li> </ul>
	D4) Effectiveness of training is monitored, within an appropriate timescale, to ensure staff are fully competent and confident in day to day service delivery.	<ul style="list-style-type: none"> <li>• Staff understand how to make a safeguarding referral</li> <li>• Staff understand the organisations Whistle Blowing policy and know where this is kept should they need to refer to it</li> <li>• Safeguarding is discussed regularly at team meetings and supervisions to ensure staff are reminded of the importance of safeguarding and their responsibility to refer.</li> </ul> <p>Evidence</p> <ul style="list-style-type: none"> <li>• Staff meeting minutes</li> <li>• Supervision records</li> <li>• Discussion with staff</li> <li>• Any evaluation documentation (if used)</li> </ul>

## SECTION 3: EQUALITY AND DIVERSITY

### A. Commitment to Equality and Diversity

Outcome	Criteria	Guidance:
<p>Equality and diversity considerations are central to service delivery.</p>	<p>A1) Equality and Diversity needs are discussed with citizens and addressed in care/support plans.</p>	<ul style="list-style-type: none"> <li>• Care plans reflect the citizen’s cultural, spiritual, religious choices and preferences along with how these choices will be supported.</li> <li>• End of life wishes are recorded</li> <li>• Right to vote has been discussed and preference recorded</li> <li>• Proactive approach taken where possible to source any support that may be required to support citizen’s choices.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Care plans</li> <li>• Review meetings</li> <li>• Any evidence of family/carer consultation (if citizen lacks capacity)</li> </ul>
	<p>A2) The diverse needs and preferences of citizens.</p>	<ul style="list-style-type: none"> <li>• Citizens are involved in the menu planning process</li> <li>• Appropriate meals are outsourced if the home cannot meet the dietary preferences of citizens.</li> <li>• Citizens dietary preferences are recorded and adhered to where possible for example (list not exhaustive)                             <ul style="list-style-type: none"> <li>○ Vegetarian</li> <li>○ Cultural/religious preferences</li> <li>○ Likes and dislikes</li> </ul> </li> <li>• Citizens dietary requirements are recorded appropriately both in the care plans and on individual dietary requirement sheets held in the kitchen for example (list not exhaustive)                             <ul style="list-style-type: none"> <li>○ Smooth/soft diet</li> <li>○ Allergies</li> <li>○ Diabetic diet</li> <li>○ Dietician input</li> </ul> </li> <li>• Kitchen staff are aware of the dietary preferences and requirements of citizens.</li> <li>• Appropriate risk assessments in place for those citizens who could be at risk e.g. allergies, poor appetite etc.</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Citizens meeting minutes</li> <li>• Care plans – evidence of discussion taking place and actioned where appropriate</li> <li>• Individual dietary sheets (kept in the kitchen)</li> </ul>





		<ul style="list-style-type: none"> <li>• Discussion with kitchen staff</li> <li>• Risk assessments</li> <li>• Fluid charts/nutritional charts where appropriate</li> <li>• Dignity and respect</li> </ul>
<b>B. Staff</b>		
<b>Outcome</b>	<b>Criteria</b>	<b>Guidance:</b>
Staff are aware of and appropriately trained in relation to Equality and Diversity	B1) Staff demonstrate an appropriate understanding of, and are aware of the importance of, equality and diversity, when delivering care/support.	<ul style="list-style-type: none"> <li>• Staff are aware of the citizens individual preferences and choices</li> <li>• Staff (including kitchen staff) understand the importance of ensuring citizens equality and diversity needs are discussed and supported.</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>• Staff meeting minutes / supervision records</li> <li>• Discussion with staff</li> </ul>
	B2) Staff receive appropriate induction and training in relation to equality and diversity.	<ul style="list-style-type: none"> <li>• Staff complete the Skills for Care – Common Induction Standards which includes Standard 4 Equality and Inclusion</li> <li>• Any in-house inductions must include Equality and Diversity to ensure staff understand the importance of citizens preference and choices</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>• Staff files</li> <li>• Induction template</li> <li>• Discussion with staff</li> <li>• Staff supervision records</li> </ul>



## SECTION 4: INVOLVEMENT AND EMPOWERMENT

### A. Service Information and Communication

Outcome	Criteria	Guidance:
There is an appropriate level of information available about the service.	A1) Information about the service is available and accessible to citizens and other appropriate parties.	<ul style="list-style-type: none"> <li>Information about the home and the services offered is made available to both new and existing citizens, families and carers</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>Up to date Welcome/Information Pack</li> <li>Leaflets/posters/newsletters</li> <li>Website</li> </ul>
	A2) Processes are in place to keep citizens and other appropriate parties up to date on relevant issues.	<ul style="list-style-type: none"> <li>Evidence that up to date topics are discussed with citizens/families/carers either in a group setting or on a one to one basis.</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>One to one discussion notes</li> <li>Citizen/relative meeting minutes</li> </ul>

### B. Empowerment

Outcome	Criteria	Guidance:
Citizen empowerment is central to the Service.	B1) Citizens are supported to engage in activities of their choice.	<ul style="list-style-type: none"> <li>Citizens life history, interests and hobbies are recorded</li> <li>Activities that take place are linked to citizens interests and hobbies</li> <li>Activities that citizens engage with / do not engage with are recorded to help inform future activities.</li> <li>Citizens are aware of and have been involved in selecting any pre-planned activities e.g. posters, leaflets, activities plan, discussion in citizens meetings etc.</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>Care plans</li> <li>Activity records/file</li> <li>Citizens meetings</li> <li>Photographs</li> </ul>

	<p>B2) Citizens are supported to be involved in the wider community where appropriate.</p>	<ul style="list-style-type: none"> <li>• Community links important to the citizen have been identified in the care plan with evidence of how this is supported</li> <li>• Relatives/carers have been involved where applicable</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Care Plan</li> <li>• One to One discussion notes</li> <li>• Care review records</li> <li>• Activity records/file</li> </ul>
	<p>B3) There is evidence that independence is promoted where applicable.</p>	<ul style="list-style-type: none"> <li>• Care plans outline what the citizen can do for themselves and what they need support with.</li> <li>• Any aids (communication, mobility etc.) required are recorded in the care plan</li> <li>• Mealtimes are supported in a discreet and appropriate manner with the citizens being able to take their time and not feel rushed.</li> <li>• Appropriate aids are sought to support citizens to be as independent as possible for example <ul style="list-style-type: none"> <li>○ Stand aids</li> <li>○ Walking aids</li> <li>○ Special crockery / cutlery</li> <li>○ Communication aids</li> <li>○ Glasses, hearing aids, dentures</li> <li>○ Appropriate/distinctive signage</li> <li>○ Sensors</li> <li>○ Door alarms</li> </ul> </li> <li>• Citizens have access to a call bell in their rooms, for those citizens unable to use the call bell then a process is in place to ensure their needs are met, along with any appropriate risk assessments</li> <li>• Citizens are able to be involved in the running of the home should they wish to do so by setting the table, preparing vegetables, helping with laundry etc</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Care plans/risk assessments/reviews</li> <li>• Observation of the environment</li> <li>• Observations of staff and citizens</li> </ul>
	<p>B4) Information is available to citizens, family etc about how to complain and (where applicable) there is evidence that citizens understand how to complain.</p>	<ul style="list-style-type: none"> <li>• Citizens, family and carers are supplied with information on how to make a complaint</li> <li>• Complaints procedure is a regular agenda item at citizens and relatives meetings</li> <li>• The complaints procedure is on display</li> </ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"> <li>• Citizens/relatives meeting minutes</li> <li>• Notice boards</li> </ul>

		<ul style="list-style-type: none"> <li>Welcome/information pack</li> <li>Care plan reviews</li> </ul>
	B5) There is a robust complaints procedure in place and complaints are recorded appropriately.	<ul style="list-style-type: none"> <li>An up to date Complaints Procedure is in place and regularly reviewed</li> <li>Complaints are logged and responded to within appropriate timescales with outcomes recorded.</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>Policies and Procedures folder</li> <li>Complaints log book/records</li> </ul>
<b>C. Citizen Involvement</b>		
<b>Outcome</b>	<b>Criteria</b>	<b>Guidance:</b>
Citizens are empowered and involved in decisions about their services and can make changes.	C1) Citizens are supported to inform and make changes to their individual support / care.	<ul style="list-style-type: none"> <li>Citizens are supported to be engaged in all aspects of care delivery</li> <li>Citizens are able to make changes to the care they receive or discuss alternative methods of care delivery should they wish to do so e.g. female/male only carers to give personal care, do /do not wish to be checked on at night, option of a choice of aids to support independence, sensor mats etc.</li> <li>Citizens involved in care planning with evidence of how often they wish to be involved in reviews.</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>Care plans</li> <li>One to one discussion notes</li> <li>Care plan reviews</li> </ul>
	C2) There is evidence that citizens have been involved in / consulted about any changes to service provision.	<ul style="list-style-type: none"> <li>Citizens involved in the interviewing of new staff</li> <li>Citizens are actively involved in any changes to the environment both inside and in the garden i.e. decoration, furniture, garden plants/flowers, pets etc.</li> <li>Regular questionnaires are completed by citizens to ensure their views are taken into account.</li> </ul> <u>Evidence</u> <ul style="list-style-type: none"> <li>Outcome of any surveys that have taken place</li> <li>Citizen meeting minutes or one to one records</li> <li>Staff recruitment documentation</li> </ul>

**D. Staff**

<b>Outcome</b>	<b>Criteria</b>	<b>Guidance:</b>
Staff understand principles around involvement and empowerment.	D1) Staff demonstrate an understanding and awareness of citizen involvement and empowerment when delivering care and support.	<ul style="list-style-type: none"><li>• Staff understand the importance of allowing citizens to be as independent as possible.</li><li>• Care plans evidence that citizen involvement and empowerment is pivotal to person centred care</li></ul> <p><u>Evidence</u></p> <ul style="list-style-type: none"><li>• Discussion with staff</li><li>• Dignity champions</li><li>• Team meeting minutes</li><li>• Supervision records</li><li>• Care plans</li></ul>

## 1. Introduction

Nottingham City Council is focused on reducing disadvantage and poverty by ensuring local residents are supported in accessing employment and training opportunities created in the City. This is underpinned by the Council leadership's manifesto commitment and key targets contained within the Nottingham Plan:

- Reduce unemployment by 25% to less than 10,000 Job Seekers Allowance claimants by 2015
- Raise the proportion of working –age adults with at least level 2 qualifications to 90%
- Move the city of Nottingham up out of the 10% most deprived authorities in England
- Ensure that no neighbourhood is in the most deprived 5% nationally
- Half the proportion of children living in poverty (defined as the % of children living in households dependent on out-of-work benefits)

Training and employment are recognised routes out of deprivation and the Authority's Economic Development and Procurement Teams are working to ensure that local employment and training opportunities are available for all appropriate major City Council contracts.

A key element of this is the inclusion of employment & training opportunities as part of our contracts with third parties. Where we consider the contract includes appropriate opportunities we will include relevant questions as part of the evaluation of that tender. These questions will focus on employment and training opportunities that the contract may deliver and how the contractors proposals for engaging with the Employer hub to assist with their recruitment requirements.

## 2. Nottingham City Employer Hub

The Nottingham City Employer Hub has been created to provide a recruitment and training service which responds to employer workforce needs by coordinating the resources and expertise of local and regional agencies including Job Centre Plus, CVS Groups, the Work programme and local FE Colleges. Working in partnership with employers contracted to provide services or goods to the Council, the Employer Hub designs a bespoke package of support that targets engagement activity to provide a job ready local workforce.

The Employer Hub:

- Advertises all vacancies directly to community groups and local agencies
- Promotes vacancies at recruitment fairs, targeted open days and community events
- Facilitates pre-employment training (PET) for individuals seeking work to prepare them for working in the sector
- Pre-screens applications to ensure all applicants put forward for interview meet the job and person specification
- Integrates additional pre-qualifying or candidate assessment criteria as desired by the employer
- Provides suitable interview facilities at a variety of venues across the City
- Assists Employers in accessing funding available for workforce development

### **3. Definitions of Employment & Training Opportunities**

#### **New Vacancy**

An employment opportunity created as a result of the Development which provides a new vacancy to be offered by the Employer Hub to local candidates.

#### **New Entrant Trainee**

A person that is leaving an educational establishment (e.g. school, college or university) or a training provider; or an adult who has not been employed in the sector during the previous 6 months and who is seeking employment that includes training towards a qualification; or trainee employed by another contractor or supplier whose contract of employment is being terminated or who is working part-time and who is therefore seeking another position to complete their training period. A new entrant trainee can be an Apprentice or Graduate entrant.

#### **Work Experience**

Unwaged 4-week work placement opportunities for interns, students, trainees and job-seekers

#### **Apprenticeships**

Employees that earn a wage and work alongside experienced staff to gain job-specific skills. Off the job, usually on a day-release basis, apprentices receive training to work towards nationally recognised qualifications. Anyone living in England, over 16 years-old and not in full-time education can undertake an apprenticeship

#### **Accredited Training Course**

A training course recognised by an institution of learning which maintains those standards requisite for its graduates to gain recognition

The use of the Employer Hub recruitment and training service is entirely **free** for all City Council contractors

### **4. Contact for Further Information**

#### ***Employer Hub***

#### ***Nottingham City Council***

*4th Floor*

*Loxley House*

*Station Street*

*Nottingham*

*NG2 3NG*

*Employer.hub@nottinghamcity.gov.uk*

**0115 876 2912**



## Nottingham City Vulnerable Adults Workforce Strategic Core Knowledge Standard v.1.5 Oct'13



The whole workforce understands the vision and the key strands for the way forward of the Vulnerable Adults Plan

### Vision

- investing in services that reduce needs and dependency and lowers future costs;
- developing innovative and new ways in which to mobilise and make use of all the resources of the community; and
- enabling vulnerable citizens to remain independent for longer and make choice based personalised services a reality in Nottingham.

### Key Strands

1. Greater investment in prevention and early intervention, particularly where needs and costs are already increasing significantly.
2. Focus on building community capacity, personalisation and citizen choice.
3. Joint working to drive collaboration, integration and efficiencies between providers, citizens and partners.

### The minimum skills and knowledge expected for the whole workforce in line with the Core Values from the Workforce Strategy

#### 1. Effective Communication

- trust & respect
- developing rapport & partnerships
- consulting, informing & negotiating
- active listening & empathy
- clear language
- Choices, decision making & signposting
- Appropriate use of confidentiality & information sharing

#### 2. Personal Development

- Maintains a personal development plan
- Evaluates own performance & effectiveness of learning
- Be aware of standards and codes practice that relate to your work role
- Use of reflective practice to contribute to personal development
- Professional Qualifications

#### 3. Principles of Safeguarding

- Understand key legislation
- Recognise signs of harmful behaviour, neglect or abuse
- Understand risk factors
- Responding appropriately to suspected or disclosed abuse
- Whistle blowing policy/ procedure.

#### 4. Health, Safety & Security

- Understand key legislation
- risk & effects
- reporting risks
- moving & handling safety
- Dealing with emergencies
- Maintaining security e.g. premise, homes
- Health, Care & Support
- Infection prevention and control

#### 5. Quality and Service Improvement

- Effective and efficient use of resources
- Work within own limits
- Share constructive views & ideas for improvement
- Roles, responsibilities, expertise & Leadership
- Duty of Care
- Regulatory Standards
- Supervision—Reflective

#### 6. Equality, Diversity & Inclusion

- Understand key legislation
- Treat everyone with dignity & respect
- Provide Inclusive support
- Acknowledge others different perspectives
- Person centred approach

To support development of skills and knowledge listed above some development options are described below.

Access free E-learning, useful website links and Bite-sized learning worksheets to support learning at [www.vulnerableadultworkforce.co.uk/trainingandskillsforyou](http://www.vulnerableadultworkforce.co.uk/trainingandskillsforyou)

*Includes examples of further development subjects; Mental Health, Dementia, Learning Disability, plus more*