

nationalcarestandards
care homes for older people

dignity —

privacy —

choice —

safety —

realising potential —

equality and diversity —



SCOTTISH EXECUTIVE

Making it work together



nationalcarestandards
care homes for older people

dignity

privacy

choice

safety

realising potential

equality and diversity

Contents

	Page
Introduction	4
Before moving in (standards 1 to 6)	13
1 Informing and deciding	17
2 Trial visits	18
3 Your legal rights	18
4 Your environment	19
5 Management and staffing arrangements	22
6 Support arrangements	25
Settling in (standards 7 to 11)	27
7 Moving in	29
8 Making choices	30
9 Feeling safe and secure	31
10 Exercising your rights	32
11 Expressing your views	33
Day-to-day life (standards 12 to 19)	35
12 Lifestyle – social, cultural and religious belief or faith	38
13 Eating well	39
14 Keeping well – healthcare	40
15 Keeping well – medication	42
16 Private life	44
17 Daily life	45
18 Staying in touch	46
19 Support and care in dying and death	47
Moving on (standard 20)	49
20 Moving on	50
Annex A: Glossary	51
Annex B: Useful reference material	55

Introduction

nationalcarestandards
care homes for older people

Introduction

Care homes for older people

As a result of the Regulation of Care (Scotland) Act 2001 ('the Act') there are now no legal differences between residential homes and nursing homes. They are all care homes and can be more flexible about the services they offer. They can meet all aspects of your accommodation, support and care, including nursing care.

This means that you may choose to move into a care home for the rest of your life. It means that the staff will be able to cater for your changing needs and you should not have to move if you become ill.

Some care homes will still offer day-to-day nursing care by their own nurses. If you are already in poor health you may prefer to be in a home that offers this service. You should always check to make sure that the particular care home you choose is able and willing to meet all your needs.

You may choose to stay in a care home permanently, or for regular, planned short breaks away from your family or from living on your own. The support and care you receive during your stay may prepare you for another move, perhaps into sheltered housing or to another part of the country to be nearer family or friends.

The national care standards

Scottish Ministers set up the National Care Standards Committee (NCSC) to develop national standards. The NCSC carried out this work with the help of a number of working groups. These groups included people who use services, their families and carers, along with staff, professional associations, regulators from health and social care, local authorities, health boards and independent providers. Many others were also involved in the consultation process.

As a result, the standards have been developed from the point of view of people who use the services. They describe what each individual person can expect from the service provider. They focus on the quality of life that the person using the service actually experiences.

The standards are grouped under headings which follow the person's journey through the service. These are as follows:

Before moving in (standards 1 to 6)

- 1 Informing and deciding
- 2 Trial visits
- 3 Your legal rights
- 4 Your environment
- 5 Management and staffing arrangements
- 6 Support arrangements

Settling in (standards 7 to 11)

- 7 Moving in
- 8 Making choices
- 9 Feeling safe and secure
- 10 Exercising your rights
- 11 Expressing your views

Day-to-day life (standards 12 to 19)

- 12 Lifestyle – social, cultural and religious belief or faith
- 13 Eating well
- 14 Keeping well – healthcare
- 15 Keeping well – medication
- 16 Private life
- 17 Daily life
- 18 Keeping in touch
- 19 Support and care in dying and death

Moving on (standard 20)

- 20 Moving on

Using the national care standards

If you are thinking about moving into a home, you will want to refer to the standards to help you decide which home to choose. If you already live in a care home, you may use the standards when discussing the service you receive with:

- staff and managers;
- your social worker or care manager, if you have one; or
- someone acting on your behalf, for example, your lawyer or other independent representative.

If things go wrong, you can refer to the standards to help you raise concerns or make a complaint. (See 'Expressing your views', standard 11.)

Home owners or managers will use the standards to find out what is expected of them in offering support and care services. The standards make it clear that everything about the service should lead to you enjoying a good quality of life. They should guide the owner or manager over:

- building requirements;
- who to employ; and
- how they should manage the service.

The principles behind the standards

The standards are based on a set of principles. These principles are the result of all the contributions made by the NCSC, its working groups and everyone else who responded to the consultations on the standards as they were being written. They recognise that services must be accessible and suitable for everyone who needs them, including people from black and ethnic minority communities. They reflect the strong agreement that your experience of receiving services is very important and should be positive, and that you have rights.

The main principles

The principles are dignity, privacy, choice, safety, realising potential and equality and diversity.

Dignity

Your right to:

- be treated with dignity and respect at all times; and
- enjoy a full range of social relationships.

Privacy

Your right to:

- have your privacy and property respected; and
- be free from unnecessary intrusion.

Choice

Your right to:

- make informed choices, while recognising the rights of other people to do the same; and
- know about the range of choices.

Safety

Your right to:

- feel safe and secure in all aspects of life, including health and wellbeing;
- enjoy safety but not be over-protected; and
- be free from exploitation and abuse.

Realising potential

Your right to have the opportunity to:

- achieve all you can;
- make full use of the resources that are available to you; and
- make the most of your life.

Equality and diversity

Your right to:

- live an independent life, rich in purpose, meaning and personal fulfilment;
- be valued for your ethnic background, language, culture and faith;
- be treated equally and live in an environment which is free from bullying, harassment and discrimination; and
- be able to complain effectively without fear of victimisation.

The Scottish Commission for the Regulation of Care

The Act set up the Scottish Commission for the Regulation of Care ('the Commission'). The Commission will register and inspect all the services to be regulated against the national care standards issued by Scottish Ministers. The Commission will have its headquarters in Dundee, with regional offices across the country. Its inspectors will assess applications from people who want to provide registered services. They will inspect the services to make sure that they are meeting the standards and the regulations.

The Scottish Social Services Council

The Act created the Scottish Social Services Council ('the Council') which was established on 1 October 2001. The Council will have the duty of promoting high standards of conduct and practice among social services workers, and in their education and training. To deliver its overall aims of protecting service users and carers and securing the confidence of the public in social services, the Council has been given four main tasks. These are: to establish registers of key groups of social services staff; to publish codes of practice for all social services staff and their employers; to regulate the training and education of the workforce; to undertake the functions of the National Training Organisation for the Personal Social Services. The Council will have its headquarters in Dundee from April 2002.

How standards and regulations work together

The Act gives Scottish Ministers the power to publish standards which the Commission must take into account when making its decisions. It also gives Ministers the power to make regulations imposing requirements in relation to care services.

The standards will be taken into account by the Commission in making any decision about applications for registration (including varying or removing a condition that may have been imposed on the registration of the service). The standards will be used to monitor the quality of care services and their compliance with the Act and the regulations. If, at inspection, or at other times, for example, as a result of the Commission looking into a complaint, there are concerns about the service, the Commission will take the standards into account in any decision on whether to take enforcement action and what action to take.

If the standards were not being fully met, the Commission would note this in the inspection report and require the service manager to address this. The Commission could impose an additional condition on the service's registration if the provider persistently, substantially or seriously failed to meet the standards or breached a regulation. If the provider does not then meet the condition, the Commission could issue an improvement notice detailing the required improvement to be made and the time scale for this. Alternatively, the Commission could move straight to an improvement notice. The Commission would move to cancel the registration of any service if the improvement notice does not achieve the desired result. In extreme cases (i.e where there is serious risk to a person's life, health or wellbeing) the Commission could take immediate steps to cancel the registration of any service without issuing an improvement notice.

Regulations are mandatory. In some cases not meeting a regulation will be an offence. This means a provider may be subject to prosecution. Not meeting or breaching any regulation is a serious matter.

Decisions by the Commission on what to do when standards or regulations are not met will take into account all the relevant circumstances and be proportionate.

1-6

Before moving in

- 1 Informing and deciding
- 2 Trial visits
- 3 Your legal rights
- 4 Your environment
- 5 Management and staffing arrangements
- 6 Support arrangements

nationalcarestandards
care homes for older people

Before moving in

Introduction to standards 1 to 6

Standards in this section are grouped around aspects of the service that you need to know about before you move in. You need to receive information about the home to help you judge in advance what your quality of life will be like in a care home.

Deciding to move into a care home is a major decision, and you must have proper information to help you reach that decision. You can expect the information to be up-to-date and reliable, in a format and language that you can easily understand.

Trial visits

Being able to visit the care home and spend some time in it, talking to people who live there and members of staff, is essential to making a positive choice about moving in. You may sometimes want your relatives, friends, carers or representatives to be able to visit as part of helping you to decide. You can expect that providers will respect your need to have time to make a decision.

Your legal rights

You and your carer, relatives or representative must be confident that the home is being managed properly, in line with relevant legislation and guidelines. You must know what would happen in an emergency or if the home closed.

Your environment

Each care home will have its own special features and layout depending on the building and the needs of the people who use its services. The design and layout of the physical environment help to ensure that you can enjoy living in safe, comfortable and homely surroundings.

The standards in this section do not describe in detail the wide variety of needs of everyone who lives in a care home. The providers must make sure that the statement of function and purpose that they give to the Commission when they are applying for registration describes the type of service they want to provide and who they want to provide it for. The Commission will make sure that the provider keeps to the statement of function and purpose.

Providers must meet legal requirements, such as those relating to the structure of the building, health and safety matters and fire safety arrangements. There are other regulatory organisations which the provider must answer to about these matters. However, the Commission and you will want to know that the service meets all the necessary legal requirements.

Scottish Ministers have announced the physical standards for care homes for adults. These are set out in this section. They show the differences between standards for new homes (new buildings as well as extensions to existing ones) and existing homes. Existing homes will not have to meet the standards for new homes even if a change of proprietor triggers a new registration

Management and staffing arrangements

One of the main reasons people decide to move into a care home is because they need and want the support and care it offers.

The standards in this section reflect the importance of knowing that the people who are responsible for your support and care have all the necessary experience, skills and training to meet your needs. If they are to provide you with the best possible service, they must be familiar with all the current good practice guidance. They must be able to put the guidance into practice.

Because your needs may change over time and because every person living in the care home will have their own changing needs, the provider must make sure that the management and staffing arrangements are always sufficient to meet these needs. This is reflected in the standards. They do not set exact requirements about the number and skills mix of the staff but make it clear that the service must always meet the needs of the people using it.

Scottish Ministers recognise the importance of having sufficiently trained staff in care homes. They have set standards for this which will apply from April 2002 onwards. These are set out in this section.

Support arrangements

You will want to know that the care home can meet your particular needs as well as giving you the opportunity to maintain or develop your interests. Personal plans take account of this and describe the way you will receive the individual support and care that you need. You can expect that the provider will discuss your needs with you before offering you a place in the care home. You can also expect that your personal plan will change as your needs for support and care change.

Informing and deciding

Standard 1

You have all the information you need to help you decide about moving into the care home.

- 1 You have an introductory pack which clearly explains the moving-in process. Everything is written in plain English or in a language and format that is suitable for you. It should include:
 - the care home brochure;
 - the charges and the services they cover;
 - the accommodation and service provided;
 - the number of places provided;
 - arrangements that need to be made if private funding runs out;
 - the home's philosophy;
 - any rules that the home has;
 - the complaints procedure;
 - the most recent inspection report on the home;
 - a statement of your rights and responsibilities as a resident;
 - policies and procedures for managing risk and recording and reporting accidents and incidents; and
 - arrangements agreed with the Commission to be put in place if the care home closes or if there is a new owner.

Trial visits

Standard 2

You have the opportunity to visit the home and to meet the staff, management and some of the people who live there before you move in.

- 1 You can visit the home at least once, to help you reach a decision in your own time about moving in.
- 2 If you want, family members, friends, carers or an independent representative (for example, an independent advocate) may be involved in these visits.

Your legal rights

Standard 3

You have full information on your legal position about your occupancy rights in the care home. You are confident that the home is run in line with legal requirements for health and safety, fire safety and food hygiene.

- 1 You receive a written agreement which clearly defines the service that will be provided. It sets out the terms and conditions of accommodation and residence, including your rights to live in the home, payment arrangements, and arrangements for changing or ending the contract.
- 2 You have a copy of this written agreement in a format you can understand.
- 3 You can ask for copies of the care home's policies and procedures.
- 4 You can ask for confirmation that the home meets with all the relevant legislation and guidance relating to fire, health and safety procedures, anti-discriminatory practice and risk management.

Your environment

Standard 4

Your environment will enhance your quality of life and be a pleasant place to live.

- 1 You will be able to move around easily in the house and its grounds.
- 2 You can expect that the home is run in a way that protects you from any avoidable risk or harm, including physical harm and infection. The nature of its design, facilities and equipment also protect you.
- 3 You can expect that the premises are kept clean, hygienic and free from offensive smells and intrusive sounds throughout. There are systems in place to control the spread of infection, in line with relevant regulation and published professional guidance. (See annex B.)
- 4 You can bring personal belongings with you, including items of furniture.
- 5 All bedrooms and public rooms will have windows. You should expect to be able to sit somewhere and have a view out of a window.
- 6 The door to your room will have a lock which you can use. Staff will be able to open the door if there is an emergency.
- 7 You can control the heating, lighting and ventilation in your room.
- 8 You can expect that the rooms and corridors are kept in good decorative order and that the home and furnishings are well-maintained.
- 9 You receive information about what to do if there is a fire or other emergency.

When you are moving into an existing home:

- 10 By 2007, you will be able to have a single room if you want.
- 11 Your room should have at least 10.25 square metres of usable floor space, not including en-suite facilities¹ (see note below).
- 12 If you choose to share a room, it should have at least 16 square metres of usable floor space, not including en-suite facilities² (see note below).
- 13 If the provider wants to install en-suite facilities (which may only be a toilet and wash-hand basin) these must be 3.5 square metres or more. If providers want to install a shower or bath, the same conditions as for new care homes apply³ (see note below).
- 14 If the provider is upgrading accommodation, they must discuss this with the Commission's inspectors⁴ (see note below).
- 15 The communal space will be 3.9 square metres for each person living in the care home, not including corridors and circulation areas.
- 16 You will be able to lock the toilets, bathrooms and shower rooms but staff will be able to open the door if there is an emergency.

When you are moving into a new care home⁵ the following standards will also apply (see note below).

- 17 You will be able to have a single room if you choose.

¹ To ensure flexibility for existing provision that cannot meet these standards but is otherwise of good quality, specific criteria may be agreed with the Commission's registration and inspection staff to allow some existing rooms which do not meet these standards to remain in use.

² as footnote 1.

³ To ensure flexibility for existing en-suite provision which is otherwise of good quality, some specific criteria may be agreed with Commission registration and inspection staff to allow existing en-suite facilities which do not meet this standard to remain in use.

⁴ Providers are recommended to move as near as possible to 840 mm clear opening width off corridors of at least 1200 mm, and for narrower corridors door widths will need to be wider.

⁵ A new care home means all new buildings as well as extensions to existing buildings; all conversions, and first-time registrations (not including existing local authority homes).

- 18 Your room will have at least 12.5 square metres of usable floor space, not including en-suite facilities.
- 19 If you and your husband or wife, partner or friend want to share a room, new homes will provide larger bedrooms of at least 16 square metres. All sizes exclude en-suite facilities.
- 20 You will have your own en-suite bath or shower facilities. The en-suite will include a toilet and wash-hand basin, with a shower or bath. Where the en-suite has a 'wet' floor shower, wash-hand basin and toilet, the size will be at least 3.5 square metres. For a shower tray or bath, the size will need to be more than 3.5 square metres.
- 21 You will enjoy easy access, with all inside doors having a clear opening width of 840 mm, off wide corridors (of at least 1200 mm). Communal space will be at least 3.9 square metres for every resident in the home, not including corridors and circulation areas.
- 22 You will be in a building where there is the capacity to install modern equipment, such as:
 - hoist tracking;
 - environmental control equipment;
 - call systems and alarms;
 - specialist communication equipment;
 - signage (taking account of individual needs such as sight and hearing difficulties, learning disabilities and dementia);
 - grabrails; and
 - smart technology.
- 23 If the home has more than one floor, there will be a passenger lift which you can operate.
- 24 You will be able to lock the toilets, bathrooms and shower rooms but staff will be able to open them if there is an emergency.

Management and staffing arrangements

Standard 5

You experience good quality support and care. This is provided by management and staff whose professional training and expertise allows them to meet your needs. The service operates in line with all necessary legal requirements and best-practice guidelines (see annex B).

- 1 You can be assured that the home has policies and procedures which cover all legal requirements, including:
 - staffing and training;
 - administration of medication;
 - health and safety;
 - ‘whistle-blowing’;
 - environmental health;
 - fire safety;
 - managing risk;
 - proper record-keeping, including recording incidents and complaints; and
 - visits made to the home, including visits by children.
- 2 You are confident that staff know how to put these policies and procedures into practice. They have regular training to review this and to learn about new guidance.
- 3 You are confident that the staff providing your support and care have the knowledge and skills gained from the experience of working with people whose needs are similar to yours. If they are new staff, they are being helped to get this experience as part of a planned training programme.

- 4 You are confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.
- 5 You know that the home's staff, managers and volunteers are all recruited and selected through a process which includes:
 - equal opportunities procedures;
 - Scottish Criminal Records Office checks;
 - taking up references; and
 - cross-reference to the registers of the Scottish Social Services Council, UKCC or other professional organisations, where appropriate.
- 6 You are confident that any volunteers who work in the care home are familiar with all the home's policies and procedures. They receive all the relevant training to help them put these into practice.
- 7 You are confident that at all times the number of staff who are trained and who have the necessary skills will be sufficient to meet your support and care needs. The levels are agreed between the Commission's inspectors and the home owner or manager.
- 8 You know that by 2005 at least half of the staff who care directly for you will have received basic training in care (at least Scottish Vocational Qualification level 2 or equivalent). This includes registered nurses (who are already trained to a significantly higher level) when they are working as direct care staff.
- 9 You know that the service has a staff development strategy and an effective yearly training plan for all its staff.
- 10 You are confident that the home has a policy and clear targets to enhance equal opportunities. The staff are trained in, and practise, anti-discriminatory and anti-harassment policies and procedures.

- 11 You know that the care home has a written policy and procedures on the conditions under which restraint is used, and that staff are fully trained and supported in the use of restraint⁶ (see note below). If it is necessary to restrain you on certain occasions this will be written into your personal plan and records kept of any incidents involving your restraint. You can expect to be supported after any episode of restraint.
- 12 If your medicines are being organised for you, you can be sure that the staff who are doing this are knowledgeable and trained to do so, following up-to-date best-practice guidance. The staff are fully aware of the home's systems for giving medication. They know how to store and administer your medication safely and in the way that suits you best.
- 13 You can be sure that, whether or not you are organising your own medication, the staff are trained to check this. They will, with your agreement, get advice from your GP if there are any concerns about your condition or the medication.
- 14 You know that whenever staff are involved in any financial transaction, it will be carefully witnessed and recorded. This will be in a way that can be checked by the Commission's inspectors.
- 15 The manager will make sure that the staff group contains people of the same social, cultural and faith and religious background to you where this is possible and practical, and in keeping with the provisions of equalities legislation.

⁶ Restraint: Control to prevent a person from harming themselves or other people by the use of: physical means (actual or threatened laying on of hands on a person to stop them carrying out a particular action); mechanical means (for example, wrapping someone in a sleeping bag or strapping them in a chair); environmental means (for example, using cot sides to prevent someone from getting out of bed); or medication (using sedative or tranquilising drugs for the symptomatic treatment of restless or agitated behaviour).

Support arrangements

Standard 6

You can be confident before moving in that the home will meet your support and care needs and personal preferences. Staff will develop with you a personal plan that details your needs and preferences and sets out how they will be met, in a way that you find acceptable.

1 Your personal plan will include:

- what you prefer to be called;
- personal preferences as to food and drink, and any special dietary needs;
- social, cultural and spiritual preferences;
- leisure interests;
- any special furniture, equipment and adaptations you may need;
- who should be involved in reviews of your care;
- any communication needs you may have;
- what communication arrangements need to be put in place if your first language is not English;
- your individual health needs and how these should be met (where appropriate they take account of your ethnic and cultural background);
- when, and in what circumstances, friends, relatives and carers will be contacted;
- your arrangements for taking any medication, including any need to inform professionals;
- an independent person to contact if you want to make a complaint or raise a concern; and
- any measures of restraint which staff may have to use for your own safety or for the safety of others.

- 2 You will receive a copy of your personal plan to keep.
- 3 Your personal plan will be reviewed with you every six months, or sooner if you want or if your needs change.

7-11

Settling in

- 7 Moving in
- 8 Making choices
- 9 Feeling safe and secure
- 10 Exercising your rights
- 11 Expressing your views

nationalcarestandards
care homes for older people

Settling in

Introduction to standards 7 to 11

Moving in

People take time to settle into a new home, particularly if the move is going to be long term. You can expect that the manager and staff will be sensitive to your feelings and worries during this period. They will respect your right to make choices about how your accommodation is provided, and how your support and care needs are met.

Making choices – feeling safe and secure

You have the right to make decisions about your life and care in the home, and you can feel safe and secure while living there. You also have the right to choose the risks you want to take, as long as there is a sensible balance between your individual needs and preferences, and the safety of staff and other people living there.

Exercising your rights – expressing your views

The staff and manager must always respect and actively promote your rights. You keep your rights and you also have a responsibility not to infringe the rights of others. The care home must take your comments, concerns and complaints about the quality of the service and your experience of it seriously. They are your way of contributing to, and influencing how the home is run and how the services are delivered.

Moving in

Standard 7

You are welcomed by staff, and they encourage and support you, helping you through the stages of moving in.

- 1 You have a named member of staff (key worker), who will draw up your personal plan with you, check its progress and stay in regular contact with you and everyone involved in providing your support and care. If you are receiving nursing care, your key worker may be a nurse.
- 2 You can discuss your needs at all reasonable times with your key worker.
- 3 If you are not certain about whether you are making the right move, you can speak to the staff or your representative, who will discuss with you the choices that are available to you.

Making choices

Standard 8

You can make choices in all aspects of your life.

- 1 You achieve the aims set out in your personal plan helped by the support and care of skilled staff.
- 2 You have information about the choices that are available to you while you live in the home, and the effect they will have on you. If you want, you can ask for an independent representative or for specialist advice.
- 3 You have time to consider your choices without pressure.
- 4 Unless there are legal reasons for you not to do so, you can carry out your own financial, legal and other personal business at a time that suits you. You can decide who should know about, and have access to, your personal business.
- 5 You can keep and control your money and your personal belongings, unless your individual circumstances mean that specific legal arrangements have been made.
- 6 You can choose to employ your own worker or personal assistant as well as using staff who are employed in the home.

Feeling safe and secure

Standard 9

You take responsibility for your own actions, secure in the knowledge that the home has proper systems in place to protect your interests.

- 1 A sensible balance is offered to you in everyday events and activities, between the reasonable risks you want to take and the safety of the staff and other residents. This results from the home's individual risk assessment approach.
- 2 You are fully involved in your own risk assessment, as are any other people you may want to be involved, such as a family member or independent representative. You receive a copy of your risk assessment report.
- 3 You can discuss risks with staff.
- 4 You can summon assistance easily and quickly, using a reliable and efficient alarm system.
- 5 You are reassured about your safety from intruders by knowing that the home has a system where all visitors need to get permission before they can enter.
- 6 Staff record and investigate any accidents or incidents, including any episodes of restraint, telling relatives, carers or other representatives if you want them to.
- 7 You are confident that you are living in an environment that is free from bullying, harassment, discrimination and any other form of abuse.
- 8 You are confident that staff will use restraint only when it is necessary and after other forms of intervention have been thoroughly tried and found to be unsuccessful, or where there is a particular legal requirement.
- 9 You know about the need for insuring personal belongings.

Exercising your rights

Standard 10

You keep your rights as an individual.

- 1 You are confident that staff will treat you politely at all times and always respect your individuality.
- 2 Staff call you by your preferred name or title at all times.
- 3 If you need help, your request will be dealt with politely and as soon as possible.
- 4 Confidential information about you is only shared with others if you give permission, unless the law requires otherwise.
- 5 You will be told why any information cannot be kept confidential and who has the right to look at it.
- 6 You can be sure that your confidential records are held securely.
- 7 You know that any allegation of discrimination is properly investigated.
- 8 You are helped to understand your rights and responsibilities in relation to equal opportunities.
- 9 You are supported in keeping your civil rights (for example, in voting at elections).

Expressing your views

Standard 11

You are encouraged to express your views on any aspects of the care home at any time.

- 1 You can freely discuss any concerns you have with your named worker, other residents or any member of the care home's management.
- 2 You know how to make a complaint or comment to the home about the service. You are also aware of the procedure for making formal complaints directly to the Commission.
- 3 The home deals with concerns and complaints quickly and sympathetically, and provides full information about what will happen as a result of the complaint.
- 4 You are encouraged and supported to use an independent and confidential advocacy service that can act for you. Staff will have information about any service that would help you in this way.
- 5 If you have an independent representative (for example, an independent advocate), staff will listen to what he or she has to say on your behalf, as if you were expressing the views yourself.
- 6 If you belong to an advocacy group, staff will take seriously suggestions or proposals that come from the group.
- 7 You can play a part in the Commission's inspection of your service.
- 8 The manager of your care home will make available a copy of each inspection report about the home so that you and your representative can look through it in your own time.

12-19

Day-to-day life

- 12 Lifestyle – social, cultural and religious belief or faith
- 13 Eating well
- 14 Keeping well – healthcare
- 15 Keeping well – medication
- 16 Private life
- 17 Daily life
- 18 Staying in touch
- 19 Support and care in dying and death

nationalcarestandards
care homes for older people

Day-to-day life

Introduction to standards 12 to 19

The standards in this section focus on the ways in which the service promotes your general health and wellbeing. They are an important means of making sure that your quality of life is maintained or improved, and that you feel part of the everyday activities that are going on around you.

Lifestyle – social, cultural and religious belief or faith

You do not have to alter your values and beliefs in order to receive a service. The principle of valuing diversity means that you are accepted and valued for who you are. The legislation which outlaws discrimination has influenced all the care standards, and the standards in this section make it clear that you can continue to live your life in keeping with your own social, cultural or religious beliefs or faith when you are in the care home.

Eating well

Good, nutritious food and drink are important in keeping and improving your health. Individual choices of food and drink vary, as do dietary needs. Enjoying your food and having your own needs and choices met is an important part of the quality of day-to-day life.

Keeping well

Keeping healthy or regaining your health are important to your wellbeing and quality of life. You have a right to have your health needs met and to have support in using the full range of healthcare services. You also have a right to have your medication arranged efficiently and safely.

Private life

How you spend your day is up to you. You do not have to be with other people all the time. Staff will respect your wish to be on your own. You can entertain your friends and relatives in your own room.

Daily life

Living in a care home, you continue to be very much part of your own community, and to enjoy normal daily life.

Staying in touch

People may use different languages or methods of communication for a variety of reasons. As a result, they may have difficulty in making themselves understood. However, being able to communicate is an essential part of letting staff know what your needs are and playing an active part in the life of the care home.

Support and care in dying and death

The staff at the home should care sensitively for people who are dying, with extra services brought in if they are needed. The staff should handle each person's death with dignity and sensitivity, in line with their spirituality, culture and faith, and those of their family.

Friends, relatives and carers outside the care home also need help and support at these times. They should be welcome to visit the care home while the person is being cared for, and after his or her death, as part of their grieving process.

Lifestyle – social, cultural and religious belief or faith

Standard 12

Your social, cultural and religious belief or faith are known and respected. You are able to live your life in keeping with these beliefs.

- 1 Staff make sure they are properly informed about the implications for you and others of your social, cultural and religious belief or faith.
- 2 You are given the opportunity and support you may need to practise your beliefs, including keeping in touch with your faith community.
- 3 Your holy days and festivals, birthdays and personal anniversaries are recognised and ways found to make sure you can observe these as you choose.
- 4 The social events, entertainment and activities provided by the care home will be organised so that you can join in if you want to.

Eating well

Standard 13

Your meals are varied and nutritious. They reflect your food preferences and any special dietary needs. They are well prepared and cooked and attractively presented.

- 1** Catering and care staff get to know your food choices and preferences, including ethnic, cultural and faith ones. Any special diet (for example, vegetarian, low fat or high protein) is recorded in your personal plan.
- 2** You are offered a daily menu that reflects your preferences. The menu varies regularly according to your comments and will always contain fresh fruit and vegetables.
- 3** You have a choice of cooked breakfast and choices in courses in your midday and evening meals.
- 4** Meals are nutritionally balanced for your dietary needs, for example, if you are diabetic or have poor kidney function.
- 5** You can have snacks and hot and cold drinks whenever you like.
- 6** If you are unable to say if you are getting enough to eat or drink, staff will keep an eye on this for you. If there are concerns, staff will explain them to you or your representative. With your agreement, staff will take any action needed, such as seeking advice from a dietician or your GP.
- 7** Your meals are well prepared and presented. All food handling follows good food hygiene practices.
- 8** You are free to eat your meals wherever you like, for example in your own room or in the dining room. You can eat them in your own time.
- 9** You must be able to eat and enjoy your food. If you need any help to do so (for example, a liquidised diet, adapted cutlery or crockery, or help from a staff member), staff will arrange this for you.
- 10** Staff will regularly review anything that may affect your ability to eat or drink, such as your dental health. They will arrange for you to get advice.

Keeping well – healthcare

Standard 14

You are confident that the staff know your healthcare needs and arrange to meet them in a way that suits you best.

- 1 You continue to be registered with your usual GP and dentist. If this is not possible, staff will help you to register as quickly as possible with a new GP and dentist of your choice from those providing services in the area of the home.
- 2 If you have been receiving community healthcare services (for example, physiotherapy, chiropody or advice on your diet) and still need them, you will continue to receive them in the home. Otherwise the staff will make new arrangements for you.
- 3 During your first week in the home, and at least every six months after that, you will receive a full assessment to find out all your healthcare needs, and the staff will ensure that these needs are met. Staff will record all assessments and reviews of your healthcare needs.
- 4 If your review shows that you need health advice from a speech therapist, dentist, GP, dietician or someone else, staff will arrange this for you and help you to follow any advice you have been given.
- 5 You can see your GP or other healthcare professional in private.
- 6 You can be confident that the provider is aware of your nutritional state and will, with your agreement, arrange for this to be regularly assessed and reviewed. This assessment will take account of any changes in your health.
- 7 You will have opportunities to take part in physical activities in, or outside, the home. If you cannot go out of the home, you will be able to take part in physical activities arranged by the staff that aim to help you maintain your physical independence and ability.

- 8 You can expect staff to be aware of issues around the assessment and management of any symptoms you may have, including pain, and how to access any specialist services.
- 9 If you become ill or your health is not improving, either physically or emotionally, you know that the staff will contact your doctor or other relevant healthcare team member, if you cannot do so yourself. Where necessary, your personal plan will be reviewed.
- 10 You will receive information about preventive healthcare (for example, screening, immunisation and regular check-ups). If you want to take part in any of these, staff will help you to do so.
- 11 If you have any personal care equipment you can get help and support to look after it and maintain and repair it.

Keeping well – medication

Standard 15

If you need to take medication, staff know this and there are arrangements in place for you to take your medication safely and in the way that suits you best.

- 1 You can choose whether to manage your own medication unless there are specific legal provisions applying to you that prevent this.
- 2 If you are managing your own medication, you will be given your own lockable storage to keep your medication in your room. If you need it, you will also have special storage somewhere else (for example, in a fridge) that is secure and accessible to you.
- 3 You can get help from the staff with ordering and collecting your prescriptions if you want or need it.
- 4 If you are on medication that someone else needs to administer (for example, an injection), the staff will do this in a way that recognises and respects your dignity and privacy, as set out in your personal plan.
- 5 If you have any questions or need advice about your medication which the staff cannot answer, they will help you to get the advice from your community pharmacist, GP or another member of the primary care team.
- 6 If you have your medication managed for you, you can be confident that the home has comprehensive systems in place for ordering medication and for its safe storage and administration, and for the safe disposal of unused medicines.
- 7 You know that any medication you receive will have been prescribed for your own use.

- 8 You are confident that staff will monitor your medication and the condition for which it has been prescribed. If there are any changes or concerns about the medication, including side effects, or your condition, they will seek your permission to get medical advice.
- 9 You are confident that the home keeps accurate, up-to-date records of all the medicines that have been ordered, taken or not taken, and disposed of.
- 10 If you are capable of understanding the need to take medication and what will happen if you do not do so, but you refuse to take it, staff must respect your wishes.
- 11 You may not understand that you need to take medication and what will happen if you do not do so. If so, there are legal powers⁷ that allow other people to give permission for you to receive treatment if it is necessary for your health and welfare (see note below). The staff will work in line with these legal powers. If you refuse to take the medication and your health is at risk if you do not take it, then and only then, will the staff consider giving you your medicine in a disguised form in line with recognised guidance⁸ (see note below). Staff must record this in your personal plan.
- 12 You know that if any drugs go missing, the staff will take the necessary action to report this to the relevant authorities.

⁷ Adults with Incapacity Act 2000; Mental Health (Scotland) Act 1984.

⁸ UKCC Position Statement on the Covert Administration of Medicines.

Private life

Standard 16

You have the right to a private life.

- 1 You have control over who goes into your room or living space, and when this happens. Your door will have a locking system that you can use but staff will be able to open it if there is an emergency.
- 2 You know that staff will knock on your bedroom, toilet and bathroom doors and wait for you to say that they can come in.
- 3 You have a lockable space for personal belongings in your own living space.
- 4 You can entertain visitors and friends in private, and children are made welcome.
- 5 You can discuss your needs in confidence and in private with whoever you choose.
- 6 You can make and receive phone calls in private and receive mail, including e-mails, in private, unless there are specific legal reasons to prevent this. If this is the case, staff must explain these reasons to you and record them.
- 7 Intimate physical care or treatment will be carried out sensitively and in private, in a way which maintains your dignity.
- 8 Your personal possessions will be used only by you unless you want to share their use and have given your permission.
- 9 Only you use your clothing and you are not expected to wear other people's clothes.
- 10 Staff will make sure that your clothing and personal possessions are clearly marked and properly cared for.

Daily life

Standard 17

You make choices and decisions about day-to-day aspects of your life and about how you spend your time.

- 1 The social events, entertainment and activities provided by the care home will be organised so that you can join in if you want to.
- 2 You know that the staff will explain, justify and record any limits on your independence in your personal plan and know that these will be reviewed regularly.
- 3 You know that the staff are trained to listen to people living in the care home.
- 4 You can keep up relationships with friends, relatives and carers and links with your own community. If you want, the staff will support you to do this.
- 5 You are free to come and go as you please, unless there are specific legal requirements which prevent this.
- 6 You have no restrictions placed on the time you get up or go to bed.
- 7 You are supported and encouraged to use local services such as hairdressers, shops and banks.
- 8 You have access to information about local events, facilities and activities.
- 9 Staff can help you to arrange meetings with visitors, and help any disabled friends and relatives into and around the building.

Staying in touch

Standard 18

You have help to use services, aids and equipment for communication if your first language is not English or if you have any other communication needs.

- 1 Your communication needs are regularly assessed and reviewed.
- 2 If you need it, the staff can help you get, and use, specialist communication equipment.
- 3 You are supported by your named worker or trained communication support workers, including trained interpreters.
- 4 You can ask family, friends, carers or other people to support your named worker and staff in communicating with you in ways that suit you and at your own pace.
- 5 You can prepare for important events (for example, reviews and hospital appointments) and have time to communicate your feelings, views and answers.

Support and care in dying and death

Standard 19

You are confident that the staff will be sensitive and supportive during the difficult times when someone dies.

- 1 You are confident that any death in the care home will be handled with dignity, sensitivity and discretion.
- 2 If you lose someone close to you, you will be fully supported. You will have the opportunity to say goodbye or go to the funeral if you want. The staff will be available to help and support you.
- 3 You can say what you want to happen and who should be informed about your physical, personal and spiritual care in dying, death and funeral arrangements. You can be confident that your wishes will be carried out.
- 4 Staff will discuss your preferred place of death with you and those important to you. They will make every effort to achieve your wishes.
- 5 The staff will ensure that your death is as free of pain as possible. You will be able to choose whether or not you wish to have someone with you when you die and who that person should be. Staff will make every effort to ensure this happens.
- 6 There will be somewhere for those important to you to stay with you during your last few days and hours, if that is your wish and their wish.
- 7 When you die, your body will be treated with dignity, sensitivity and respect, in accordance with your expressed social, cultural and religious preferences.
- 8 The staff will make sure that your bereaved relatives, friends and carers can spend as much time with you after your death as they need to. They will support your relatives and friends through the formal processes relating to death, such as arrangements about belongings.

20

Moving on
20 Moving on

nationalcarestandards
care homes for older people

Moving on

Introduction to standard 20

Most people will have chosen the care home to be a home for life. However, some people may choose to leave the care home to live elsewhere, for example, to be closer to a relative.

If such a move is to be successful, you must be able to take your time choosing where you move to. You must be supported by the people around you. You should be fully involved in the discussions about, and the planning of, your move in all circumstances.

Moving on

Standard 20

You are involved in plenty of time in planning and discussing the best way to prepare for you to move on. The planning and discussion also involves your carer or representative (or both), and the staff at the care home.

- 1 You can visit the place you are moving to and keep your current accommodation while you make a decision about moving.
- 2 You have the opportunity to keep up friendships.
- 3 You are involved in assessing the possible risk for yourself or others if you move.
- 4 If you have to leave because the home can no longer provide for your needs or has to close, the move will involve the least amount of risk and disruption to you.
- 5 Your records will be passed on quickly to your new home. They will be complete and up-to-date, and will have been put together with your involvement and agreement.

Annex A

nationalcarestandards
care homes for older people

Annex A

Glossary

Advocate/Advocacy

A person independent of any aspect of the service or of any of the statutory agencies involved in purchasing or providing the service, who acts on behalf of, and in the interests of, the person using the service. An advocate can be helpful if a person feels unable to represent him or herself.

Assessment

The process of deciding what a person needs in relation to their health, personal and social care, and what services must be put in place to meet these needs. An assessment is undertaken with the person, his or her relatives or representatives, and relevant professionals.

Care home service

A service which provides accommodation, together with nursing, personal care or personal support for vulnerable people.

Carer

A person who looks after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.

Complaints process

Clear procedures that help the person using the service or others to comment or complain about any aspect of the service.

Contract

Written agreement between the person using the service and the home or service, setting out the terms and conditions and rights and responsibilities of both parties.

Equal opportunities

The prevention, elimination or regulation of discrimination between persons on the grounds of sex or marital status or racial grounds or on grounds of disability, age, sexual orientation, language, or social origin or of other attributes, including beliefs or opinions (The Scotland Act 1998).

Format

You can expect to have information presented in a layout that is suitable for you. This could be in easy-read language, braille, on tape or on disk.

Infection control

Programmes of disease surveillance, generally within healthcare facilities, designed to investigate, prevent and control the spread of infections and the micro-organisms which cause them.

Key worker

The person (who may be a designated nurse for people receiving nursing care) responsible for co-ordinating the individual's personal plan, for monitoring its progress and for staying in regular contact with the individual and everyone involved.

Named worker

see Key worker

Personal care

Help with day-to-day physical tasks and needs of the person cared for, including helping them to remember to do things such as eating and washing.

Personal plan

A plan of how the support and care service will be provided, primarily agreed between the person using the service (and/or their representative) and the service provider.

Primary care team

GP and other health professionals who provide healthcare in the community.

Registered person

A person who either carries on or manages the service and is registered with the Scottish Commission for the Regulation of Care to do so. In some cases the registered provider may also manage the home.

Representative

A person acting on behalf of a person using the service, who may be a relative or friend.

Restraint

Control to prevent a person from harming themselves or other people by the use of:

- physical means (actual or threatened laying on of hands on a person to stop them carrying out a particular action);
- mechanical means (for example, wrapping someone in a sleeping bag or strapping them in a chair);
- environmental means (for example, using cot sides to prevent someone from getting out of bed); or
- medication (using sedative or tranquilising drugs for the symptomatic treatment of restless or agitated behaviour).

Risk management

A systematic approach to the management of risk, to reduce loss of life, financial loss, loss of staff availability, safety, or loss of reputation.

Usable floor space

Space which is available to use for furniture, personal belongings and daily living.

Whistle-blowing

The disclosure by an employee (or professional) of confidential information which relates to some danger, fraud or other illegal or unethical conduct connected with the workplace, be it of the employer or of his fellow employees. (Lord Barrie QC 1995.)

Annex B

nationalcarestandards
care homes for older people

Annex B

Useful reference material

Legal

The Adults with Incapacity (Scotland) Act 2000

Under this Act anything that is done on behalf of an adult with incapacity will have to:

- benefit him or her;
- take account of the person's wishes and those of his or her nearest relative, carer, guardian or attorney; and
- achieve the desired purpose without unduly limiting the person's freedom.

The Data Protection Act 1998

The Act covers how information about living, identifiable people is used. All organisations that hold or process personal data must comply.

The Disability Discrimination Act 1995

This wide-ranging Act, which came into force in 1996, makes it illegal to discriminate against disabled people in employment, access to goods, services, transport and education.

Fire Precautions (Workplace) Regulations 1997 (as amended)

The Regulations place a responsibility on employers for carrying out risk assessments in relation to premises. The risk assessment is a means of providing fire precautions for the safety of people using the premises.

The Health and Safety at Work etc Act 1974

The Act is the basic piece of health and safety law that covers everyone who is affected by work activity. It places the burden of legal responsibility for health and safety at work with the employer.

The Human Rights Act 2000

The Act incorporates the European Convention on Human Rights into Scots and English law in relation to the acts of public bodies. Its purpose is to protect human rights and to maintain and promote the ideals and values of a democratic society. The Articles of Convention include:

- freedom of thought, conscience and religion;
- freedom of expression;
- freedom of assembly and association;
- the right to have respect for private and family life; and
- the right to marry.

The Mental Health (Scotland) Act 1984

Currently under review, the Act provides for the compulsory detention and treatment of people with a mental disorder.

The Misuse of Drugs Act 1971

The Act is the main law for drugs control in the UK. It prohibits the possession, supply and manufacture of medicinal and other products except where these have been made legal by the *Misuse of Drugs Regulations 1985*. The legislation is concerned with controlled drugs and puts these into five separate schedules. Anyone who is responsible for storing or administering controlled drugs should be aware of the content of the *Misuse of Drugs Regulations 1985* and the *Misuse of Drugs (Safe Custody) Regulations 1973*.

The Public Interest Disclosure Act 1998

The Act protects workers who 'blow the whistle' about wrongdoing. It mainly takes the form of amendments to the Employment Rights Act 1996, and makes provision about the kinds of disclosures which may be protected; the circumstances in which such disclosures are protected; and the persons who may be protected.

The Race Relations Act 1976

The Act makes racial discrimination illegal in employment, training and other areas.

The Race Relations (Amendment) Act 2000

The Act makes racial discrimination illegal in public activities that were not previously covered. It puts a general duty on public organisations to promote race equality.

The Regulation of Care (Scotland) Act 2001

The Act establishes a new system of care regulation covering the registration and inspection of care services against a set of national care standards. The Act also creates two new national, independent bodies, the Scottish Commission for the Regulation of Care, to regulate care services, and the Scottish Social Services Council, to regulate the social service workforce and to promote and regulate its education and training.

The Rehabilitation of Offenders Act 1974

The Act enables some criminal convictions to become 'spent' or ignored, after a rehabilitation period. The rehabilitation period is a set length of time from the date of conviction.

The Sex Discrimination Act 1975

The Sex Discrimination Act 1975 makes it unlawful to discriminate on grounds of sex or marital status in recruitment, promotion and training. The Act also covers education, the provision of housing, goods and services and advertising.

Policy

Aiming for Excellence: Modernising Social Work Services in Scotland 1999

The White Paper sets out the proposals to strengthen the protection of children and vulnerable adults and to make sure high quality services are provided. The Scottish Commission for the Regulation of Care is an independent regulator set up for this purpose.

Our National Health 2000

The health plan aims to improve Scotland's health and close the health gap between rich and poor, restoring the NHS as a national service and improving care and standards.

Renewing Mental Health Law 2001

The Scottish Executive's proposals for changes to existing legislation arising from its consideration of the Review of the Mental Health (Scotland) Act 1984.

Other useful reference material

Before moving in

Informing and deciding

Office of Fair Trading (1998) *Choosing a Care Home*. London: Office of Fair Trading.

Physical environment

Centre for Accessible Environments (1998) *The Design of Residential and Nursing Homes for Older People (Health Facilities Notes HFN19)*. Leeds: NHS Estates on behalf of the Centre for Accessible Environments.

Department of Health and Social Security; Welsh Office (1973) *Residential Accommodation for Elderly People. Local Authority Building Note No. 2 revised edition*. London: HMSO.

Peace, S, Kellaheer, L and Willcocks, D (1982) *A Balanced Life? A Consumer Study of Residential Life in One Hundred Local Authority Old People's Homes*, Research report No. 14, Social Research Unit, Polytechnic of North London.

Public Health Medicine Environment Group (1996) *Guidelines on the Control of Infection in Residential and Nursing Homes*, London: Department of Health.

Torrington, J (1996) *Care Homes for Older People*. London: E&FN Spon.

Management and staffing arrangements

Accounts Commission for Scotland (1999) *Care in the Balance: Evaluating the Quality and Cost of Residential and Nursing Home Care for Older People*. Accounts Commission.

Bland, R, Cheetham, J, Lapsley, I and Llewellyn, S (1992) *Residential Homes for Elderly People: Their Costs and Quality*. Edinburgh: Scottish Office.

Burton, J (1998) *Managing Residential Care*, London: Routledge.

Centre for Environmental and Social Studies in Ageing (1992) *Inside Quality Assurance – the IQA Pack*, London: Centre for the Environmental and Social Studies in Ageing: CESSA, Information Design Unit.

Centre for Policy on Ageing (1994) *Home Ground: How to Select and Get the Best out of Staff: A Home-based Scheme Designed for the Managers and Heads of Residential Care Homes*. London: CPA.

Health and Safety Executive (1993) *Health and Safety in Residential Care Homes (HS(G)104)*. Sudbury: Health and Safety Executive.

Payne, C (1994) *Evaluating Quality of Care*. London: NSW.

Residential Forum (1997) *Managing a 'Home from Home': a Companion to 'Creating a Home from Home' – A Guide to Standards*. London: Residential Forum.

Residential Forum (1998) *Training for Social Care: Achieving Standards for the Undervalued Service: A Report on the Training and Staff Development for People Working in the Residential Care of Adults*. London: NISW.

Restraint

Harris, J, Allen D, Cornick, M, Jefferson, A & Mills, R (1996) *Physical Interventions: A policy framework*. Kidderminster: British Institute of Learning Disabilities.

Mental Welfare Commission (1998) *Restraint of Residents with Mental Impairment in Care Homes and Hospitals*. Edinburgh: Mental Welfare Commission.

Day-to-day life

Eating well

Caroline Walker Trust (1995) *Eating Well for Older People: Practical and Nutritional Guidelines for Food in Residential and Nursing Homes and for Community Meals*. London: Caroline Walker Trust.

VOICES (1998) *Eating Well for Older People with Dementia: A Good Practice Guide for Residential and Nursing Homes and Others Involved in Caring for Older People with Dementia*. Potters Bar: VOICES; Gardner Merchant Healthcare Services.

Keeping well – medication

Levenson, R (1998) *Drugs and Dementia: A Guide to Good Practice in the Use of Neuroleptic Drugs in Care Homes for Older People*. London: Age Concern England.

Royal College of Physicians (1997) *Medication for Older People*. A Report of a Working Party of the Royal College of Physicians under the Chairmanship of M J Denham. London: Royal College of Physicians of London.

Royal Pharmaceutical Society of Great Britain (1991) *Pharmaceutical Services to Nursing Homes*. London: Royal Pharmaceutical Society of Great Britain.

UKCC (2000) *Guidelines for the administration of medicines*. (Central Council for Nursing, Midwifery and Health Visiting (UKCC).

UKCC (2001) *Position statement on the covert administration of medicines*. Central Council for Nursing, Midwifery and Health Visiting (UKCC).

Daily life

Benson, S (ed) 1998 *The Care Assistant's Guide to Working with People with Dementia*. London: RCN.

Clarke, A, Hollands, J, Smith, J (1996) *Windows to a Damaged World: Good Practice in Communicating with People with Dementia in Homes*. London: Counsel & Care.

Jewell, A (ed) (1998) *Age Awareness: Understanding the Spiritual Needs of Older People*. Derby: Methodist Homes for the Aged; Christian Council on Ageing.

Jones, A, Phillips, M, Maynard, C (1992) *A Home from Home: The Experience of Black Residential Projects as a Focus of Good Practice*. London: NISW; Race Equality Unit.

Marshall, M (1997) *Dementia and Technology: A Discussion of the Practical and Ethical Issues Surrounding the Use of Technology in Helping People with Dementia*. London: Counsel & Care.

Regan, D, Smith, J (1997) *The Fullness of Time: How Homes for Older People can Respond to their Residents' Needs for Wholeness and a Spiritual Dimension to Care*. London: Counsel & Care.

Ward, C (1998) *Preparing for a Positive Future*. Chesterfield: Association for Residential Care.

Support and care in dying and death

Counsel & Care (1995) *Last Rights: A Study of how Death and Dying are Handled in Residential Care and Nursing Homes*. London: Counsel & Care.

National Council for Hospice and Specialist Palliative Care Services (1997) *Changing Gear – Guidelines for Managing the Last Days of Life in Adults*. London: NCHSPC.

General good practice guides

Centre for Policy on Ageing (1984) *Home Life: A Code of Good Practice*, Report of a Working Party under the chairmanship of Kina, Lady Avebury. London: Centre for Policy on Ageing.

Centre for Policy on Ageing (1996) *A Better Home Life: A Code of Good Practice for Residential and Nursing Home Care*, Report of an Advisory Group under the chairmanship of Kina, Lady Avebury. London: Centre for Policy on Ageing.

Department of Health (1989) *Homes are for Living in: A Model for Evaluating Quality of Care Provided, and Quality of Life Experienced, in Residential Care Homes for Elderly People*. Social Services Inspectorate. London: HMSO.

National Association of Health Authorities and Trusts (1999) *Registration and Inspection of Nursing Homes: A Handbook for Health Authorities Supplement*. Birmingham: NAHAT.

Residential Forum (1996) *Create a Home from Home: A Guide to Standards*. London: NISW.