Appendix 2

SCHEDULE 1 - SERVICE SPECIFICATION

1. Introduction & Overview

This Service Specification relates to the provision of Care Homes for Older People [aged 55 and over] who need Residential, NHS Funded Nursing Care or Continuing Healthcare and support across the Cardiff and Vale of Glamorgan region.

1.2 It describes the key features of the Service being purchased, and is subject to the Contract Agreement for Care Home Accommodation Functions ("the Contract").

1.3 The purpose of the Service is to provide accommodation, care, support and stimulation to those people who can no longer live in their own homes or who require short term care. The Service Purchaser wishes to work in partnership with the Service Provider to deliver high quality, safe and sustainable care and accommodation that maximises the use of available resources via effective relationships.

1.4 The Service Purchaser, in partnership with the people supported in care homes, their family / informal carers, and wishes to move toward an outcome based approach to the purchase and provision of the Service and this Specification reflects that direction of travel. This Specification sets out Outcomes at a service and individual level, which the Service Purchaser requires (and is itself held accountable for) under the Contract. The Outcomes are intended to be consistent with the statutory requirements that the Service Provider has to meet. Each Outcome has one or more Indicators or inputs that are not contractual requirements (except where the Contract elsewhere requires this, for instance under Regulations).

1.5 These Indicators, and the respective contributions from the Service Provider, Service Purchaser and the person (or their family, or representatives, as appropriate) – are set out to show providers which areas and evidence the Service Purchaser will consider during the contract monitoring process

Autonomy, Choice, Control, Dignity and Respect.				
Required Outcome		**Provider**	**Commissioner**	**Person/Family or Person's Representative**
OUTCOME 1 • **Service Outcome:** A person's care is planned to promote independence as far as their physical and emotional health and wellbeing enables them. • **Individual Outcome:** Each person can be confident that they will be treated with dignity and respect and supported to make informed choices in relation to their lifestyle, care and support.				
1.1	People, or the person who has responsibility for making decisions are given information and appropriate support that enables them to choose their care home, and to have assurances that their choices and preferences can be supported as far as practical.	Copy of the statement of purpose and information on advocacy services is made available to the person or representative where applicable. Carry out a pre admission assessment, together with the person identifying healthcare and social/personal needs. Confirm overall needs can be met for the person.	Provide the person with information of care homes. Provider receives a copy of the care plan.	Chose a care home and where possible visit the care home prior to admission. Share information about themselves with the provider. Review information about the home, including collated information from family feedback questionnaires.
1.2	People who lack capacity to make a decision about their place of care have had a Mental Capacity Assessment (MCA) and Best Interest (BI) decision specific to a care home placement.	DoLS application is made on admission and confirmed to the commissioner. Timely reapplications are made prior to expiry of an existing authorisation. Compliance with DoLS conditions.	Commissioners make care home aware of the requirement for DoLS. Ensure MCA and BI have been carried out prior to agreeing placement.	Family/representative involvement in the MCA and BI decisions.

			Ensure DoLS authorisation is in place/applied for prior to transfer to a care home. Nurse Assessor/Social Worker reviews compliance when undertaking a review.	
1.3	People are treated with the understanding that they have the right to be who they are, and protect their characteristics in line with the Equality Act, to be understood, considered and recognized as an individual, and are therefore supported to be involved in their assessment and how they would like their needs provided.	Personal profiles, including social history in place and agreed by the person/family/representative. People, are involved in decisions about their care. Care plans and risk assessments are monitored and reviewed.	Review according to all appropriate legislation and guidance.	Provide information about what matters to me and 'who I am'. Included in assessment and review process.
1.4	People have access to appropriate advocacy services that may include the following – • Independent Professional paid Advocacy • Peer advocacy • IMCA/IMHA • Citizens advocacy	Provide information, and facilitate access to independent professional advocacy and have discussion with appropriate professional about referral	Advocacy services are readily available and delivered in confidence IMCA for decisions defined in the MCA Provide information on advocacy services to the provider	Families/friends to support where requested and appropriate

OUTCOME 2

- **Service Outcome:** People are supported in the transition and adjustment to living in a care home environment.
- **Individual Outcome:** People have a well-planned transition into the Care Home.

Required Outcome		Provider	Commissioner	Person/Family or Person's Representative
2.1	People have a planned, seamless transition between their home or hospital and the Care Home.	All service users receive a Guide and/or Welcome Pack Information e.g. care plans are provided in formats accessible to individuals with different communication needs and clearly identifies what matters to them.	An agreement detailing what the service provides, any payable charges and their rights and responsibilities	Agree to the care home terms and conditions
2.2	People have personal items in their rooms.	Facilitate at admission where appropriate.		Own personal belongings chosen for own room.
2.3	Practical support is provided to enable people to be supported to maintain personal community links.	Understand a person's choices to access community activities, supporting group activities where practicable. Support people to make their own arrangements. Recognition of the spiritual and religious dimensions of care.		Express their choices Families/representatives support the person to optimise control Families/representative support activities outside the care home.

		Risk assessments in place where appropriate. Expectations are managed.		Personal arrangements made to access community activities. Limitations acknowledged.
2.4	People are supported to optimise control over their lives by being able to make choices; their voices are heard and their rights upheld.	People's experience is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, emotional and general wellbeing needs. Provider will use observations and experience to make decisions that support choice		Residents are involved in decisions and are able to make their own choices e.g. refurbishment and décor; television programmes.

OUTCOME 3

- **Service Outcome:** People are empowered to describe their experiences to those who provide their care.
- **Individual Outcome:** People can be confident that they will be supported and encouraged to make decisions about their care delivery and the care home environment and share those with care staff.

Required Outcome		**Provider**	**Commissioner**	**Person/Family or Person's Representative**
3.1	People are enabled to express their experiences of living in the care home. Where people have cognitive or sensory deficits	Collate information as a customer satisfaction report from Feedback questionnaires.	Record experiences through direct observation, reviews and monitoring processes.	Providing feedback of experiences.

	different ways of communication are used to assist them to share experiences.	Resident/family meetings. Alternative communication approaches used for people with difficulty communicating. Demonstrate how responses to experiences improves services. Regularly enable access to advocates. Use of the persons chosen language or interpreters.	Support with advocacy or interpreter's	

OUTCOME 4

- **Service Outcome:** People are treated with dignity, respect, compassion and kindness and individual choice is protected at all times.
- **Individual Outcome:** People can be confident that they will be listened to and be supported by a service that values diversity and has a genuine focus on person centred care, support and review.

Required Outcome		**Provider**	**Commissioner**	**Person/Family or Person's Representative**
4.1	People are addressed by their preferred name.	Evidence that people are asked how they wish to be addressed.	Persons preferred name identified in care and support plan	To be fully involved in the care planning process wherever possible

		Person Centred documentation available which reflects the person's choice and explains who the person is.		
4.2	People's self-esteem is promoted by being assisted to be clean, wear their own clothing and be well presented at all times. People live in a clean environment are listened to and given choices.	Provider can demonstrate systems in place to support this outcome Personal choices are incorporated into planning documents and care.		To be fully involved in the care planning process wherever possible Making use of independent advocacy to access funds in difficulty The person or family or representative maintain provision of appropriate clothing
4.3	People summoning help have their care responded to in a timely way to prevent risk of incidents that impact upon their dignity.	People are assessed on their ability to use a call bell where appropriate and other assisted technology where they cannot. Alarms are accessible to people who can call for assistance at all times. Call bell response times to be monitored.		People aware of how to call for assistance.
4.4	People are assisted to be comfortable and have pain managed as far as their condition allows.	Comfortable environment and equipment is available.		

		Staff continually assess pain assessments and interventions support people to be comfortable and/or refer to GP for assessment. Staff are supported to recognise signs of pain with appropriate pain tool assessments		
4.5	People are supported with continence care that is appropriate, discreet and promptly provided as necessary to take account of people's specific needs.	Support plans enable people to access toilet facilities in order to remain continent. Competent workforce to manage all types of catheters and other continence products. A continence nurse referral will be done for any resident with continence issues	Specialist support to share best practice in continence care that is underpinned by national guidance. Provide training and assess competence to insert catheters – male, female, and suprapubic. Assess and advise on specific continence support plans within care planning documents. Assess and provide incontinence products.	Person or family should satisfy themselves that appropriate continence care is in place
4.6	People's choices in how their care is provided must be respected	Residents requiring intimate personal care have this agreed and recorded in their individual care plan and provided	To ensure reflection in care and support plan	To be fully involved in the care planning process

		in a dignified way with their personal preferences respected. Care, treatment and decision making reflects best (evidence based) practice to ensure that people receive the right care and support to meet their individual needs.		
4.7	People are supported to spend their last days of life at the Home if that is their wish unless there is a medical reason why this should not happen.	Individual's wishes and preferences regarding end of life care and support are established as part of their assessment. Provider works closely and jointly with other agencies to provide end of life care and any palliative intervention. Residents' personal plan reflects advance statements and advance decision making including details of any legal lasting power of attorney for health and welfare.		Person or family encouraged to be involved in expressing their preferences
4.8	CCTV cameras must not be used in areas of the home used by people living there e.g. own rooms; bathrooms etc., except where there has been prior written multidisciplinary and lawful authorization.	If and when CCTV cameras are used in other areas of the home, residents and families' staff, and visitors are to be made aware of their use through signage and the Service Guide.		

OUTCOME 5

- **Service Outcome:** Personal information is handled appropriately and personal confidences are respected.
- **Individual Outcome:** People are confident that personal information will not be disclosed or shared without consent or lawful authority.

Required Outcome		Provider	Commissioner	Person/Family or Person's Representative
5.1	People receive personal information/correspondence in an appropriate manner and appropriate format as requested.	People receive their mail unopened unless otherwise requested (or in accordance with Best Interest Decision)	GDPR training is offered.	People confirm their preferred way to receive correspondence.

OUTCOME 6

- **Service Outcome:** People know how to safely make a complaint or comment, with confidence that it will be addressed appropriately.
- **Individual Outcome:** People are confident that they are aware of how to make a complaint or raise a concern and be reassured that it will be taken seriously and resolved with no adverse effect on the care they receive.

Required Outcome		Provider	Commissioner	Person/Family or Person's Representative
6.1	People are freely able to make a comment or complaint with the assurance that the issues will be managed in an appropriate manner	Complaints policy is freely available to people and their families. All complaints are fully investigated with outcomes clearly recorded within an audit document.		People are provided with a copy of the complaints procedure.

		Complaints audit available to inform the QA process. Provide information on advocacy services		

Staying Healthy - Protecting and Improving Health.				
OUTCOME 7 • **Service Outcome:** People are supported to have access to NHS and other services to maintain or improve their health and wellbeing • **Individual Outcome:** People can be confident that any existing or deteriorating health conditions or support requirements will be quickly recognised with the appropriate intervention provided and necessary referrals made in a timely way.				
	Required Outcome	**Provider**	**Commissioner**	**Person/Family or Person's Representative**
7.1	People are registered with a GP and are seen when there is an identified need.	Arrange registration and/or support person to register with GP.	Provide GP & enhanced service to care homes.	Choose GP where there is a choice.
7.2	People have timely referrals to healthcare professionals to address their health needs.	Evaluate care needs, identify risk and refer to GP or appropriate specialist service. The provider has an agreed process in place describing how to facilitate appointments.	Commissioner provides timely response to referral. Support the person to access essential services in situations of exceptional difficulty	Person is aware when a referral is made to a healthcare professional
7.3	People receive timely hospital admissions, and appointments according to need.	Assess on an individual basis whether an escort to hospital is required.	Ambulance or patient transport.	Families/representative support routine appointments or admissions where possible.
7.4	People have regular and immediate access, and support to access advocacy services and apropriate Adult and Healthcare Services.	The Provider works in partnership with other relevant professionals, families and agencies to assess and manage risk to residents.	Commissioners will support providers if necessary to facilitate or intervene when an issue requires escalation.	Families/representative support routine appointments.

7.5	People have access to public health, medication and immunisation programs.	Support programs, including carrying out vaccinations.	Implementation of immunisation programs. Ensure BI decisions are adhered to	The person can consent or decline if able, or a personal welfare LPA has the appropriate authority can consent or decline on their behalf If person is unable to consent, and no LPA is in place a BI decision is to be made

OUTCOME 8

- **Service Outcome:** People are supported to be healthy, safe, and happy and to have as active a life as possible taking into account all relevant circumstances.
- **Individual Outcome:** People can be confident that they will be supported to have a happy, safe and healthy lifestyle that take account of their interests, skills and abilities.

	Required Outcome	Provider	Commissioner	Person/Family or Person's Representative
8.1	People are encouraged to be active by taking appropriate exercis or recreational activity as far as their circumstances and resources allows.	Provision of activities based on the individual abilities of people.	Sharing Knowledge	Families/representatives to assist where possible and practicable.
8.2	Provision is made to support people access community functions and have their spiritual needs met.	Staff are aware of what is important to a person, support arrangements to be made.	Sharing knowledge	Families/representatives to assist where possible and practicable.
8.3	Risks are identified, monitored and where possible, reduced or prevented.	Positive risk enablement is evident.		Support positive risk taking

OUTCOME 9

- **Service Outcome:** Medication - People receive medication for the correct reason, the right medication at the right time, right dose and right route.
- **Individual Outcome:** People can be confident that their health conditions are supported appropriately and safely with the right medication at the right time.

	Required Outcome	Provider	Commissioner	Person/Family or Person's Representative
9.1	There is compliance with legislation, regulatory and professional guidance and local guidance for all aspects of medicines management.	Medication policy is compliant with NICE SC1. Audit of medication practice. Process for checking medication stock.	Prescribing & dispensing of medication. DATIX serious omissions and errors	
9.2	Staff administering medication are skilled, competent and fit to practice the safe administration of medicines, this includes services where non registrants have received training to administer medication.	Competent workforce to administer medication safely. The workforce has up to date training in medicines administration. Medication policy and procedures describes parameters for non-registrants to administer medication. Medication policy and procedures describes parameters for Covert Medication in line with UHB and NICE quality standards.	Provide advice and guidance as requested.	Engage with trained staff to support safe administration of medication. Consent to vaccination if the person is able; refusal must be respected. If the person lacks capacity to make this decision, only an attorney of a Lasting Power of Attorney (LPA)/Deputy with the appropriate authority:- consent to care or treatment on persons behalf, or if a valid and applicable

		Training programme and competency framework conforms to legislation and All Wales Pharmacy Society guidelines. Registered Nurses adherence to their role in delegation medications administration.		Advance Decision to Refuse Treatmentit must be complied with. If there is no applicable LPA/Deputy or ADRT, undertake a best interest's decision.
9.3	Adverse medication reactions are reported	Reporting, actions and learning.	Review and learning outcomes report.	
9.4	Medication related incidents are reported and investigated	Incident reporting, actions and learning.	Review incidents and learning outcomes	
9.5	People have medications reviewed to ensure that medications prescribed are appropriate.	Referrals to GP for medication reviews as required.	Appropriate and timely medication reviews by GPs as required. If there is a pharmacy enhanced service, reviews will independently be carried out as part of the agreement. Review of antipsychotic medication.	

OUTCOME 10

- **Service Outcome:** Evidence based professional recommendations are followed for the prevention and treatment of pressure ulcers.
- **Individual Outcome:** People can be confident that any pressure areas or skin integrity issues they have will be managed appropriately and effectively.

	Required Outcome	Provider	Commissioner	Person/Family or Person's Representative
10.1	People are assessed for risk of pressure and tissue damage. Treatment plans are in place, consistent with best practice guidelines, and are regularly reviewed.	Policy and procedure in place. QA in place to monitor adherence to best practice standards for prevention. Implementation of identified actions. Skilled and competent workforce understand factors that affect healthy skin.	Disseminate Patient information leaflet Provide training to homes	Read and understand Patient information leaflet Understand interventions to prevent damage to skin and have an awareness of any risk factors for developing a pressure area.
10.2	People are provided with appropriate pressure relieving equipment to reduce risks of pressure and tissue damage.	Inventory of equipment available detailing the specification of risk. Processes in place to monitor appropriate use of equipment. Regularly review assessed need.	Guidance of specialist equipment for people at high risk. Audit practice and performance.	
10.3	People who have the ability to understand their risk factors for developing a pressure	Make information available.	Review evidence of risk factors	People receive information to make informed decisions.

	ulcer are provided with information that advises the appropriate care required.	Record incidents where a person declines preventative intervention.		
10.4	Deteriorating wounds or wounds difficult to heal are referred to a Tissue Viability Nurse (TVN), heels to a TV Podiatrist for advice.	Timely referrals to tissue viability specialists. Timely reporting to commissioners. Body maps and wound describes the wound state. Wounds are photographed (with consent of the person). Skin assessment tool of choice is used.	Monitoring of incidents and trends.	
10.5	All pressure ulcers are reported. Root Cause Analysis (RCA) for a category 3, 4 and unstageable to identify if the pressure ulcer is avoidable/ unavoidable. Lessons learnt identified and quality improvement plan evidenced.	Pressure ulcers of all categories are reported. For FNC or CHC residents :-complete Root Cause Analysis investigation for a category 3, 4 and unstageable to identify if the pressure ulcer is avoidable/ unavoidable.	Review RCA with provider. SI reports to Welsh Government in line with recommendations of Flynn Report: In Search of Accountability.	

Required Outcome		Provider	Commissioner	Person/Family or Person's Representative
OUTCOME 11 • **Service Outcome:** Effective infection prevention and control (IPC) is part of daily practice and based on the best available evidence so that people are protected from contracting preventable infections • **Individual Outcome:** People can be confident that they will not unnecessarily contract a preventable infection whilst being provided with their care and support				
11.1	A process is in place to minimize the risk of harm and infection.	Infection, Prevention and Control Policy and procedures are in place that are compliant with legislation and guidance on IPC. All staff have received the relevant training and understand the procedures. Staff are trained in ANTT Hand care policy is in place. Alcohol hand sanitisers are available. Support people to maintain high standards of hygiene.	Advice and guidance from Infection, Prevention and Control Teams and Public Health. Review of audits and trends of infection. Provide ANTT training	
11.2	Outbreaks of reportable conditions are made to public and environmental health, and isolation procedures initiated where it is required.	Adherence to the organization's policy and procedure for infection control.	Review of audits and trends of infection.	Aware of any outbreaks and infection control procedures that are necessary to prevent transmission of infection.

		Staff understanding of basic infection, prevention and control principles and infection control procedures for any specific outbreaks. Staff compliant with up to date training. Provision of PPE.		
11.3	Environments are clean at all times and high standards of hygiene are in place. Proper arrangement are in place for the segregation, handling, transportation and disposal of bodily waste.	Staff actively follow infection control procedures during transmissions, interventions, transporting and disposing contaminated products. Adherence to infection, prevention and control procedures. Disposal agreement is in place	Observations. Share best practice and changes to Infection, Prevention and Control procedures	
11.4	Appropriate arrangements are in place following standard precautions for cleaning and decontamination of equipment.	Cleaning policy and schedule in place. Audit record of cleaning schedule Suitable and sustainable process of decontamination of equipment.		

Individual Wellbeing				
OUTCOME 12 • **Service Outcome:** Safeguarding – People are safe and protected from abuse, neglect and inappropriate care. • **Individual Outcome:** People are confident that their care and support needs are met and they are safe within their care home environment.				
	Required Outcome	**Provider**	**Commissioner**	**Person/Family or Person's Representative**
12.1	Safeguarding policy and procedures are in place and the workforce understands their roles and responsibilities to protect people from harm and report incidents of abuse as a Duty to Report (DTR) to the local safeguarding team.	Conforms to legislation and guidance. Demonstrates knowledge of safeguarding and identification of risk. Reporting incidents, working in partnership with multi agencies. Timely reporting of concerns. Effective multiagency working and co-operation between provider and commissioners. Participate and provide evidence/documentation as requested including participation in Adult Practice reviews.	Monitoring incidents, trends and actions taken to safeguard. Provide advice, guidance and support. Review safeguarding referrals and engagement in safeguarding strategy meetings and undertaking investigations. Adhere to Safeguarding Vulnerable Adults Policy and procedures to ensure and promote effective multi-agency working.	Understanding how to make concerns known.

		Facilitate access to independent advocacy/support where appropriate		
12.2	The workforce has received up to date training in safeguarding adults at risk of abuse and understand their individual roles and responsibilities for reporting abuse.	Training and support for staff. Whistleblowing policy in place.	Routine Safeguarding training arranged and provided	Understand safeguarding and how to make a referral.
12.3	Arrangements are in place to assess people at risk to themselves or others to prevent, or minimize unnecessary or potential harm.	Identify risk and actions through audit processes. Arrangements in place to respond effectively to a person/s, changing circumstances and regularly review to maintain safety. Maintain records to evidence risk, supporting the need for 1:1 care and referrals to the HB.	Respond to provider referral where 1:1 has been initiated. Review evidence. Regular review of 1:1. Audit QA processes of practice and performance.	Involvement in assessment and decisions taken.
12.4	Concordance with the application of the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DOLS) statutory frameworks to deliver care and protect people from being deprived of their rights.	Processes in place to comply with frameworks to ensure people are not deprived of their liberty. For those who are subject to DOLs the least restrictive care plan is supported Training provided for the workforce to understand the MCA and DOLS frameworks.	Audit and monitoring of adherence to the frameworks. Note revision of practice to be implemented with new Liberty Protection Standards	People understand their rights. Fulfil RPR role if appointed.

		Conditions attached to DOLS authorisations are addressed in a person's care plans.		
12.5	The use of assistive technology is used to facilitate the safety, health and wellbeing of the residents as well as promote independence where appropriate.	Assistive technology such as sensor mats be used to assist in care and support for residents where appropriate		
12.6	The home is a vibrant and engaging environment that provides the opportunity for individual residents to become part of a community which promotes a purpose in life	Person centered approach to care and support that encourages residents to be an active part of their home. Home environment is inviting and supportive to the need of the residents who live there The home promotes a supportive approach that enables residents to feel they are valued and have some purpose in life	Shares information	Families to provide personal items such as photos and soft furnishings which may be important to their loved ones.

OUTCOME 13

- **Service Outcome:** People are safe and protected in the environment in which they live.
- **Individual Outcome**: People can be confident that their personal and communal environment is homely and safe.

	Required Outcome	Provider	Commissioner	Person/Family or Person's Representative
13.1	The environment is free from hazards, clean, properly maintained, safe and	Well maintained environment.	Audit and monitoring.	

	properly equipped to protect from avoidable harm.	Environmental audit to identify equipment, fixtures, services that are defective. Damaged/unfit equipment is removed from the environment, and replaced as appropriate. Prompt referral to equipment provider if repair required.	Timely response to referrals.	
13.2	Safe keeping of medication and/or other valuables/personal items in individual's rooms.	Lockable cabinets are provided in individual's rooms. The Provider's public liability insurance will cover people's property for theft or damage		Residents will not be required to sign a waiver of liability.
13.3	Equipment is cleaned, properly maintained and stored safely.	Cleaning regime in place. Walkways and emergency exits are clear of furnishing/ equipment. Equipment is stored safely and securely. Equipment is serviced according to recommendation of manufacturer.	Audit and monitoring.	

13.4	Equipment not fit for purpose is safely disposed of (or returned to the commissioning authority that provided it, if applicable).	The provider makes appropriate arrangements for the safe and quick disposal (or return) of equipment that is no longer fit to be used or that is no longer required	Audit and monitoring	
OUTCOME 14 • **Service Outcome:** People have their risks of falls assessed and every effort is made to reduce the risk of a fall, reduce avoidable harm and disability. • **Individual Outcome:** People are confident that all necessary action is taken to ensure their risk of falling is minimized.				
	Required Outcome	**Provider**	**Commissioner**	**Person/Family or Person's Representative**
14.1	Falls history in place at the point of admission and regularly reviewed. (indicator of risk as indicated in NICE 2013 guidelines).	Staff have been provided with training to understand factors that predispose a person to falls. Referral to Falls Team, via GP if criteria met.	Support training programmes. Ensures referral process and contact details are disseminated Falls team to publish criteria.	
14.2	People's risk to safety are assessed in accordance with NICE guidelines and they have an individual plan which takes into account appropriate risk taking, e.g. to promote independence, dignity and choice.	People will have their risks assessed and interventions tailored to the individual management plan to minimize the risk to a person. Appropriate management strategies in place. People are reviewed following a fall and have an updated plan in place.	Falls rates monitored. Provision of training – falls strategy is being developed and falls support is under review.	

		Audit of falls, trends and action plans. Sensor alarms in place as assessed.		
14.3	Staff able to identify a non-injurious fall using an appropriate tool, e.g. I Stumble protocol.	Submit I Stumble data. Assesses appropriate equipment to assist a person from the floor.	Share Information Monitor use and compliance.	
14.4	People who have an unexplained or recurrent fall are referred to the falls services for a multifactorial assessment through the GP.	Identification of people who meet the criteria for referral to the localised falls service.	Professional refers to the falls service if considered appropriate.	

OUTCOME 15

- **Service Outcome:** People are supported with their nutrition and hydration needs to maintain a healthy intake for their wellbeing.
- **Individual Outcome:** People are confident that they are supported to eat and drink healthily, taking appropriate account of preferences and dietary needs.

	Required Outcome	Provider	Commissioner	Person/Family or Person's Representative
15.1	All staff have a good understanding of the importance of hydration and nutrition.	All staff are trained to understand the importance of hydration and nutrition and the implications of associated health conditions.	Support with training. Ensure compliance with agreed assessment tool	

15.2	People have their nutrition screened to identify if they are at risk or potentially at risk, using an accredited nutritional screening tool such as MUST.	QA process and audits for weight changes, correct calculation of MUST and its evaluation.	Support with training. Monitor and audit	
15.3	People have care plans, where appropriate, to meet their hydration and nutritional needs, including swallow difficulties.	QA process and audits of documentation including risk assessments for choking. Referrals to SLT/dietetic based on risk.	SLT /dietetic assessment and advice.	
15.4	Staff identify when people are at risk of malnutrition and dehydration and have care assessed and regularly reviewed.	Food first pathway and fortification of food. GP / Community Resource Team requested to make dietetic referral where nutrition is compromised. Administration of prescribed supplements.	Dietetic support and advice. Prescription of supplements.	

OUTCOME 16

- **Service Outcome:** People are provided with assistance and choice with meals and snacks.
- **Individual Outcome:** People can be confident that they have a choice of food they enjoy and are supported to eat and drink in a timely manner.

	Required Outcome	Provider	Commissioner	Person/Family or Person's Representative
16.1	There is a choice of beverages and food that meets the nutritional, therapeutic, religious and cultural needs of all to meet preferences as far as this is practical. A choice of beverages are available to people throughout the day and not confined to times that are task related.	Menus available people that encourages choice. Staff enable people to make choices. People are provided with alternative food choices and snacks where these are missed. Demonstrate fluids are available throughout the 24 hour period.		Express likes and dislikes.
16.2	People are supported to eat and drink where they have lost independence or require support and encouragement.	Staff identify people requiring support and are proactive in assisting. Specific needs related to eating and drinking are identified within care plans and risk assessments.		

		People are given a choice of where they eat. People are provided with alternative food choices and snacks where these are missed.		
16.3	People who receive diet and hydration though enteral routes have their needs carried out as prescribed and have their weight monitored.	Staff adhere to dietetic nutrition plans. Staff are trained to deliver enteral feeding if required in care home plans	Enteral feeds and equipment.	

OUTCOME 17

- **Service Outcome**: Equipment used within the care home environment or for the delivery of care is safe and effective.
- **Individual Outcome:** People can be confident that all equipment used to support their care is safe and well maintained.

	Required Outcome	Provider	Commissioner	Person/Family or Person's Representative
17.1	Services ensure the safe and effective procurement, use and maintenance of equipment.	Arrangements are in place to purchase, service, maintain, renew and replace equipment where appropriate. All equipment is: - • used, stored and maintained in line with the manufacturers' instructions; • Used for its intended purpose and solely for the resident it has been provided for	Advice from Occupational Therapists and other appropriate professionals on correct equipment and procedures.	
17.2	There is an inventory of equipment purchases that it is compliant with legislation guidance. Equipment has been serviced and is fit for use.	Range of hoisting equipment and slings. Non specialist equipment such as beds, bed rails, bed rail protectors, seating, wheelchairs, aids for mobility, sterilization machines, range of mattresses, including	Specialist beds for example bariatric, where indicated specialist mattresses, seating, airflow cushions, ceiling track hoists, person specific specialist slings, medical devices such as oxygen and concentrators, enteral feeding equipment.	

		airflow mattresses, airflow cushions. Servicing certificates available.	HB organises servicing for NHS funded equipment.	
17.3	Staff have been trained and are competent to use equipment required to provide care.	Evidence of a trained workforce and assessment of competence where required.	Demonstrate use of equipment provided for an individual person's use.	

Workforce, Leadership and Management				
OUTCOME 18 • **Service Outcome:** The home will be effectively and consistently managed by the responsible individual and suitably qualified managers in accordance with legislation, and any requirements made by the relevant regulator, SCW and/or the NMC. • **Individual Outcome:** People can be confident that their needs can be met by appropriately qualified, competent and experienced staff.				
	Required Outcome	**Provider**	**Commissioner**	**Person/Family or Person's Representative**
18.1	Pre admission/initial assessments identify that the totality of an individual's needs can be met.	Comprehensive pre admission assessments completed.	Review case notes.	
18.2	There is a skilled and competent workforce able to undertake assessments and identify needs for care planning.	Appropriate competent staff are responsible for assessment and care planning. Where this becomes a delegated function, appropriate training has been made available.	Review case notes.	
18.3	Care Records are accurate, up to date, complete, understandable and contemporaneous in accordance with the relevant and appropriate standards.	Appropriate competent staff evidence they have oversight of the delivery of care. All is reviewed and evaluated on a regular basis, taking into account any changing care needs.	Visiting professionals document visit outcomes in care home records where appropriate. In certain circumstances for example where safeguarding issues are raised or complex health	

			needs exist the commissioner may request additional support plan reviews.	
18.4	Documentation is person centered and outcome based.	A copy of the residents personal plan is readily available and in a format and language appropriate to the person's needs. All records are secure, up to date and in good order.		
18.5	Recommendations relating to care delivery or health and safety within the home are addressed in a timely manner.	Quality audits and action plans address identified areas for quality improvement.		
18.6	The workforce are appropriately recruited, trained, qualified and competent for the work they undertake.	Robust recruitment practices are in place. Induction process evidences that competency to deliver care has been assessed. Training needs analysis to take place in conjunction with supervisions.		
18.7	Staff understand their roles and responsibilities and to who they are accountable.	All staff have job descriptions.		

		Staff have training relevant to their role.		
18.8	Clarity of roles and responsibilities and lines of accountability between the Responsible Individual (RI) and Manager that is understood by staff.	Evidence of staff meetings where roles and responsibilities of the management team is discussed.		
18.9	Quality assurance processes are in place to audit the quality of the service delivered. Action plans are in place for areas requiring improvement.	QA report to be completed twice a year under RISCA and an annual review by the RI.	Review during monitoring period.	
OUTCOME 19 • **Service Outcome:** There are sufficient and appropriately trained staff to deliver care for people's assessed needs. • **Individual Outcome:** People can be confident that they are supported by staff who are able to meet their needs in a person centered way.				
	Required Outcome	**Provider**	**Commissioner**	**Person/Family or Person's Representative**
19.1	Staffing levels meet the needs of the people living in the care home.	People's dependency levels are assessed and evaluated on a regular basis.	Prepare for the implementation of the Nurse Staffing (Wales) Act 2016	
19.2	Staff are supervised and supported in the delivery of their role to ensure that they possess the appropriate skills, equipment and support to enable them to meet their responsibilities to a consistently high standard.	There is a robust structure to demonstrate that care delivery is overseen by the appropriate competent staff.		

OUTCOME 20

- **Service Outcome:** The quality of service provided is regularly assessed and monitored.
- **Individual Outcome:** People can be confident that the RI and managers of the home are appropriately aware of the quality of the service being provided and are able to determine any deficits during their quality audits.

	Required Outcome	Provider	Commissioner	Person/Family or Person's Representative
20.1	Audit processes are in place to assess adherence to the required standards of practice to maintain wellbeing and safety of people being cared for.	Robust audits are available to inform the QA process.	Review of audits.	

OUTCOME 21

- **Service Outcome –** documentation relating to all residents is suitable for the provision of safe and effective care and support
- **Individual Outcome –** People can be confident that documentation and record keeping that relates to their care and support will ensure their health, safety and well-being is maintained.

	Required Outcome	Provider	Commissioner	Person/Family or Person's Representative
21.1	Each individual has documentation that is person centered and supports their needs and requirements.	Providers to ensure that appropriate and timely completion of all documentation with dates and signatures included.	Commissioners to ensure the provider has all the necessary assessments to ensure the completion of effective support and management plans.	

21.2	All documentation must be current and reviewed in line with any changes in the residents health and social care need.	Providers internal QA process to audit the completion of all documentation on a regular basis and identify and address and gaps/issues that become apparent.	Audit and monitoring	
21.3	All documentation and support plans must be reflective of any pertinent assessments and updated appropriately.			
21.4	All documentation must be signed and dated by the person completing it.			