



National Minimum Standards – Care Homes for Older People

Sept 2016

Contents Page

Content	Page No.
National Minimum Standards – Care Homes for Older People	3
Regulatory Context	3
Structure and Approach	4
Context and Purpose	5

National Minimum Standards — Care Homes for Older People

Main Introduction

This document contains a statement of national minimum standards published by the Secretary of State under section 23(1) of the Care Standards Act 2000. The statement is applicable to care homes (as defined by section 3 of that Act) which provide accommodation, together with nursing or personal care, for older people. The statement is accompanied, for explanatory purposes only, by an introduction to the statement as a whole, and a further introduction to each group of standard. Each individual standard is numbered and consists of the numbered heading and numbered paragraphs. Each standard is, for explanatory purposes only, preceded by a title and an indication of the intended outcome in relation to that standard.

Aims

This document sets out National Minimum Standards for Care Homes for Older People, which form the basis on which the new National Care Standards Commission will determine whether the Wellbeing Residential Group meet the needs, and secure the welfare and social inclusion, of the people who live there.

The national minimum standards set out in this document are core standards which apply to all care homes providing accommodation and nursing or personal care for older people. The standards apply to homes for which registration as care homes is required.

While broad in scope, these standards acknowledge the unique and complex needs of individuals, and the additional specific knowledge, skills and facilities needed in order for the Wellbeing Residential Group to deliver an individually tailored and comprehensive service. Certain of the standards do not apply to pre-existing homes including local authority homes, "Royal Charter" homes and other homes not previously required to register.

The Standards do not apply to independent hospitals, hospices, clinics or establishments registered to take patients detained under the Mental Health Act 1983.

Regulatory Context

These standards are published by the Secretary of State for Health in accordance with section 23 of the Care Standards Act 2000 (CSA). They will apply from 1 June 2003, unless otherwise stated in any standards.

The Care Standards Act created the National Care Standards Commission (NCSC), an independent non-governmental public body, which regulates social and health care services previously regulated by local councils and health authorities. In addition, it extended the scope of regulation significantly to other services not previously registered, including domiciliary care agencies, fostering agencies and residential family centres.

The CSA sets out a broad range of regulation making powers covering, amongst other matters, the management, staff, premises and conduct of social and independent healthcare establishments and agencies.

Under the Care Standards Act the Secretary of State for Health has powers to publish statements of National Minimum Standards. In assessing whether the Wellbeing Residential Group conforms to the Care Homes Regulations 2001, which are mandatory, the National Care Standards Commission must take the standards into account. However, the Commission may also take into account any other factors it considers reasonable or relevant to do so.

Compliance with national minimum standards is not itself enforceable, but compliance with regulations is enforceable subject to national standards being taken into account.

The Commission may conclude that a care home has been in breach of the regulations even though the home largely meets the standards. The Commission also has discretion to conclude that the regulations have been complied with by means other than those set out in the national minimum standards.

Structure and Approach

The National Minimum Standards for Care Homes for Older People focus on achievable outcomes for service users – that is, the impact on the individual of the facilities and services of the Wellbeing Residential Group. The standards are grouped under the following key topics, which highlight aspects of individuals' lives identified during the stakeholder consultation as most important to service users.

- Choice of home
- Health and personal care
- Daily life and social activities
- Complaints and protection
- Environment
- Staffing
- Management and administration

Each topic is prefaced by a statement of good practice, which sets out the rationale for the standards that follow. The standards themselves are numbered and the full set of numbered paragraphs needs to be met in order to achieve compliance with the standard. Each standard is preceded by a statement of the intended outcome for service users to be achieved by the Wellbeing Residential Group.

While the standards are qualitative – they provide a tool for judging the quality of life of service users – they are also measurable. Regulators will look for evidence that the standards are being met and a good quality of life enjoyed by service users through:

- discussions with service users, families and friends, staff and managers and others
- observation of daily life in the home
- scrutiny of written policies, procedures and records.

The involvement of lay assessors in inspections will help ensure a focus on outcomes for, and quality of life of, service users.

The following cross-cutting themes underpin the drafting of the National Minimum Standards for Care Homes for Older People:

- Focus on service users. Modernising Social Services (1998) called for standards that “focus on the key areas that most affect the quality of life experienced by service users, as well as physical standards: [4.48]. The consultation process for developing the standards, and recent research, confirm the importance of this emphasis on results for service users. In applying the ix standards, regulators will look for evidence that the facilities, resources, policies, activities and services of the Wellbeing Residential Group lead to positive outcomes for, and the active participation of, service users.
- Fitness for purpose. The regulatory powers provided by the CSA are designed to ensure that Wellbeing Residential Group managers, staff and premises are ‘fit for their purpose’. In applying the standards, regulators will look for evidence that a home – whether providing a long-term placement, short-term rehabilitation,

- nursing care or specialist service – is successful in achieving its stated aims and objectives.
- **Comprehensiveness.** Life in a care home is made up of a range of services and facilities which may be of greater or lesser importance to different service users. In applying the standards, regulators will consider how the total service package offered by the Wellbeing Residential Group contributes to the overall personal and health care needs and preferences of service users, and how the Wellbeing Residential Group works with other services / professionals to ensure the individual's inclusion in the community.
 - **Meeting assessed needs.** In applying the standards, inspectors will look for evidence that the Wellbeing Residential Group meet assessed needs of service users and that individuals' changing needs continue to be met. The assessment and service user plan carried out in the Wellbeing Residential Group should be based on the care management individual care plan and determination of registered nursing input (where relevant) produced by local social services and NHS staff where they are purchasing the service. The needs of privately funded service users should be assessed by the Wellbeing Residential Group prior to offering a place.
 - **Quality services.** The Government's modernising agenda, including the new regulatory framework, aims to ensure greater assurance of quality services rather than having to live with second best. In applying the standards, regulators will seek evidence of a commitment to continuous improvement, quality services, support, accommodation and facilities which assure a good quality of life and health for service users.
 - **Quality workforce.** Competent, well-trained managers and staff are fundamental to achieving good quality care for service users. The National Training Organisation for social care, TOPSS, is developing national occupational standards for care staff, including induction competencies and foundation programmes. In applying the standards, regulators will look for evidence that registered managers and staff achieve TOPSS requirements and comply with any code of practice published by the General Social Care Council.

Context and Purpose

These standards, and the regulatory framework within which they operate, should be viewed in the context of the Government's overall policy objectives for older people. These objectives emphasise the need to maintain and promote independence wherever possible, through rehabilitation and community support. A variety of specialist provision will be required to help achieve these objectives. Good quality care homes have an important part to play in that provision.

These standards have been prepared in response to extensive consultation and aim to be realistic, proportionate, fair and transparent. They provide minimum standards below which no provider is expected to operate, and are designed to ensure the protection of service users and safeguard and promote their health, welfare and quality of life.

All standards, otherwise stated, refer to the national minimum standards for older people published by the Secretary of State under section 23(1) of the Care Standards Act 2000.