

Home Name:	Radcliffe Manor House Care Home		
Provider:	The Trustees of Radcliffe Manor House		
Type:	Residential / Dementia		
Home Address:	52 Main Road		
	Radcliffe-on-Trent		
	Nottingham		
	NG12 2AD		
Home Manager:	Karen Squire (Registered with CQC)		
Date of Audit:	04 January 2017		
Quality Band:	5	Previous Band:	5

Summary of Audit Findings

Standard One	People who use the service experience person-centred care
We found the provider clearly met this standard. People who live in the care services receive person-centred care, which considers their choices and preferences. Care is provided in a positive risk taking environment, which supports people to make decisions regarding their care. For those people who lack capacity to make specific decisions, the service acts in the person's best interests.	
Standard Two	The lived experience of people who live in the care service
We found the provider clearly met this standard. People are supported by staff whom are respectful and dignified, and professional in their dealings. People are supported to maintain their individual routines. The care setting is suitable, safe and homely.	
Standard Three	People are protected from harm
We found the provider clearly met this standard. People are protected from abuse or the risk of abuse, including financial abuse and the safe handling of their medication. People live in an environment which is clean and hygienic, and they are protected from acquiring healthcare associated infections. People have access to suitable equipment, which is clean and well maintained.	
Standard Four	People who use services are supported by competent staff
We found the provider clearly met this standard. People are supported and cared for by sufficient numbers of staff who are suitably recruited and sufficiently inducted and trained to provide them with the knowledge, skills and experience to be competent and professional.	
Standard Five	Services are managed effectively
We found the provider clearly met this standard. People receive care through an effective and professionally managed service. The manager takes responsibility, is appropriately registered and accountable for their actions, and has an effective	

system for identifying, assessing and monitoring complaints and the quality of the service provision.

Recommendations

The following recommendations have been made to the Home Manager / Provider to support with the improvement of the quality of care.

Standard One
<ul style="list-style-type: none">• None identified.
Standard Two
<ul style="list-style-type: none">• Ensure the DNACPR agreements that require a review by the respective GP are completed.• Ensure end of life care specifics are obtained and recorded on the residents respective care plan.
Standard Three
<ul style="list-style-type: none">• None identified.
Standard Four
<ul style="list-style-type: none">• None identified.
Standard Five
<ul style="list-style-type: none">• None identified.

Standard One: People who use the service experience person-centred care

People who live in the care services receive person-centred care, which considers their choices and preferences. Care is provided in a positive risk taking environment, which supports people to make decisions regarding their care. For those people who lack capacity to make specific decisions, the service acts in the person's best interests.

1.1	Each service user has a personalised assessment and care / support plan that identifies, through inclusion, the patterns of daily living in relation to their assessed needs, individual's wishes, choices, goals and sets out how the support, care or treatment is delivered.	Clearly meets.
Recommendation		
<ul style="list-style-type: none"> • None identified. 		
Observed Evidence		
<p>We found that on the day of the visit we evidenced that the criteria were fully met. An example of what we found to make this judgement was: We found care plans to be a holistic plan of care. The care plans identified areas of support and actions were documented to address these. We found individual patterns of daily living were documented. For example, The Dementia outreach team had visited: DE on the 03/02/2016.</p> <p>This means each resident has a personalised assessment and care plan.</p>		

1.2	Care / support plans include identified areas of risk and detail how these will be managed and are reviewed, supporting service users to make informed choices.	Clearly meets.
Recommendation		
<ul style="list-style-type: none"> • None identified. 		
Observed Evidence		
<p>We found that on the day of the visit we evidenced that the criteria were fully met. An example of what we found to make this judgement was: Where a risk had been identified, there was a corresponding risk assessment.</p> <p>We found the risk assessments balanced safety with residents' right to make choices. We saw that consideration was given to the requirements of the Mental Capacity Act 2005 (MCA). For example, support with the implementation of falls risk assessment for: DE dated: 28/11/2016, linked to MCA capacity assessments and Best interests decisions. We also found that a Waterlow score based risk assessment had been</p>		

completed in relation to pressure area care, and this had been reviewed 28/11/2016 and 28/12/2016 which shows are within appropriate timescale's.

This means care plans include identified areas of risk and detail how these will be managed, and are in line with the requirements of the mental capacity act.

1.3	Service users and/or families / advocates are involved in the care / support planning process and are able to contribute their views, opinions and understanding. Where the service user lacks capacity to make decisions, the requirements of the Mental Capacity Act 2005 are met.	Clearly meets.
Recommendation		
<ul style="list-style-type: none"> • None identified. 		
Observed Evidence		
<p>We found that on the day of the visit we evidenced that the criteria were fully met. An example of what we found to make this judgement was: We spoke with residents regarding their involvement in their care. They said, "The care staff are attentive to my care needs" and "My rights and choices are respected by the carers".</p> <p>We observed staff involving residents in every aspect of their care. We found that for residents who lacked the capacity to make certain decisions, the requirements of the Mental Capacity Act 2005 (MCA) had been met. MCA assessments were decision specific. Relatives, social care professionals and healthcare professionals were consulted and contributed to best interest decisions. For example, Medication requirements and reviews of medication: GP reviewed medication for DE on 06/12/2016.</p> <p>This means residents and families are involved in the care planning process. Where the resident lacks capacity to make decisions, the requirements of the Mental Capacity Act 2005 are met.</p>		

Standard Two: The lived experience of people who live in the care service

People are supported by staff whom are respectful and dignified, and professional in their dealings. People are supported to maintain their individual routines. The care setting is suitable, safe and homely.

2.1	Staff always refer to, speak with and interact respectfully, supportively and in confidence with service users.	Clearly meets.
Recommendation		
<ul style="list-style-type: none"> • None identified. 		
Observed Evidence		
<p>We found that on the day of the visit we evidenced that the criteria were fully met. An example of what we found to make this judgement was: We spoke with residents regarding how they felt staff spoke and interacted with them. They said, “The carer’s are always kind to me”. We observed staff speaking respectfully with and about residents. When staff spoke to each other about residents, they did this respectfully and confidentially.</p> <p>We saw care staff assisting residents to the toilet, and we found they did this discretely without drawing too much attention to this. One resident said “The care staff are good and treat me as an equal”.</p> <p>This means staff always refer to, speak with and interact respectfully, supportively and in confidence with residents.</p>		

2.2	Service users are supported with dignity through individual stages of life, by staff respecting their choices and preferences.	Partially meets.
Recommendation		
<ul style="list-style-type: none"> • Ensure the DNACPR agreements that require a review by the respective GP are completed. • Ensure end of life care specifics are obtained and recorded on the residents respective care plan. 		
Observed Evidence		
<p>We found that on the day of the visit we evidenced that the criteria were partially met. An example of what we found to make this judgement was: We spoke with residents regarding whether they felt staff sufficiently understood older people. They said, “The staff tell me they have to do training” and “The carer’s do make me feel important”. We asked a relative whether they felt the staff were sufficiently confident to care for their family member in the latter years of their life. They told us they didn’t have any concerns about the care and service being provided.</p>		

We looked at training records and found that the staffing team had received training in End of life care (EOLC). We also found that a number of DNACPR agreements had been put in place and were correctly completed. We also found that there were some that required a review by the respective GP. We spoke with the management team at the home about this. The manager told us they were happy to contact the GP to generate reviews of these documents. We also found the staff had made good attempts to obtain end of life care specifics for residents. We also found that there is further work to do with this. We spoke with the manager about this.

This means residents are supported with dignity through individual stages of life, by staff respecting their choices and preferences. Manager to arrange reviews for DNACPR agreements, also to continue to ascertain residents likes, dislikes and preferences around end of life care specifics.

2.3	A live record of significant events in the life of each person is maintained, including the refusal of an aspect of the service. Staff recognise and maintain confidentiality in respect of information about service users. Accurate records relating to service users are completed in a timely way and stored in a safe place.	Clearly meets.
Recommendation		
<ul style="list-style-type: none"> • None identified. 		
Observed Evidence		
<p>We found that on the day of the visit we evidenced that the criteria were fully met. An example of what we found to make this judgement was: We spoke with residents regarding access to their care plans and whether they had involvement in the care planning process. They said, "I have been asked many times if I would like to contribute to my care plan" and "I do get given the chance to contribute".</p> <p>We asked a relative whether staff spoke about their family member in a confidential manner. They said, "They do". We also saw staff making sure they didn't leave confidential documentation out in the home for all to read. We saw care staff completing written records in the care workers office in private. We saw that daily running records are kept by the care staff in relation to all intervention provided to residents, this includes any significant events. For example, records seen show that one resident had told a care staff member that they didn't feel very well. We saw this was documented and a GP had visited to assess the situation. We saw evidence to support the GP's intervention.</p>		

This means a live record of significant events in the life of each person is maintained, including the refusal of an aspect of the service.

2.4	Service users are afforded a choice of suitable nutritious food and in sufficient amounts for their needs in accordance with their identified needs and wishes.	Clearly meets.
Recommendation		
<ul style="list-style-type: none"> • None identified. 		
Observed Evidence		
<p>We found that on the day of the visit we evidenced that the criteria were fully met. An example of what we found to make this judgement was: We spoke with residents regarding the quality and choice of food. They said, “The food is nice, there is always two choices at lunchtime”. We heard residents telling care staff they had enjoyed the meals provide at lunchtime.</p> <p>We observed the lunchtime meal and found this to be a relaxed and pleasant experience. Residents were given a choice of meal. Equipment was provided to support residents in remaining independent with eating and drinking. For example, plate guards if needed were available.</p> <p>One resident didn’t like their chose of meal. We saw the care worker immediately asking the resident what they would like instead. We found the care staff and kitchen staff were attentive to residents needs around their meals, by offering alternative meal options other the two highlighted as the daily choices. We saw recordings on care plans seen to support any allergies and special dietary needs. SALT Team and the dietician are involved where required.</p> <p>This means residents are afforded a choice of suitable nutritious food and in sufficient amounts for their needs in accordance with their identified needs and wishes. Care and kitchen staff had a good knowledge of resident’s special dietary requirements.</p>		

2.5	The accommodation is safe, comfortable, and suitable for the service delivery and promotes their well-being.	Clearly meets.
Recommendation		

- None identified.

Observed Evidence

We found that on the day of the visit we evidenced that the criteria were fully met. An example of what we found to make this judgement was: We spoke with residents regarding the decoration and facilities of the care home. We also asked them whether they felt there was sufficient lighting, space, heating and ventilation to meet their needs. They said, “The home is clean and well maintained” and “I like my bedroom, it’s warm and comfortable”. We spoke with one relative and they said “I find the manager’s here are responsive to any concerns we may have” and “There is a maintenance man, and he’s been doing lots of redecoration around the home”.

We found that a number of resident’s rooms had received new floor covering, and a plan of redecoration is being completed.

This means the accommodation is safe, comfortable, and suitable for the service delivery and promotes well-being.

Standard Three: People are protected from harm

People are protected from abuse or the risk of abuse, including financial abuse and the safe handling of their medication. People live in an environment which is clean and hygienic, and they are protected from acquiring healthcare associated infections. People have access to suitable equipment, which is clean and well maintained.

3.1	Service users are protected from abuse or risk of abuse and their human rights upheld through the effective operation of safeguarding arrangements, which identify and prevent abuse, respond appropriately if suspected and report in line with local and national requirements. Where the service user is subject to Deprivation of Liberty Safeguards, the requirements are met.	Clearly meets.
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Recommendation

- None identified.

Observed Evidence

We found that on the day of the visit we evidenced that the criteria were fully met. An example of what we found to make this judgement was: We looked at the safeguarding procedures and found this to be detailed and included the contact details for

Nottinghamshire County Council's adult safeguarding team. We spoke with staff regarding their understanding of adult safeguarding and found they knew what abuse is and how to report this, using the local reporting requirements.

We looked at their safeguarding records and found Nottinghamshire County Council's and the Care Quality Commission's procedures were appropriately followed. We spoke with staff and we found they had a good knowledge and understanding of the procedures. We looked at the records for any safeguarding referrals and found that these had been addressed and investigated appropriately by the provider.

This means residents are protected from abuse or risk of abuse.

3.2	Service users are protected from financial abuse.	Clearly meets.
Recommendation		
<ul style="list-style-type: none"> • None identified. 		
Observed Evidence		
<p>We found that on the day of the visit we evidenced that the criteria was fully met. An example of what we found to make this judgement was: We looked at the records of resident's money for five residents. We found appropriate systems were in place to safeguard residents from financial abuse.</p> <p>The records were accurate, understandable and correct against counted totals and recorded amounts. We also found that resident's monies are audited on a regular basis.</p> <p>This means residents are protected from financial abuse.</p>		

3.3	There are systems in place to ensure medication is obtained, stored, and administered, reviewed documented and disposed of effectively and safely.	Clearly meets.
Recommendation		
<ul style="list-style-type: none"> • None identified. 		
Observed Evidence		

We found that on the day of the visit we evidenced that the criteria was fully met. An example of what we found to make this judgement was: We looked at the care plans for two residents and found that these included consideration of the medication. We saw that where changes in medication had been made, care plans were updated accordingly. Care plans described how residents preferred to receive their medication, and our observations demonstrated this to be true. We looked at the provider's medication policies and procedures and found these were in line with best practice guidelines.

We found that where people were identified as lacking the mental capacity to make decisions regarding their medication, best interest decisions were appropriately completed by an appropriately qualified healthcare professional. We also found that any residents that are able to self-administer their medication are supported to do this.

This means there are systems in place to ensure medication is obtained, stored, and administered, reviewed documented and disposed of effectively and safely.

3.4	The prevention, detection and control of health associated infections are maintained through the effective operation of a system to assess risk and manage.	Clearly meets.
Recommendation		
<ul style="list-style-type: none"> • None identified. 		
Observed Evidence		
<p>We found that on the day of the visit we evidenced that the criteria was fully met. An example of what we found to make this judgement was: We spoke with residents regarding the cleanliness of their home. They said, "Cleaners are good" and "I have a clean room, they do this each day". We toured the care home and found hand washing facilities available in resident's rooms, bathrooms and toilets for staff.</p> <p>We found adequate supplies of liquid soap and paper towels for staff use. We looked at the laundry and found this to be clean and organised. We spoke with one staff member and asked them how the laundry processes worked. We found this staff member had a good understanding and knowledge of their work area. We looked at training records and found the majority of staff had received training in COSHH and Infection prevention and control.</p> <p>This means the prevention, detection and control of health associated infections are maintained through the effective operation of a system to assess risk and manage.</p>		

3.5	Equipment used is in accordance with assessed needs, suitable for its purpose, suitably cleaned and maintained and used correctly.	Clearly meets.
Recommendation		
<ul style="list-style-type: none"> • None identified. 		
Observed Evidence		
<p>We found that on the day of the visit we evidenced that the criteria was fully met. An example of what we found to make this judgement was: We looked at the records of equipment maintenance and found this had been performed regularly. We looked at equipment and found it to be clean, well-maintained and fit for purpose.</p> <p>We looked at the care plans of three residents and found consideration of their equipment needs had been recorded. Where equipment needs had been identified, these were reviewed monthly. The equipment identified in care plans matched that used by the resident. We looked at the provider's records of training and found the staffing team were trained in moving and handling. Staff competency was checked prior to assisting residents. Our observations identified that the staff undertaking support of residents with the use of equipment were competent and suitably trained.</p> <p>We looked at maintenance records and found that equipment was being regularly checked, cleaned and stored appropriately when not in use. We looked at a sample of walking frames and these were in good condition and fit for purpose. One resident told us they tended to prefer the electric bath hoist. We looked at this and found it to be well maintained. We also saw the Oxford hoist which had been checked 20/07/2016, with the next safety check being planned for July 2017. Records seen support this.</p> <p>This means equipment used is in accordance with assessed needs, suitable for its purpose, suitably cleaned and maintained and used correctly.</p>		

Standard Four: People who use services are supported by competent staff

People are supported and cared for by sufficient numbers of staff who are suitably recruited and sufficiently inducted and trained to provide them with the knowledge, skills and experience to be competent and professional.

4.1	Staff have the knowledge, experience, qualifications and skills to support the service users.	Clearly meets.
Recommendation		
<ul style="list-style-type: none"> None identified. 		
Observed Evidence		
<p>We found that on the day of the visit we evidenced that the criteria was fully met. An example of what we found to make this judgement was: Our observations of staff interactions with residents showed us that staff were confident, competent, friendly, kind, calm, respectful, responsive and supportive.</p> <p>We spoke with staff regarding their understanding of why they support residents. They said, "To make a difference for them". One care worker told us "My main priority are the residents care needs and residents safety".</p> <p>We looked at the provider's training records and found that staff were being checked they were competent in the training being provided. We looked at the care plan for a resident staff were supporting and found staff were following the instructions given in the care plan. For example, a social worker had visited a resident on: 13/12/2016 giving specific guidance for staff on how to manage an aspect of their care more effectively. We found this guidance was being followed.</p> <p>This means staff have the knowledge, experience, qualifications and skills to support the residents.</p>		

4.2	Structured supervision (6 times per year) and appraisal arrangements are in place for staff.	Clearly meets.
Recommendation		
<ul style="list-style-type: none"> None identified. 		
Observed Evidence		
<p>We found that on the day of the visit we evidenced that the criteria was fully met. An example of what we found to make this judgement was: We spoke with staff regarding the support they receive from the home manager. They told us they received formal supervision every 2 months.</p> <p>We looked at the provider's supervision plan and found this to be correct. We looked at the record of supervision for the last 12 months for three staff members and found</p>		

this matched the manager's supervision plan. We looked at the majority of staff had now received an annual appraisal. For example, KG: 27/01/2016, SW: 18/08/2016, HP: 14/06/2016 and MB: MB11/11/2016. We also looked at minutes form staff meetings held. For example, 20 September 2016 and 25 July 2016.

This means structured supervision (6 times per year) and appraisal arrangements are in place for staff.

4.3	Staffing levels for the service are determined and deployed according to people's assessed needs.	Clearly meets.
Recommendation		
<ul style="list-style-type: none"> • None identified. 		
Observed Evidence		
<p>We found that on the day of the visit we evidenced that the criteria was fully met. An example of what we found to make this judgement was: We spoke with residents and asked them whether they felt there were sufficient staff. They said, "I don't wait long for attention" and "There appears to be enough staff, they assist me with personal care" and "I would say there are plenty for everyone".</p> <p>We spoke with staff regarding the staff levels during day and weekend and they told us there are enough staff on duty. Our observations found there were sufficient staff. We looked at the four weeks staffing rotas, and found that the staff on shift at the time of this visit matched what was recorded on the staffing rotas. We looked at four care plans for residents and found that these contained completed dependency assessments.</p> <p>This means staffing levels for the service are determined and deployed according to people's assessed needs.</p>		

Standard Five: Services are managed effectively

People receive high quality care through an effective and professionally managed service. The provider/manager takes responsibility, is appropriately registered and accountable for their actions, and has an effective system for identifying, assessing and monitoring complaints and the quality of the service provision.

5.1	The service is registered for the appropriate regulated activities and managed by an experienced, suitably qualified manager who is registered with CQC and clinical lead, where relevant.	Clearly meets.
Recommendation		
<ul style="list-style-type: none"> None identified. 		
Observed Evidence		
<p>We found that on the day of the visit we evidenced that the criteria was fully met. An example of what we found to make this judgement was: We found that the home manager was registered with the CQC. We spoke with residents whether they knew who the home manager was and what they thought of the home manager. They said, "[manager's name] is the manager" and "I find her friendly" and "[manager's name] comes to see me most days".</p> <p>We looked at the registration document from the care quality commission (CQC) for this provider. We found that the service and manager were appropriately registered.</p> <p>This means the service is registered for the appropriate regulated activities and managed by an experienced, suitably qualified manager who is registered with CQC.</p>		
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5.2	There is an effective system for identifying, receiving, handling and responding to and learning from complaints.	Clearly meets.
Recommendation		
<ul style="list-style-type: none"> None identified. 		
Observed Evidence		
<p>We found that on the day of the visit we evidenced that the criteria was fully met. An example of what we found to make this judgement was: We spoke with residents whether they knew they would make complaints to or raise their concerns if they weren't happy with the care they received. They said, "I speak with the manager, and care staff" and "I have complained before and it's taken seriously". We looked at the provider's record of complaints and found all complaints had been recorded appropriately and actions taken.</p>		

We looked at the records of one complaint and found this had been taken seriously. We spoke with the home manager regarding how they used complaints to improve care practices. They told us we speak with staff and put measures in place to rectify the situation. We looked at supervision documentation and found this to be true.

This means there is an effective system for identifying, receiving, handling and responding to and learning from complaints.

5.3	There is an effective system for identifying, assessing, monitoring the quality of service delivery and risks to health, welfare and safety of service users.	Clearly meets.
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Recommendation

- None identified.

Observed Evidence

We found that on the day of the visit we evidenced that the criteria was fully met. An example of what we found to make this judgement was: We spoke with residents regarding whether they felt listened to. They said, "The staff's positive actions do reassure me". We looked at the resident's survey results for 2015 and found positive results in all areas assessed. The manager provided us with the sample completed questionnaires received back from residents and relatives in 2016. We found that the majority were favourable. The manager explained that the evaluation and results were in the process of being finalised.

We asked the provider to answer 5.3 they complied with our request. We received the following information which supports our findings at this visit today.

2016-17 Quality Audit

Question 5.3 – please provide a response below to the following question. Maximum of 1000 words.

There is an effective system for identifying, assessing, monitoring the quality of service of delivery and risks to health, welfare and safety of service users.

This Documentation relates to Radcliffe Manor House, Main Road, Radcliffe-on-Trent. The Document has been completed by Karen Squire. Radcliffe Manor House is a registered charity and is registered to provide accommodation and personal care for adults over the age of 65.

All service users have a care plan developed when they first come into the Home, this incorporates an assessment on admission, obtaining consent to share information and establishing how much involvement the service user wishes to have with writing and reviewing their care plan, a record of external practitioner visits, accident and incident record and as a minimum the following care plans and associated risk assessments: Fire safety and security, Personal hygiene and dressing, Communication and Orientation, Mobility and falls, Pressure area care, Continence care, Nutritional needs, Social needs and activities, Night time needs and Medication. Other care plans will be written as required. Once written the care plans are reviewed and evaluated at least once a month (and more often if required.) In addition to the care plans the care staff complete daily records both for documenting support required with day to day care needs and for activities and social events, and when required additional documentation such as food and fluid charts, positional change charts or hourly care charts. When necessary Capacity assessments are undertaken and best interest decisions made in line with the Home's Policy and Procedure. The full care plan document is audited on a monthly basis by a member of the Home's management team, this will then direct the senior care staff as to anything they need to amend/include or complete when they next review the care plan.

The senior care staff allocate care workers to look after specific service users and will check on a daily basis that the needs of the service users have been met in line with the service users care plan.

*Audits are completed by the management team as follows:
Weekly MAR and cream chart audit to ensure records are completed accurately, appropriate action is taken when required.*

*Monthly audits completed are:
A medication audit which incorporates a full count of r with infection control requirements and deep cleaning has taken place on a regular basis. The housekeeping, kitchen, laundry and night staff are required to maintain accurate records, these are retained in the audit files*

The information obtained from the audit process is used by the Home to evidence that we are meeting our regulatory requirements. This information is scrutinised by a member of the Charity's Management Committee who also speak to service users, visitors and staff as part of their monthly visits.

The Trustees are the registered provider and meet with the management committee on a monthly basis to steer the way forward for the Home and to address issues as required including those identified as a result of the Home's audits or the Regulation 10 visits. The Home's manager is present at these meetings and also has input into them.

During recent years the Home has made many improvements and this is evidenced by the Home receiving a “Good” rating with CQC after their inspection visit in May 2016 as well as maintaining a band 5 rating in the previous NCC Quality Audit.

Staff training and supervision is another essential area within the Home. A training matrix is used to ensure mandatory training is up to date for each member of staff. New staff are informed that successful completion of their probationary period is reliant on completion of training within their probationary period. In addition to mandatory training the Home has other training available to for care staff to complete on a non-mandatory basis. The Home also encourages staff to undertake a recognised qualifications including diplomas at level 2 or 3.

All staff receive regular group supervision meetings these are held in small groups for specific job roles and are used as a forum to discuss any ideas from staff, issues or concerns and for the management team to give direction and support to the staff groups and improve standards throughout the Home. The minutes of all meetings are displayed for staff to read.

Individual supervision meetings are held regularly with all staff members. This is an opportunity to discuss service delivery and expectations, training requirements, Health and Safety issues, care planning, record keeping and documentation, any absences/concerns about attendance and for the staff member to raise any issues in a confidential meeting. These meetings are documented and placed on staff files.

New members of staff receive an induction in to the Home, they are given a mentor to support and guide them and receive regular supervisions with their mentor and 3 direct observations of their work practice during their probationary period. Care staff who do not hold a recognised qualification are supported to complete the Care Certificate. The mentor will report any concerns to a member of the management team and if necessary the Home will look at additional measures required to support the new staff member.

The provider strongly believes that we are here to support our service users and that they are at the heart of everything we do. The Home has regular (3-4 times a year) residents’ meetings and separate relatives’ meetings, these are a forum to discuss issues within the Home and how we can improve our service. An annual survey is also sent out and the results used drive improvements to the service.

This means there is an effective system for identifying, assessing, monitoring the quality of service delivery and risks to health, welfare and safety of residents.

Glossary of Terms

The following standard abbreviations and terms are used within our quality audits.

Term	Explanation
2-stage test / mental capacity test	The Mental Capacity Act 2005 introduced a 2-stage functional test to assess whether a person has the mental capacity to make a particular decision. This is based upon the first underpinning principle of this Act, which instructs us to assume that a person has the mental capacity to make a decision until proven otherwise.
Appointeeship	An Appointee is a person who has been appointed by the Department of Work & Pensions (DWP) or a local authority to receive welfare benefits on behalf of someone who is unable to manage their affairs.
best interest decision	The Mental Capacity Act 2005 states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do this in the person's best interests. Principle 4 of the Act.
British national formula (BNF)	The BNF provides healthcare professionals with authoritative and practical information on the selection and clinical use of medicines, including information relating to correct dosage, interactions and side effects.
Braden Scale	The Braden Scale helps healthcare professionals, especially nurses, assess a person's risk of developing a pressure ulcer.
controlled drugs	Some prescription medicines are controlled to prevent them from being misused, obtained illegally or causing harm. These are called controlled drugs and are protected by the Misuse of Drugs Act 1971.
COSHH	Control of Substances Hazardous to Health (COSHH) is the law that requires employers to control substances that are hazardous to health.
covert medication	Where people lack the mental capacity, medication necessary for sustaining life can be administered covertly or hidden in food or drink in their best interests.
CQC	The Care Quality Commission is the health and social care regulator for England.
DBS	The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

DoLS	The Mental Capacity Act 2005 allows restraint and restrictions to be used, but only if they are in a person's best interests. The Deprivation of Liberty safeguards introduce extra safeguards, if the restrictions and restraint used will deprive a person of their liberty.
DNACPR	The k is an instruction to healthcare professionals to not attempt to revive a person whose heart might have stopped, for example, in the case of a heart attack.
GSF	The Gold Standards Framework supports care and nursing staff to provide a gold standard of care for people nearing the end of their life.
Intermediate care	Intermediate care enables a person to return home safely after a stay in hospital.
LOLER	Lifting Operations and Lifting Equipment Regulations 1998 are a set of regulations created under the Health and Safety at Work Act 1974. The LOLER regulations require that all lifting operations involving lifting equipment must be properly planned by a competent person, appropriately supervised and carried out in a safe manner. It also requires that all equipment used for lifting is fit for purpose, appropriate for the task and suitably marked, with suitable maintenance recorded and defects reported.
LPA	A Lasting Power of Attorney is a legal document that lets a person appoint another person (known as 'attorneys') to make decisions on their behalf. It could be used when the person loses the mental capacity to make their own decisions. There are two types of LPA, health and welfare, and property and financial affairs.
MAR	The Medication Administration Record is the report that serves as a legal record of the drugs administered to a person. The MAR is a part of a person's permanent record on their medical chart. The care or nurse staff signs off on the record at the time that the drug or device is administered.
MCA	The Mental Capacity Act 2005 provides a framework to empower and protect people who may lack capacity to make some decisions for themselves.
MUST	The Malnutrition Universal Screening Tool is a five-step screening tool to identify adults who are malnourished or at risk of malnutrition.

NVQ	An NVQ is a National Vocational Qualification. It is a work-based qualification designed to measure competence in a professional role. This has been superseded by the Qualifications and Credit Framework (QCF).
NMC PIN	The Nursing and midwifery Council maintains the professional register of nurses. Suitably registered nurses are identifiable by their Personal Identity Number.
PPE	Personal Protective Equipment is equipment that protects care and nursing staff against health or safety risks at work. It can include items such as gloves, aprons and eye protection.
PRN	Medication that is not required by people on a regular basis, is sometimes referred to as a “when required” or PRN medication.
SALT team	The Speech and Language Therapy team provide a service for people with communication, cognitive, voice, or swallowing difficulties due to stroke, brain injury, progressive neurological diseases and other medical conditions.
SMART	The Specific, Measurable, Achievable, Relevant, Time-bound criteria are used to support the setting of objectives in business, for example with action planning.
SOVA	Safeguarding of Vulnerable Adults is a concept and training designed to help care and nursing staff properly protect the people in their care.
Waterlow Score	The Waterlow score gives an estimated risk for the development of a pressure ulcer in a given person.
Whistleblowing	Whistleblowing is when a staff member reports suspected wrongdoing at work.