



Darlington Borough Council
Residential Agreement for the Provision of Residential Care
2013 - 2016
Quality Standards

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1	<p align="center">Effective Recruitment Procedures</p> <p align="center">To ensure staff are safely recruited and are able to perform their role to support people who use services.</p>	<p align="center">Sources of evidence</p> <p align="center">Links to Outcomes 1 , 2, 4, 5, 7</p>
1.1	<p>The Contractor carries out relevant checks <u>prior</u> to the employment of all staff. This includes checking any gaps in employment, 2 satisfactory references, received prior to start date, with at least one of these from the previous employer. (The Contractor must be able to demonstrate efforts to receive a reference from the previous employer, where one has not been received).</p>	<p>0-40 registered beds - minimum of 6 staff files checked 41-60 registered beds – minimum of 8 staff files checked 61-80 registered beds – minimum of 10 staff files checked 81+ registered beds – minimum 12 staff files checked Staff files checked – staff who have commenced employment within the last 18 months to be requested in first instance.</p>
1.2	<p>The Contractor carries out relevant CRB checks and keeps records of CRB dates and staff start dates. Check to be carried out on all staff, to include temporary, agency, bank and voluntary staff, and those providing additional services under arrangements with the Contractor. Records to include CRB dates and staff start date</p>	<p>The Contractor to provide list of all CRB check dates and all staff start dates, for all staff identified in 1.2</p>
1.3	<p>Staff are only allowed to commence work before a full and satisfactory CRB check has been received or where the Contractor has received an ISA Adult First check that confirms the staff member is not barred, and the Contractor has complied with the requirements of CQC Outcome 12A – relating to recruitment of staff.</p>	<p>The Contractor to provide list of ISA Adult First check dates and all staff start dates, for all staff identified in 1.2, along with records of how staff are supervised.</p>
1.4	<p>The Contractor carries out an analysis of each staff member matched against the job description to ascertain qualifications, skills, and initial training needs.</p>	<p>Application form Analysis of staff matched against job description, selection criteria/qualifications, training achievements, skills and initial training needs.</p>
1.5	<p>Staff complete an Induction Programme within 12 weeks of their start date. The induction programme undertaken should be pertinent to the start date of their employment.</p>	<p>Induction programme relevant to start date. Completed within 12 weeks of start date.</p>

2	Staff Development Requirements To ensure staff are appropriately qualified, skilled and experienced to support people who use services	Sources of Evidence Links to Outcomes 1, 2, 4, 5, 7
2.1	<p>The Contractor has an overarching learning and development plan to meet the needs of the service, which is updated, reviewed, and evaluated, as a minimum, quarterly.</p>	<p>The Contractor to provide a learning and development plan to include all staff members which, indentifies records of training, refreshers dates, out of date training,</p>
2.2	<p>Staff have a learning and development plan in place from the point of induction based on their skills analysis which is updated and regularly reviewed.</p>	<p>Staff files to contain individual learning and development plans agreed and commenced at time of recruitment.</p>
2.3	<p>Staff must receive training in:</p> <ul style="list-style-type: none"> • Moving and Handling People • Dignity in Care • GSF or equivalent End of Life Care • Dementia • Mental Capacity Act • Safeguarding of Vulnerable Adults (Managers/Deputy Managers must have Level 2) • Food hygiene 	<p>The Contractor to provide certificates, records of training for all staff. Signed attendance sheets</p>
2.4	<p>A minimum of 75% of Care staff must be qualified or working towards QCF, NVQs in Health and Social Care at Diploma Levels 2.</p>	<p>The Contractor to provide certificates or evidence from training agency of staff working towards qualification.</p>

2.5	Managers receive training in management/professional development and leadership	The Contractor to provide certificate or evidence from training agency that staff are completing training.
2.6	Staff must receive recorded supervision on a bi-monthly basis, which is signed by both parties.	Signatures and dates from both supervisor and supervisee to confirm supervision was carried out. Where supervision was not carried out reasons to be documented.
27	Staff development is recorded through the annual appraisal system which contains a skills analysis and sets out plans for future training, which is signed by both parties	Signatures and dates from both appraisee and appraiser to confirm annual appraisal was carried out. Where appraisal has not been carried out, reasons why to be documented.

3	<p style="text-align: center;">SOCIAL ACTIVITIES</p> <p style="text-align: center;">To ensure individuals welfare is maintained and their wellbeing is promoted and takes into account all of their needs including physical, mental, social, personal relationships, emotional and daytime activity.</p>	<p style="text-align: center;">Sources of evidence Links to Outcomes 1,2, 4,6,7</p>
3.1	<p>The Contractor has completed pre admission assessments, which details individual's wishes and aspirations in relation to activities both inside and outside of the home.</p>	<p>The Contractor to provide: 0-40 registered beds - minimum of 6 individuals files checked 41-60 registered beds – minimum of 8 individuals files checked 61-80 registered beds – minimum of 10 individuals files checked 81+ registered beds – minimum 12 individuals files checked</p>
3.2	<p>Care Plans in relation to activities are written in a person centred manner, with the individual's views, needs and aspirations clearly documented.</p>	<p>Care file records, which include completed pre-admission assessments that include activities.</p>
3.3	<p>The Contractor has documented evidence that demonstrates risk assessments and person centred goals are considered in relation to individual's activity choices and aspirations.</p>	<p>Care plans developed with evidence of individual's involvement / or reluctance to be involved which take into account the result of the pre-admission assessment.</p>
3.4	<p>Individuals have activity care plans in place which identify and meets needs in relation to</p> <ul style="list-style-type: none"> • Personal relationships • Emotional • Wellbeing • Consent and capacity • Social needs • Spiritual needs • Day time activities • Communication • 	<p>Care plans contain risk assessments to support and manage individual's choices, which are reviewed as a minimum monthly.</p> <p>Social Activity care plans demonstrate the individual's choices and aspirations, which are reviewed as a minimum monthly</p>

<p>3.5</p> <p>3.6</p> <p>3.7</p>	<p>There are dedicated posts for activity co-ordinators within the home, which meet the following minimum requirements. (This does not include other staff who support activities co-ordinators, e.g. provision of transport)</p> <ul style="list-style-type: none"> • 0 -30 registered beds-18 hours per week • 31-40 registered beds-24 hours per week • 41-50 registered beds-30 hours per week • 51-60 registered beds-36 hours per week • 61-70 registered beds-42hours per week • 70-80 registered beds-48 hours per week • 80-90 registered beds-54 hours per week • 90+ registered beds-60 hours per week <p>The activity co-ordinators have a training and development plan which covers QCF Skills for Care Activities Level 2, or equivalent to ensure training relates to the provision, organisation and delivery of activities to a range of client groups</p> <p>Activity co-ordinators receive bi monthly supervision and annual appraisal.</p>	<p>Activity co-ordinators personal file to include contract of employment, CRB check, 2 references', job description. V</p> <p>The Contractor to provide certificate or evidence from training agency that staff are completing training.</p> <p>Supervision and appraisal records.</p>
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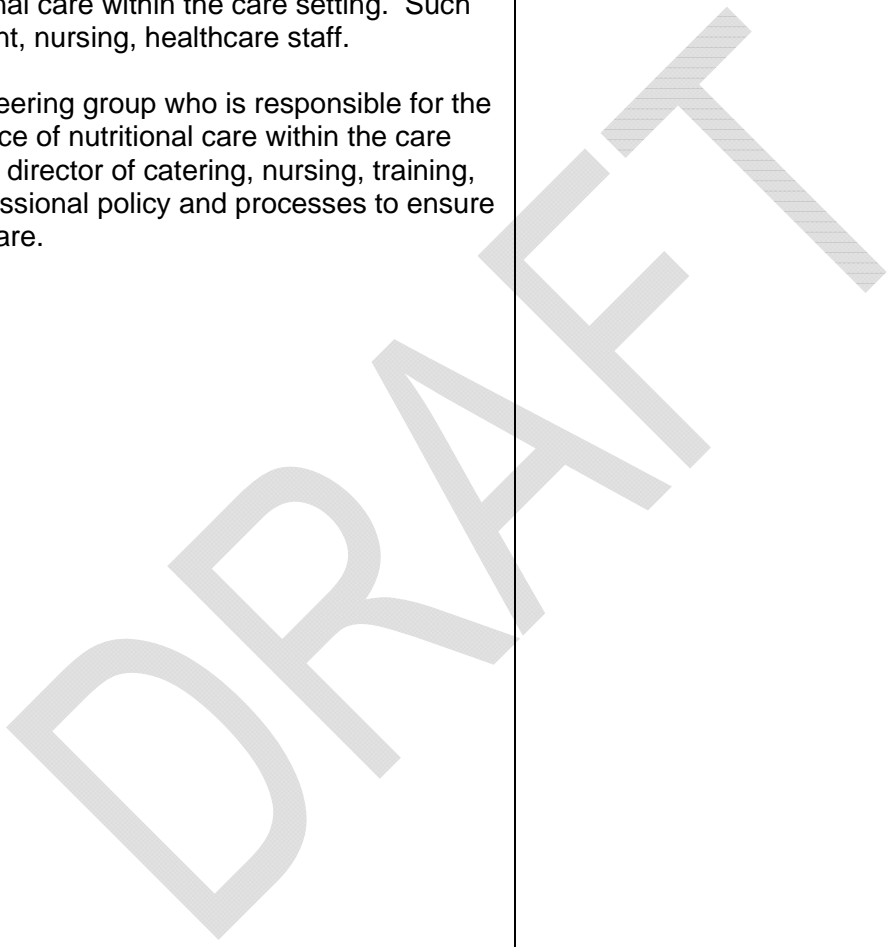
4	<p align="center">Care Planning Requirements</p> <p align="center">To ensure individuals who use services receive safe, appropriate, personalised care and support through a coordinated approach to assessment, planning and delivery</p>	<p align="center">Sources of evidence</p> <p align="center">Links to Outcomes 1, 2, 3, 4, 6</p>
4.1	<p>The Contractor has a comprehensive pre-admission assessment, which is carried out prior to any placement being made to the home.</p>	<p>0-40 registered beds - minimum of 6 individuals files checked 41-60 registered beds – minimum of 8 individuals files checked 61-80 registered beds – minimum of 10 individuals files checked 81+ registered beds – minimum 12 individuals files checked</p>
4.2	<p>A key worker is identified and a personal profile completed for each individual detailing history lifestyle, culture and any personal views to enable a holistic approach to care and support.</p>	<p>Date of admission of the individual and date of pre-admission assessment. Care file records, which include completed pre-admission assessments.</p>
4.3	<p>An assessment of need is completed within 48 hours of admission, plans of care implemented within 72 hours, which promote dignity, are person centered, flexible, reviewed monthly for effectiveness, changed, and updated if needs dictate.</p> <p>Taking into account the following areas: (as minimum)</p> <ul style="list-style-type: none"> • Physical • Mental • Social • Emotional • Cultural preferences 	<p>Care files will include named key worker. Evidence of personal profiles detailing history lifestyle, culture and any personal views.</p> <p>Evidence of assessment of need completed within 24 hours of admission date. Evidence of care planning completed within 2 days of admission date are in place for the areas indentified as a minimum and reviewed monthly or as needs change.</p>
4.4	<p>Any risk is managed through an effective risk assessment process. Taking into account the following areas (as minimum)</p> <ul style="list-style-type: none"> • Skin integrity • Nutritional Status 	<p>Evidence risk assessments are in place for the areas identified as a minimum and are reviewed monthly or as needs change.</p>

4.5	<ul style="list-style-type: none">• Moving and Handling• Falls and accident prevention <p>Care files are case tracked and quality monitored by the Manager / Regional Manager on a minimum monthly</p>	<p>Evidence of the care file audits, actions and progress, to include when actions have been completed and signed off with staff members signature</p>
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5	Nutrition To ensure individuals who use services are supported to have appropriate and adequate nutrition and hydration	Sources of Evidence Links to Outcomes 3
5.1	<p>The Contractor will have a nutrition and hydration policy and supporting procedures in place, which will incorporate dietary assessment and the identification and treatment of undernutrition using the Focus on Undernutrition layout of 'Malnutrition Universal Screening Tool' ('MUST').</p>	<p>Year 1 - The Contractor to provide a Focus on Undernutrition Certificate and letter detailing the outcome of the FOU annual review survey issued in the last 12 months.</p> <p>Year 2 -> The Contractor has had a Focus on Undernutrition Certificate re-issued on the annual review date.</p>
5.2	<p>On admission and monthly thereafter (or as specified by the outcome of the assessment), the individual will be screened for their risk of undernutrition, using the Focus on Undernutrition layout of 'Malnutrition Universal Screening Tool' ('MUST').</p>	<p>Contractor can provide evidence of the outcome of the Focus on Undernutrition menu cycle review.</p>
5.3	<p>On admission and annually thereafter, (or as a change in need dictates) the Individual will have a dietary assessment completed, which incorporates special dietary needs, assistance eating, hydration, and oral health.</p>	
5.4	<p>Where an Individual is deemed at risk of undernutrition an individual support plan will be drawn up and reviewed on a monthly basis as a minimum. If the patient is referred to the dietician or GP, the support plan is updated to include their advice.</p>	
5.5	<p>If an Individual's nutritional intake requires monitoring the documentation clearly indicates portion sizes/amounts and types of food and fluids offered to and consumed by the Individual.</p>	

5.6	The Contractor will follow local guidance for the treatment of undernutrition, using food as first line intervention.	
5.7	The Contractor will follow local guidance for the use and monitoring of prescribed oral nutritional supplements and referral to a registered dietician.	
5.8	All new Healthcare and Catering staff will receive induction training on nutrition and hydration, which includes an overview of undernutrition within 12 weeks of starting their role	
5.9	The Manager, Deputy Manager, and Senior Care Staff will receive training on the identification and treatment of undernutrition within 6 months of starting their job.	
5.10	The Catering Staff (Chef/Cook and Assistant Chef/Cook) will receive training on menu planning and special diets for older people in care homes within 12 months of starting their job.	
5.11	The Contractor will ensure that a nutritionally balanced menu cycle is provided that ensures a choice of suitable nutritious food and drink is offered in sufficient quantities to individuals. Evidence is provided that the menu cycle is nutritionally balanced.	
5.12	The provision of soft/pureed meals, snacks, and/or thickened fluids should be nutritionally balanced, presented in a safe consistency in line with national descriptors, which is served in an appetising way.	

5.13	The Contractor has a multi-professional approach to the delivery of good nutritional care within the care setting. Such as catering, management, nursing, healthcare staff.	
5.14	The Contractor has a steering group who is responsible for the management, governance of nutritional care within the care setting. This may be the director of catering, nursing, training, who develop multi-professional policy and processes to ensure high quality nutritional care.	

6	<p style="text-align: center;">Medication</p> <p>To ensure medication is managed using safe appropriate arrangements.</p>	<p style="text-align: center;">Sources of evidence Links to Outcomes 1,5,6,7</p>
6.1	<p>The Contractor has a clear policy and procedure in place which is specific to the system used, covering legal and statutory requirements in relation to the management of medication, which are followed in practice, and which covers the following;</p> <ul style="list-style-type: none"> • Obtaining medication • Safe storage of medication • Stock control • Prescribing and dispensing of medication • Preparation of medication • Administration • Monitoring and disposal of drugs including controlled drugs and out of date medication • self administration of medication which includes a risk assessment, on the capacity and capability of the individual to self administer, and there are facilities within the Individual's room to safely store the medication 	<p>Evidence that the policy and procedure covers the 8 requirements identified.</p> <p>List of individuals who self-administer medications. Completed risk assessments for individuals who self administer that are reviewed monthly or when needs change Storage facilities</p>
6.2	<p>There is evidence on Individual files that medication is reviewed every six months.</p>	<p>Evidence of medication reviews signed and dated by relevant health care professional.(???)GP)</p>
6.3	<p>Medication administration records have a clear dated photograph of the Individual, which includes name, and date of birth.</p>	<p>Administration records.</p>
6.4	<p>There is a list of all staff responsible for the administration of medication, and all of those staff have received training in The Safe Handling of Medication</p>	<p>List of staff responsible for administration of medicines which corresponds with the MAR</p>

6.5	Following training on Safe Handling of Medicines, the Contractor must be able to demonstrate that the care worker is sufficiently competent in medication administration before being allowed to give out medication.	Training records of staff responsible for administration of medicines Staff rota for the previous 4 weeks to evidence that a trained member of staff is on duty at all times. Evidence of medication administration competency checks following training and on a 6 monthly basis as minimum.
6.6	<p>Up for discussion, not sure re EMI homes only or all homes, what would the training look like, ie accredited</p> <p>Staff (Senior Care staff and Managers) are trained in the use of antipsychotic drugs and can confirm they are aware of the potential side affects, and that individuals need to be regularly reviewed to ensure they are on the most appropriate medication.</p> <p>Or /and</p>	List of staff that are responsible for administration of medicines. Training records of staff who are responsible for administration of medicines
6.7	Where individuals are prescribed antipsychotic drugs, a care plan, which is reviewed monthly as minimum, is in place to ensure staff are aware of how to manage the administration of the drug.	Care plan with monthly review as minimum
6.8	The Contractor has a policy and procedure in place for the auditing of medication administration to be carried out on a 3 monthly basis, and can provide evidence of the outcome of the medication audits.	Evidence of 3 monthly medication audits, with evidence that findings are actioned reviewed and signed off by responsible person.

7	Safeguarding/Whistleblowing & Deprivation of Liberty To ensure Individuals who use services are protected from the risk of abuse, abuse and have their human rights are upheld	Sources of evidence Links to Outcomes 1,4,5,7
7.1	The Contractor will ensure all staff have received training in Safeguarding Adults Level 1 training, as a minimum.	0-40 registered beds - minimum of 6 staff files checked 41-60 registered beds – minimum of 8 staff files checked 61-80 registered beds – minimum of 10 staff files checked 81+ registered beds – minimum 12 staff files checked
7.2	The Manager, Deputy Manager, and Senior Care staff have received Level 2 Safeguarding Training regarding how to manage a safeguarding alert.	Training records, certificates
7.3	The Contractor provides all individuals, families/carers with information on how to raise concerns of abuse.	Evidence of how this information is cascaded to individuals, families, and carers.
7.4	Contractor can provide evidence that each care file contains a threshold document provided by the Council, which is completed as and when required.	0-40 registered beds - minimum of 6 individuals files checked 41-60 registered beds – minimum of 8 individuals files checked 61-80 registered beds – minimum of 10 individuals files checked 81+ registered beds – minimum 12 individuals files checked
7.5	The Contractor will ensure all staff have received training on the Mental Capacity Act 2005, which includes Deprivation of Liberty Safeguards, at a level that is appropriate to their role within the Care Home.	Training records, certificates
7.6	The Contractor can demonstrate that all incident reports have been sent to CQC – these include <ul style="list-style-type: none"> • All incident reports • All safeguarding alerts 	Incident reports/safeguarding alerts

8	<p style="text-align: center;">Health and Safety</p> <p style="text-align: center;">To ensure individuals who use services, and staff are protected against the risk of unsafe or unsuitable practice/premises/equipment</p>	<p style="text-align: center;">Sources of evidence</p> <p style="text-align: center;">Links to Outcomes 1,3,4,5,7</p>
8.1	<p>The Contractor shall ensure the home has in place risk assessments which are carried out by qualified persons, are in date and are reviewed to cover:</p> <ul style="list-style-type: none"> • COSHH • Legionella • Asbestos • Fire • Infection Control 	<p>Evidence risk assessments and management plans are in place for the areas identified as a minimum and are reviewed within timescales set out in the risk assessment or as legislation advises.</p>
8.2	<p>The Contractor must have in place action plans specific to:</p> <ul style="list-style-type: none"> • Heat wave • Cold Weather • Business Continuity 	<p>Evidence that overall action plans are in place and specific care plans for those individuals who are at risk are in place, reviewed and tested to cover areas identified</p>
8.3	<p>The Contractor must have an overall training matrix to demonstrate that all staff receives mandatory training within 4 weeks of employment, which is updated in accordance with the homes policy.</p> <ul style="list-style-type: none"> • Health and Safety (which includes fire safety) • Moving and Handling, to include the use of specific equipment • Food hygiene • Safeguarding Vulnerable Adults • Heat wave awareness 	<p>List of staff Evidence of training matrix. Evidence of training carried out pertinent to start date</p>

8.4	The Contractor must have a premises inspection report, which includes statutory checks for electric, gas, water, environmental health check, service records for hoisting equipment	Evidence of premises inspection reports, actions and progress records.
8.5	1 member of staff qualified in 1st Aid on duty at all times and who is identifiable from staff rotas.	List of qualified 1 st aiders and certificates. Previous 4 weeks staff rota covering both days and nights.

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9	Monitoring and Quality of Service	Sources of evidence Links to Outcomes 1,2,3,4,5,6,7,8
9.1	<p>The Contractor has a quality assurance scheme in place and can demonstrate that there is a continual process of service improvements. Information on the quality of service provision includes;</p> <ul style="list-style-type: none"> • Feedback from individuals and families/friends • Audits • Incidents and accidents • Investigations into staff misconduct • Comments, complaints • Feedback from stakeholders • Lessons learnt from safeguarding 	<p>Evidence that a Quality Assurance Scheme is in place and used as a tool for continuous improvement, which is reviewed, actions set and progress documented.</p>
9.2	<p>The Contractor has in place policies and procedures that cover the following:</p> <ul style="list-style-type: none"> • Recruitment and Selection • Staff Development • Admission • Safeguarding • Mental Capacity Act and Deprivation of Liberty Safeguards • Whistleblowing • Health and Safety 	<p>Policies and procedures</p>
9.3	<p>The Contractor completes the national minimum dataset</p>	<p>Evidence of use of dataset</p>
9.4	<p>Requirements from CQC inspections have been actioned within timescales.</p>	<p>Copy of last inspection report Evidence of action plans documenting review and progress made</p>

10	Clean and Safe Environment	Sources of evidence Links to Outcomes 1,2,3,5
10.1	The Manager will ensure an effective staff induction programme is in place for staff that are responsible for the cleaning and laundry within the home.	Training records, induction programme, certificates
10.2	Ancillary Staff, to include domestic, laundry, catering, and maintenance personnel must receive recorded supervision on a bi-monthly basis, and an annual appraisal, which is signed by both parties.	Signatures and dates from both parties to confirm supervision/appraisal was carried out. Where this was not carried out reasons to be documented.
10.3	The premises for the service are clean, tidy and free from unpleasant odours and non-institutional	Olfactory / visual Audit records
10.4	<p>The Contractor has a cleaning plan in place for the whole building to:</p> <ul style="list-style-type: none"> • Identify the cleaning requirements of the facilities • Set out and implement a plan that meets those cleaning requirements • Identify and allocate responsibilities and resources efficiently and effectively • Set out and implement a process by which this organisation can monitor progress • Audit records will be completed on a monthly basis 	Cleaning plan Records of audits, reviews, actions, progress
10.5	The Manager will ensure that all furnishings, bedding and towels are available in sufficient quantities and of good quality.	Visual Audit records Ordering records