



① ~~File for info~~  
~~Dear file.~~

NHS Management Executive  
St. Andrew's House  
Edinburgh EH1 3DG

8th July 1997

**FOR  
REFERENCE ONLY**

Dear Colleague

**NURSING HOMES SCOTLAND CORE STANDARDS**

**Summary**

1. A Health Board General Managers project to produce a set of core standards for national application by Nursing Home Registration and Inspection Teams in Scotland has now been completed.
2. The Health Board Project Group (comprising Chief Area Nursing Officers) has produced a Core Standards document relating to the care of residents and the inspection and management of registered nursing homes in Scotland. A copy is attached.

**Action**

3. Health Boards are requested to make this MEL and attachment available to all with an interest in the registration and inspection of nursing homes. The Health Board registration and inspection teams are requested to pass copies of the guidance to all nursing homes registered in the Health Board area and to make copies available to any prospective nursing home owner on request.

Yours sincerely

**KEVIN J WOODS**  
Director of Purchasing  
SHS Management Executive

COMMON SERVICES AGENCY	
RECEIVED	
- 8 JUL 1997	
FILE No	
REFERRED TO	ACTION TAKEN
PH	8/7

SCOTTISH HEALTH SERVICE COMMON SERVICES AGENCY PRINCE OF WALES HOUSE LIBRARY	
CLASS	Ref.
ACC. NO.	IP-15: 100462
Date	Price

CMA08705

**Addressees**

**For action:**  
General Managers,  
Health Boards

**For information:**  
Chief Executives,  
SHS Trusts

General Manager,  
Common Services Agency

General Manager,  
State Hospitals Board for Scotland

General Manager,  
Health Education Board for  
Scotland

Executive Director,  
SCPMDE

Directors of Social Work

Directors of Housing

Chief Executive,  
Scottish Homes

Chief Executives,  
Unitary Authorities

Health Councils

Appropriate professional and  
voluntary bodies

**Enquiries to:**

Mr P D Harley  
Directorate of Purchasing Strategy  
SHS Management Executive  
St Andrew's House  
EDINBURGH EH1 3DG

Tel: 0131-244 2426  
Fax: 0131-244 2970

**NURSING HOMES  
SCOTLAND  
CORE  
STANDARDS  
1997**

# **NURSING HOMES SCOTLAND CORE STANDARDS**

## **INDEX**

i.	Foreword	Page 2
ii.	Introduction	Page 4
iii.	Section 1 - Registration Categories (Principal Categories)	Page 7
iv.	Section 2 - Standards for the Statutory Inspection of Registered Nursing Homes	Page 18
v.	Section 3 - Requirements for Person Registered	Page 29
vi.	Section 4 - Source Documents	Page 33

# **NURSING HOMES SCOTLAND CORE STANDARDS**

## **FOREWORD**

## FOREWORD

This guidance on nursing home standards has been developed by an expert group on behalf of Scottish Health Board General Managers.

This latest tranche of nationally agreed guidance is addressed to owners of nursing homes, managers and direct 'hands-on' care staff and is concerned with the personal care of the many frail and vulnerable people in nursing homes. It also provides useful guidance on the requirements to be met for registration and for the maintaining and sustaining of acceptable care standards through the inspection process. Hopefully this guidance will provide a consistent approach which will be adopted by all health boards and home owners as a basis for dialogue and more detailed standard setting at the level of each nursing home.

The setting of standards has to take into account the uniqueness of each individual resident and his/her special needs. The challenge for all concerned is to translate written standards into care practices which enhance the quality of life for all nursing home residents irrespective of their circumstances or health status. The achievement of this goal is heavily dependent on the skills, values and attitudes of the direct care staff. Training and education for direct care staff is of paramount importance. This guidance will provide a useful range of topics to be covered in training programmes for existing staff and new employees.

While many nursing homes provide a good quality of life for their residents, there is always scope for improvement. Identifying and implementing good practice will take time and effort on the part of all concerned. **Auditing and monitoring their own standards will enable nursing homes to provide a service which will be held in high regard by residents, their relatives and the general public.**

All staff working in nursing homes should be offered the opportunity to read and discuss this useful guidance. I see the standards set out in this guidance as a very useful first step in the development of a more consistent approach to enhancing the lives of some of our most dependent citizens.

**ANNE JARVIE**  
Chief Nursing Officer for Scotland

June 1997

**NURSING HOMES SCOTLAND  
CORE STANDARDS**

**INTRODUCTION**

# **NURSING HOMES SCOTLAND CORE STANDARDS**

## **INTRODUCTION**

This document comprises four parts: a series of Core Standards relating to the care of residents within registered nursing homes; a series of Standards relating to the management of nursing homes; a series of Standards relating to the process of inspection of homes and a list of source documents on best practice. The Standards only apply to homes registered to provide care to residents in the categories listed overleaf.

The purpose of these Standards is to provide those who are potential or actual residents of homes, their relatives, friends and advocates; and those who inspect homes; with information on Standards which have been accepted by the Scottish Health Boards in line with their duties under the Nursing Home Registration (Scotland) Act 1938 and subsidiary legislation, including the Health Services Act 1980. They will also inform those who operate nursing homes of the Standards against which they will be assessed. Evidence of compliance with these Standards, which should be widely available, will provide an assurance to all of those who have an interest in the well being of residents or are involved in selecting a home for future residents that the home has systems and strategies, which are acceptable to Health Boards, in place to promote quality of life for residents and deliver the care which is needed. No set of standards can specify or guarantee every aspect of the way in which homes provide care for residents on a day to day basis. That will always be a matter for the individual responsibility and judgement of those who operate nursing homes and the professional staff they employ. They are accountable to their residents, those who fund placements, professional bodies and Health Boards for both their acts and their omissions. Failure to ensure that these Standards are met in any area can ultimately lead to criminal proceedings and/or cancellation of registration.

The need for those responsible for placement and their professional advisers, including General Practitioners, to assess the compatibility between the environment and culture of an individual home and potential residents is undiminished by these Standards.

Further Standards documents on a range of related issues (for example the handling of medicines in nursing homes) will issue in due course. These will focus on uniformity between Standards for residential and nursing homes. Model guidelines already exist for:

1. Registration and Inspection of Nursing Homes for the Elderly (published October 1989).
2. Registration and Inspection of Independent Hospitals and Nursing Homes providing Acute Services (published March 1992).
3. Registration and Inspection of Nursing Homes Providing Continuing Care and Treatment for people with Dementia (published December 1993)

4. Registration and Inspection of Nursing Homes providing care and treatment for people with a Learning Disability (published December 1993)

These Model Guidelines provide useful information on the application of standards to those client groups. The Scottish Partnership Agency for Palliative and Cancer Care have also published guidelines on good practice for Nursing Homes, (Scottish Partnership Agency: Guide to Good Practice 1994), which will of course be subject to revision as the need arises.

June 1997



**NURSING HOMES SCOTLAND  
CORE STANDARDS**

**SECTION 1**

**REGISTRATION CATEGORIES  
(Principal Categories)**

## Section I

### 1. REGISTRATION CATEGORIES (Principal Categories)

1.1 Principal categories have been identified as:

- i. Care of Older People
- ii. Care of People with Dementia
- iii. Care of People with Learning Disabilities
- iv. Care of People with Functional Mental Illness
- v. Care of Younger Physically Disabled People
- vi. Care of People in need of Palliative Care<sup>1</sup>
- vii. Care of People who Misuse Alcohol or Drugs

#### Notes:

1.2 Additional categories may be identified and added in line with local needs and circumstances.

1.3 Ages and numbers of residents relevant to the above categories may be specified as a condition of individual registrations. Older people for these purposes are defined as those over 65 (in certain circumstances this may be varied with the agreement of the registering Health Board).

1.4 At the discretion of the Health Board, residents outwith the above registered categories of care may be admitted to a Home but, on a named person basis only. Similarly, Health Boards may agree to residents, whose registration categories have altered since admission continuing to receive care at the Home of residence rather than being required to change homes. In either case, staff with appropriate skills and qualifications to meet needs must be provided before agreement is given.

1.5 In homes without a dedicated respite or day care unit, beds for respite care and day care should not normally exceed 10% overall of the total bed complement of the home. The number of day attenders should not exceed 10% of the overall resident population at any one time.

1.6 Requests for formal variations to registered categories may be necessary in order to meet the changing needs of residents.

---

<sup>1</sup> Palliative Care is the active total care of patients whose disease is not responsive to curative treatment (Scottish Partnership Agency: Guide to Good Practice 1994)

## 2. PHILOSOPHY

2.1 The nursing home will have an explicit and documented philosophy which promotes and seeks to continually improve the quality of life of individual residents. This philosophy will encompass:

- privacy
- dignity
- respect
- choice
- independence
- rights
- fulfilment
- safety

2.2 The philosophy will be evident in the overall and individual approach to care, the environment of the nursing home and the facilities available to residents.

2.3 The written philosophy of the home should be widely available and communicated to residents, relatives and carers in all promotional literature and information, and to staff through education and training.

---

2.4 The nursing home should see itself as part of the local community and wherever and whenever appropriate explore ways of becoming further integrated.

2.5 Residents who are registered with the NHS are entitled to the provision of NHS services according to central guidance, on the recommendation of the general practitioner, and these will be arranged as appropriate.

## 3. CARE STANDARDS

### 3.1 Nursing Assessment/Care Planning

3.1.1 For planned admissions a pre-admission assessment will be carried out by a first level registered nurse from the nursing home. This will ensure that the residents' needs are able to be met at the proposed home.

3.1.2 On admission an initial assessment of each resident's needs is made and documented by a first level registered nurse.

3.1.3 Each resident should undergo an assessment of care needs the outcomes of which should result in their physical, psychological, social and spiritual needs being documented and reflected within the care plan and in the day to day delivery of care.

3.1.4 Each resident should have an individual care plan completed and documented within seven days (one week) following admission. Where the patient's condition allows the care plan will be developed by the multidisciplinary team and in agreement with the resident, and where the resident wishes, in

consultation with his or her relatives/carers. For respite admissions care plans should be achieved within two days.

- 3.1.5 Residents' care plans should be reviewed and documented at least monthly or where appropriate at times of illness or change in an individual's functional status.
- 3.1.6 All entries and changes in the care plan should be signed and dated in black ink by the person responsible for making the entry.
- 3.1.7 Each resident, and where he or she wishes, his or her relatives/carers should have access to his/her care plan, at all times. Any such arrangements should respect a resident's right to confidentiality.

### 3.2 Named Nurse

- 3.2.1 Every resident will have named registered nurse who is responsible for assessing, planning, ensuring implementation, evaluating and co-ordinating the resident's care on an individual basis.
- 3.2.2 A system should be in place to ensure that residents/relatives/carers/other members of the multi-disciplinary team (including general practitioners) are made aware of the resident's named nurse.

### 3.3 Socialisation

- 3.3.1 There should be evidence that the nursing home encourages and enables regular, timeous and meaningful activities which cater for individual resident's interests and choice. These choices are to be reflected within the resident's individual care plan.
- 3.3.2 Appropriate arrangements and facilities should be available for those residents who wish quiet and solitude.
- 3.3.3 Visits to facilities outwith the home should be included in the social programmes unless it is not in the individual resident's interest or choice.
- 3.3.4 The nursing home should provide evidence of social entertainment.
- 3.3.5 The nursing home should show that appropriate resources, including appropriate transport arrangements, are in place to implement the social care programmes.
- 3.3.6 Where appropriate and where this is in the residents' best interests, there should be the opportunity for residents to go on holiday.

### 3.4 Food and Nutrition

- 3.4.1 The nursing home will comply with current environmental health legislation and recommendations in every respect.
- 3.4.2 Menus should be planned with due regard to residents' choice, cultural and religious preference and nutritional value of the meal.
- 3.4.3 There should be evidence of monitoring and evaluation of the nutritional state of individual residents and the advice of a dietician should be sought, particularly for specialist diets.
- 3.4.4 There should be evidence that fresh food and beverages are available in the home 24 hours a day, 7 days a week.

### 3.5 Pressure Area Care

- 3.5.1 There should be evidence that nursing practice is based on up to date knowledge, training and research of pressure area care.
- 3.5.2 All residents should be assessed by a first level registered nurse on admission, using a named risk assessment tool. Reassessment should be undertaken as required.
- 3.5.3 There should be documented evidence of the practical measures taken to prevent the development of pressure sores in individual cases.
- 3.5.4 When a pressure sore is identified, there should be documented evidence of comprehensive wound assessment, of therapeutic intervention and of ongoing evaluation.
- 3.5.5 Nursing homes will provide a suitable and adequate range of equipment for the prevention and management of pressure sores, eg prophylactic mattresses, cushions, as indicated by individual assessment.

### 3.6 Promotion of Continence

- 3.6.1 There should be evidence that nursing practice on the promotion of continence and management of incontinence is based on up to date knowledge, training and research of continence care.
- 3.6.2 There should be written evidence of an initial assessment of continence by a first level registered nurse on admission of individuals to the nursing home.
- 3.6.3 There should be written evidence of continuing evaluation of continence management and appropriate responses within individual care plans.
- 3.6.4 The nursing home will ensure the provision of a range of continence aids, as indicated by the assessment, on an individual resident basis.

- 3.6.5 In line with central guidance (NHS MEL(1996)22), no resident should be charged for the provision of incontinence supplies.

#### 4. MANAGEMENT STANDARDS

##### 4.1 Staffing

The Person Registered unless suitably qualified, experienced and intending to combine both roles will appoint a Person in Charge in accordance with the requirements set out at Section 3 (Requirements for Person Registered).

- 4.1.1 There should be explicit deputising arrangements for the person in charge at all times.
- 4.1.2 Where the person in charge is to be absent from the home for more than four weeks, the Health Board should be advised as soon as the planned/unplanned absence is known. Approval of the Health Board to the deputising arrangements must be obtained as soon as it is known that the arrangements will be required.

##### Qualified Nursing Staff

- 4.1.3 The registered person should ensure that all staff provide satisfactory and appropriate references prior to appointment, one of which must be from the most recent/current employer. All references should be taken up.
- 4.1.4 The registered person should ensure that all qualified nursing staff are in possession of a current professional registration with the United Kingdom Central Council (for Nursing, Midwifery and Health Visiting).
- 4.1.5 The registered person should ensure that all staff provide a signed declaration with respect to Rehabilitation of Offenders Act (1974), Exceptions Order 1975 as amended.
- 4.1.6 The staffing and skill mix at the nursing home should be specified to reflect the care group categories for which the home is registered with the Health Board.

##### General Staff Standards

- 4.1.7 As a condition of registration, all nursing homes should be issued with a staffing notice stating the minimum qualified and unqualified staffing levels required in the home at all times. This document should be displayed prominently in a public place in the nursing home accessible to residents, relatives, visitors and staff at all times.
- 4.1.8 The staffing notice should reflect the registered categories of care, bed numbers and the design of the nursing home.

- 4.1.9 The staffing notice should require the presence of at least one first level registered nurse on duty in the nursing home at all times (24 hours per day).
- 4.1.10 The registered person should ensure that total staffing levels and skill mix reflect patient dependency in the nursing home at all times and will take into account the views of the person in charge when adjusting or determining nurse staffing levels.
- 4.1.11 Nursing care staff should not routinely carry out hotel/domestic duties that are not directly related to health care of residents.
- 4.1.12 Nursing posts should be filled by permanently employed staff wherever possible. Agency or bank nurses should only be appointed when a permanent staff member is unavailable for duty.
- 4.1.13 The number of Bank & Agency nursing staff on duty should not exceed 50% of nursing staff on duty at any time. The skills and experience of bank and agency nurses employed is of paramount importance for the care and safety of residents.

#### **Support Services**

- 4.2.1 Catering, laundry, and domestic services should be provided seven days a week to meet the needs of residents.
- 4.2.2 Other relevant support services including maintenance, administration, and gardening should be provided to a satisfactory standard to ensure the smooth running of the nursing home and to ensure residents' comfort and safety at all times.

#### **4.3 Complaints**

- 4.3.1 The nursing home should have a written policy on the handling of suggestions and complaints. The policy should be displayed in a public place in the home accessible to residents, relatives and visitors and staff at all times.
- 4.3.2 The policy should detail to whom suggestions and complaints may be made, timetable for responses and the avenues of recourse including where appropriate the Local Health Council, the Health Board and, again where appropriate, the Mental Welfare Commission.
- 4.3.3 There should be written evidence of the recording, investigation and response to verbal and written complaints within specified time limits. The outcome should be reported to the resident and /or his/her relatives where appropriate.
- 4.3.4 There should be written evidence that the complaints are resolved and the outcome is used to inform future practice.

- 4.3.5 Arrangements should be in place to access individuals or organisations to advocate on behalf of an individual resident where that is appropriate.
- 4.3.6 The Health Board should be informed immediately by the person registered or his/her representative of any allegations or complaints involving police investigations, or any allegation of abuse of a resident.
- 4.3.7 SHS funded residents in nursing homes should have access to the SHS complaints procedure. They should also have access to the Local Health Council for advice regarding complaints if dissatisfied with the care they are receiving or with the response received to complaints made. All SHS funded residents may take their complaint to the Health Service Commissioner.

#### 4.4 **Record Keeping**

- 4.4.1 All records and registers required by statute and by the registering Health Board should be maintained in the prescribed form within the nursing home and should be available for inspection at any time.
- 4.4.2 Nursing care records should be kept in accordance with the United Kingdom Central Council "Standards for Records and Record Keeping".
- 4.4.3 Designated Health Board officers should have access to clinical care records at any time.
- 4.4.4 A verified record of all staff on duty should be maintained in the nursing home, and retained for three years.
- 4.4.5 Records should be stored in a secure environment within the nursing home with due regard for confidentiality.
- 4.4.6 Where records are maintained in computerised form the requirements and protections set out in the Data Protection Act 1984 will apply.

#### 4.5 **Infection Control**

- 4.5.1 The nursing home should have a written policy which is followed on infection control including procedures for cleaning, disinfection and the promotion of basic hygiene.
- 4.5.2 The nursing home should have written procedures and protocols which are followed for the handling and disposal of clinical waste including sharps.
- 4.5.3 The nursing home should have written procedures and protocols which are followed for the handling and disposal of body fluids and other forms of human waste.



4.5.4 Written procedures should be in place and followed for notifying the Health Board and where appropriate the local environmental health department on identification and notification of outbreaks of infection.

4.5.5 Written procedures should be in place and followed for dealing with an outbreak of a suspected infectious disease.

#### 4.6. **Policies and Procedures**

The nursing home should be able to produce evidence of relevant policies and procedures which cover both aspects of care and management, consistent with the declared philosophy of the nursing home. These policies and procedures should be available to all staff at all times. Residents and visitors should have access to them on request.

4.6.1 The core care policies and procedures should include arrangements and practice covering the following topics:

- admission/discharge;
- healthy eating/nutrition;
- personal clothing/personal hygiene;
- advocacy;
- sexuality;
- management of skin care;
- prevention of pressure sores;
- promotion of continence/management of incontinence;
- prescribing, ordering, storage, administration and disposal of medicines including medical gasses and household remedies (including self administration);
- guidelines for summoning GP assistance;
- infection control;
- wound management;
- use of medical and dental devices;
- use of restraint;
- palliative care;
- care of the dying including pain management;
- last offices/notification of death;
- prevention of resident abuse;
- oral and dental health care including denture care and marking;
- care of spectacles, hearing aids, artificial limbs and other prosthesis.

4.6.2 The core management policies and procedures to ensure appropriate systems within the nursing home will include:

Health and Safety/Risk Assessment:

- reporting, management and prevention of accidents;
- disposal of clinical waste;
- lifting, moving and handling;

- food handling policies;

Fire Safety, and Contingency Plan:

- emergency planning (including contingency for evacuation of residents visitors and staff);
- Smoking Policy;
- Complaints and Suggestions Policy;
- Induction , Orientation and on-going Education and Training of staff;
- Housekeeping and Laundry;
- Advocacy;
- Patient Confidentiality;
- Major Incidents and Accidents;
- Breach of Professional Conduct;
- Management of and accounting for residents' monies and valuables including the special arrangements in place covering the affairs of incapax residents;
- Personnel Policy

4.6.3 In addition to the above, depending on the category of registration or the requirements of the registering Health Board, the following policies and procedures for care may be required: (if doubt exists as to their application to the home) the Person Registered should consult the registering Health Board:

- pain management;
- wound management;
- Practice and management of challenging behaviour;
- alcohol and abuse of substances;
- palliative care;

4.6.4 The following arrangements should be in place:

- i. There should be documented evidence that staff have been made aware of all the nursing home's policies and procedures.
- ii. There should be documented evidence of staff induction, ongoing education and training to support the nursing home's policies and procedures.
- iii. Equipment and resources should be in place to ensure the implementation of the nursing home's policies and procedures.
- iv. Policies and procedures should be reviewed at least annually, and updated, in line with current developments.
- v. Nursing homes should participate in appropriate clinical audit.

- vi. Nursing homes should notify the Health Board of any major incidents/accidents, and incidents of professional misconduct immediately.
- vii. The nursing home should make provision for the regular maintenance and servicing of all equipment.
- viii. The nursing home should be able to produce written evidence of a range of policies and procedures to ensure appropriate care of residents in accordance with needs.
- ix. All written policies and procedures should be dated, signed and give an indication of when last reviewed.
- x. Written policies and procedures should be available to staff at all times.

**NURSING HOMES SCOTLAND  
CORE STANDARDS**

**SECTION 2**

**STANDARDS FOR THE  
STATUTORY INSPECTION OF  
REGISTERED NURSING HOMES**

## Section 2

### STANDARDS FOR THE STATUTORY INSPECTION OF REGISTERED NURSING HOMES

#### 1. INTRODUCTION

The legal framework for the inspection of registered nursing homes is set down in the Nursing Homes Registration (Scotland) Act 1938 (the Act) as amended, the Nursing Homes Registration (Scotland) Regulations 1990 (the Principal Regulations) (as amended by SI(1992) 1443), the Nursing Homes Registration (Scotland) Amendment Regulations 1991 and the Nursing Homes Registration (Scotland) Amendment Regulations 1992. The following standards build on this legal framework and set out the procedures which Health Boards will follow in undertaking inspection visits to registered nursing homes.

#### 2. INSPECTORS AND INSPECTIONS

- 2.1 Inspectors, appointed by Health Boards are authorised to inspect registered nursing homes at any reasonable time. Inspectors may also inspect any register or record which the Regulations require to be maintained. Inspection visits will normally be carried out by two inspectors. All inspectors will carry a document of authorisation with personal identification photograph attached.
- 2.2 At inspection visits, due regard will always be given to the need for privacy and dignity of residents. Residents, their relatives and staff will be afforded the opportunity to meet the inspectors in private.
- 2.3 Inspectors may also inspect any premises which, although not registered, they "reasonably believe" are being used as a nursing home. What amounts to "reasonably believe" will of course depend on the evidence available to the inspectors in each case.
- 2.4 Boards are required to inspect registered nursing homes not less than twice a year. Inspection teams may consider the merits of periodic announced visits, to allow the Homes' Managers to notify residents and relatives of a pending visit.
- 2.5 Where announced visits are made, the co-operation of the person in charge will be sought to make the visit known to staff, residents and their relatives who may wish to meet the inspectors.
- 2.6 Where announced visits are made the person registered and the person in charge will be given at least 10 working days notice of any such visit.

2.7 The purpose of inspections is to ensure that current legislative and Board requirements are met in full. The meeting of these requirements should provide a firm foundation for the delivery of high quality resident-centred care in a safe, secure and homely environment.

2.8 Inspections will include the following areas;

### **Quality of Life**

- Monitoring the standard, level of provision and variety of the food stocks and the menu prepared for the residents meals, along with the arrangements to meet any cultural, therapeutic and other dietary needs, and the choices available to residents.
- Monitoring arrangements for the identification marking and correct distribution and use of personal clothing.
- Evidence and records of residents' access to diversional and other appropriate activities including for example arrangements to enable residents to observe their religious beliefs. These activities may take place either within the home or in the wider community.
- Ensuring that residents have adequate privacy to receive visitors or be interviewed in private.
- Ensuring that arrangements are in place and publicised to notify residents and their relatives or carers of the procedure for making comments, suggestions and complaints about any aspect of the home, its services, facilities or care.

2.9 The inspectors will also examine the following documents;

- The Home's Philosophy of Care and evidence of its implementation;
- Resident records and care plans; particular attention should be paid to the need for the regular review of care needs and for informative written daily statements. The inspectors will also ensure that nursing care records are kept in accordance with the United Kingdom Central Council guidance document "Standards for Records and Record Keeping".
- Policies and Procedures; and
- Complaints Record.

## **Safety and Security**

2.10 The inspectors will;

- Ensure that security and safety measures are in place to meet the assessed needs of individual residents and staff.
- Examine fire notices, fire-fighting equipment and fire exits and escapes. If they are in any doubt about these items or any related aspect the Firemaster will be asked to visit as a matter of urgency and submit a report to the Board. The person registered or the person in charge will be advised of this fact and will receive a copy of the report. The person registered will be required to implement the Firemaster's recommendations.
- Examine the arrangements for storing flammable materials and explosive gases.
- Ensure that systems are in place to fulfil compliance with all duties imposed on Homes by the Health & Safety legislation and the Health and Safety Executive.
- Examine the arrangements for the evacuation of the home and provision of adequate short and long term emergency accommodation.

2.11 The inspectors will also examine the following documents;

- Register of fire training, fire practices, alarms and fire procedures and the fire safety equipment maintenance record.
- Accident and incident reports (staff, residents and visitors).

## **Environment of Care**

2.12 The inspectors will;

- Ensure compliance with the Board's requirements for space allocations and room sizes and numbers. This will include bedrooms, lounge and dining areas, bathrooms and WCs.
- Ensure that the general structural condition, decoration and cleanliness of the home are conducive to the care and well being of residents.
- Ensure that all fixtures, fittings, furnishings and any other materials used in patient care are available to a standard and level of provision which enables care to be delivered to all residents to an adequate standard.
- Ensure adequate standard and level of provision of treatment facilities and medical and nursing equipment including maintenance and condition.
- Ensure that the internal layout of the building permits privacy and freedom of movement for residents, and enables staff to function effectively and facilitates the optimum use of equipment.

- Ensure that the building facilitates residents access to the external environment and that gardens etc. are maintained and have appropriate facilities to enable residents to make best use of available outdoor space and resources.
- Ensure that all sanitary facilities including any sluices are of an adequate standard and level of provision and are appropriately maintained.
- Ensure that the environmental temperature meets the individual requirements of residents.
- Monitor the arrangements for the temperature control of hot water and for guarding hot radiator surfaces.
- Monitor the availability of daylight and the effective provision of artificial light, including lighting in treatment areas and emergency lighting provided in case of mains power failures.
- Ensure that window-sill heights in lounges and dining rooms permit residents to see out from a sitting position.
- Monitor the condition of the food storage and preparation areas, kitchens, dining rooms and all equipment therein. This will include provision of adequate supplies, cleanliness and operation, and the arrangements for catering staff. Where there is any doubt about the condition of these areas, equipment or methods of operation the local Environmental Health Officer will be asked to visit as a matter of urgency. The person registered or the person in charge will be advised of this fact and will be asked to submit a copy of the report and proposals to correct any shortcomings identified to the Board within seven days of receipt.
- Monitor the arrangements for the provision of laundry services both for bed linen and residents clothing, including arrangements for sluicing, storage of linen awaiting laundering or collection, washing drying and ironing. The arrangements for laundry staffing will also be examined.



## Clinical Services

2.13 The inspectors will;

- Ensure that arrangements are in place for residents to access routine and emergency general medical, dental and ophthalmic services as required, taking account of residents' choice.
- Ensure that effective arrangements are in place for residents to receive appropriate paramedical and therapeutic interventions as their condition warrants.
- Ensure that effective arrangements and facilities for the prescribing, supply, storage, dispensing, administration, disposal and recording of medicines, medical gasses, topical preparations and household remedies are in place. In any situation where there is doubt about the adequate standard and level of provision of any of these services or facilities the Board's Pharmaceutical Advisory Officer will be asked to visit and prepare a report and recommendations for both the Board and the nursing home. The person registered will be required to make any changes or improvements within a reasonable time period after receipt of the report. This time period to be agreed with the inspectors.
- The arrangements to prevent the spread of infection and manage any outbreaks which do occur.
- The arrangements for the storage, collection and disposal of all types of clinical waste, including sharps.

2.14 An extract from the Nursing Homes Registration (Scotland) Regulations 1990 on which much of the foregoing is founded is set out at the end of this Chapter.

## Administrative Matters

2.15 Inspectors will;

- Ensure compliance with Conditions for Registration; i.e. number of residents and Categories of Care (The Act - Section 1).
- Ensure compliance with meeting national and local nursing home standards for the care and management of residents.
- Ensure that the Home's Certificate of registration is displayed in a prominent place. (The Act - Section 1).
- Ensure compliance with the Board's requirements for person in charge and deputy, registered nursing staff, care assistants and ancillary staffing. (The Nursing Homes Registration (Scotland) Act 1938 - Section 1).

2.16 The inspectors will also examine the following registers and documents (Regulation 11 of the Principal Regulations);

- The register of residents as required in Regulations.
- The register of staff and other persons providing professional services as required in Regulations.
- A review of the records of residents who have died in the nursing home since the last inspection; particular attention will be paid to the need for deaths to be notified to the Health Board.
- Staff training records.
- Employer's liability and other insurances.
- Verifiable record of all staff on duty.
- Maintenance Records, relative to buildings, fittings, furniture and medical or nursing equipment.

### **3. INSPECTION - REPORTS AND FOLLOW-UP**

- 3.1. Following all Statutory Inspection visits the person registered and the person-in-charge will receive a Report from the Health Board within 15 working days. The Report will detail the findings of the Inspection Team and, by reference to the legislation, good practice guidance and Health Board standards, identify areas requiring to be addressed and/or resolved. The Report will indicate the timescale in which the Health Board require to see these areas addressed/resolved and will specify the method of follow-up, if appropriate, eg follow-up visit, Report from home, and its timescale. Where it is appropriate, in the light of the inspector's findings, the person registered and the person-in-charge may be invited to discuss significant issues of concern with Health Board staff. Where at Statutory Inspection the inspector's findings are such that the safety and well being of the residents in a Home is being seriously compromised the person registered and the person-in-charge will be required to attend a meeting to discuss the situation with Health Board officers within 24 hours. Matters would then be progressed in the same manner as set out below.
- 3.2. When the Board is made aware from a third party of any Nursing Home where the safety and well being of residents may be compromised an urgent investigatory inspection will be carried out. If the concerns are corroborated the person registered and the person-in-charge will be required to attend a meeting to discuss the situation with Health Board officers within 24 hours. Following this meeting a Report, as outlined above, will be issued together with a letter detailing the meeting and setting out the agreed remedial action - normally the areas requiring urgent attention and the timescale for action. Monitoring visits will be made until such time as the Health Board is satisfied with the care and other standards of the Home.
- 3.3. In the event of failure on the part of the Nursing Home to implement improvements agreed as requiring urgent action (a further inspection will be carried out if appropriate). The Health Board will be advised of the concerns/problems existing as

soon as practicable. The Report which follows such an inspection will focus on the areas where in the view of the Health Board there is deviation from the requirements of the Act and Regulations or related Health Board standards. Such a Report will form the basis of any decision to recommend cancellation of registration to the Health Board. If such a recommendation is made it will be framed in accordance with the appropriate section of the Act.

- 3.4. In the event of findings at any inspection/visit being such as to be sufficiently serious to call continued registration into immediate question, a further inspection, if required, will be carried out and the Health Board will be advised of the concerns existing as soon as practicable. The Report which follows such an inspection will focus on areas where in the view of the Health Board there is deviation from the requirements of the Act and Regulations or relating Board standards. Such a report will form the basis of any decision to recommend cancellation of registration to the Health Board. If such a recommendation is made it will be framed in accordance with appropriate section of the Act.
- 3.5 Since 1992 an independent Consultative Panel has been available to Health Boards and Nursing Home owners. The Panel provides a source to which interested parties can turn for advice on any disputes which arise over registration and seeks to reduce the need for recourse to legal proceedings as a result of registration decisions by Health Boards. Information on the Panel, its constitution and purpose should be given to Nursing Home owners as appropriate.

#### **4. PROCEDURE FOR CANCELLATION OF REGISTRATION**

- 4.1 On receipt of a recommendation of cancellation the Health Board will consider a paper setting out the issues in the private part of a meeting and, if it thinks fit, will authorise the sending of a letter by hand, by Sheriff Officer or by recorded delivery service to the person registered, advising of the intention to cancel registration. The letter will detail the grounds on which cancellation is being considered and will also advise the person registered that he/she should intimate to the Health Board within 14 days of the date of the letter of an intention to make representations. (The Act - Section 3).
- 4.2 If the person registered does not indicate a wish to make such representations, a Health Board meeting will be held no earlier than 15 days and no later than 21 days after the meeting identified in paragraph 4.1, for the purpose of making the Order cancelling registration.
- 4.3 If the person registered indicates a wish to make representations, a Health Board meeting will be held, the date of which will if possible be agreed with the person registered or his/her representative. Having heard the representations of the person registered or his representative the Health Board will decide whether to confirm or rescind the decision to make the Order. If the Order is not made the Health Board will agree the action required to rectify the situation, set out a timetable for action and will direct the inspection team to ensure that such action is completed to the Health Board's satisfaction. Where an Order is made it will be delivered to the person registered by the same means as above and will detail the right of appeal to a Sheriff. (The Act - Section 3).

- 4.4 If within 15 days of the Order being made and delivered by hand to the person registered, no notice of appeal to the Sheriff is received, Health Board officers, in consultation with social work colleagues, will formally commence the arrangements for notifying relatives and carers and for the home to be closed.
- 4.5 Nothing in the foregoing will prevent the Health Board making a report to the Procurator Fiscal where there is reason to believe that a criminal offence has been committed by the person registered or by any member of staff caring for residents in the nursing home.

**Note THE NURSING HOMES REGISTRATION (SCOTLAND) REGULATIONS  
1990 - EXTRACT**

**Provision of facilities and services**

13.(1) In respect of a nursing home which is registered under the Act, the facilities provided, precautions taken and arrangements made, all as described in this regulation, shall be of a standard which the Health Board reasonably considers to be sufficient and suitable in the circumstances of the particular nursing home, which standard shall be maintained for so long as the registration remains in force.

(2) The person registered shall, having regard to the size of the nursing home and the number, sex, age range and condition of the patients, provide or make, as the case may be, to an adequate standard or level or number the following:-

- (a) professional, technical, ancillary and other supporting staff;
- (b) accommodation and space for each patient in the home including, where appropriate, day-room facilities separate from sleeping accommodation;
- (c) furniture, bedding, curtains and, where necessary, suitable screens and floor covering in rooms occupied or used by patients;
- (d) treatment facilities and medical, surgical and nursing equipment;
- (e) fire fighting equipment;
- (f) wash basins and baths or showers supplying hot and cold water, and water closets and sluicing facilities;
- (g) light, heating and ventilation in all parts of the home occupied or used by patients;
- (h) means of escape in the event of fire;
- (i) fire drills and practices so that the staff and, so far as practicable, the patients in the home know the procedures to be followed in the case of fire;

- (j) permanently displayed notices explaining procedures in the event of fire;
  - (k) kitchen equipment, crockery, cutlery and facilities for the preparation and storage of food;
  - (l) supplies of suitable food for every patient;
  - (m) arrangements for the storage and regular laundering of soiled and dirty linen;
  - (n) arrangements for the disposal of swabs, soiled dressings, instruments and similar substances and materials;
  - (o) arrangements for the provision of medical and dental services for any patient in the home, whether under Part II of the National Health Service (Scotland) Act 1978(a) or otherwise;
  - (p) arrangements for the recording, safe keeping, handling and disposal of drugs;
  - (q) arrangements for the prevention of infection, toxic conditions, or spread of infection at the home and the provision of adequate sterilising procedures in operating theatres;
  - (r) arrangements, where appropriate, for the training or occupation, and recreation of patients, and play and education facilities for child patients;
  - (s) facilities for any patient to receive visitors, or be interviewed, in private.
- (3) The person registered shall, having regard to the size of the nursing home and the number, sex, age range and condition of the patients in the nursing home -
- (a) take precautions -
    - (i) against the risk of fire;
    - (ii) against the risk of accident
  - (b) make adequate arrangements for detecting, containing and extinguishing fire, for the giving of warnings and for the evacuation of patients and staff in the event of fire.
- (4) The person registered shall -
- (a) keep all parts of the home occupied or used by patients in good structural repair; clean and reasonably decorated;
  - (b) provide suitable storage of medical gas cylinders and highly inflammable materials;

- (c) provide for the home to be connected to a public telephone service;
- (d) where the home is a maternity home, and in any home in which surgical operations are undertaken or life support systems used, provide such electrical supply as would be needed to safeguard the lives of the patients during interruption of public supply;
- (e) ensure that arrangements for dealing with medical emergencies of patients, including children born in the home to patients, are agreed with the Health Board and are brought to the attention of members of the nursing home staff;
- (f) at such times as may be agreed with the fire authority, consult that authority on fire precautions in the home;
- (g) be responsible for the day-to-day running of the home and make adequate arrangements for its running on occasions when he is absent from the home, or, where there is a person in charge of the home, make or cause to have made adequate arrangements for the running when the person in charge is absent from the home;
- (h) inform the Health Board in writing of proposed absences of periods of more than 4 weeks of himself, where he is responsible for the day-to-day running of the home, or of the person in charge.

**NURSING HOMES SCOTLAND  
CORE STANDARDS**

**SECTION 3**

**REQUIREMENTS FOR PERSON REGISTERED**

### Section 3

#### REQUIREMENTS FOR PERSON REGISTERED

1. The person registered is the person registered under the Nursing Homes (Scotland) Act 1938 as carrying on the nursing home named in the application for registration. The person can be:

- one or more individuals;
- a company;
- a partnership;
- a society;
- an association;
- a body.

2. A curriculum vitae detailing the experience and professional qualifications of each individual, or each member of the group of individuals, or each of the directors of the company, or each of the partners/members of the partnership, or each of the office bearers of the society, association or body will be supplied to the Health Board as part of the application for registration.

3. Each individual, or each member of the group of individuals, or each of the directors of the company, or each of the partners/members of the partnership, or each of the office bearers of the society, association or body will provide the Health Board with a signed declaration with respect to the Rehabilitation of Offenders Act (1974). and will also provide the Health Board with a signed authorisation for a Police review. Registration will depend on any subsequent report proving satisfactory to the Health Board.

4. Each individual will provide the names of referees to satisfy the Health Board, including two character or professional references and one financial reference. The Health Board will take up all references.

5. Each individual will provide a declaration that there is no potential for conflict of interest.

6. The person registered will undertake to maintain, or cause to be maintained, all records and registers as stipulated within the legislation covering the registration and regulation of nursing homes.

7. Each individual will supply the Health Board with a signed written declaration with respect to any previously refused application or applications for registration for a nursing home or residential establishment, or cancellation of such registrations.

8. Each applicant will provide the Health Board with a Business Plan and statement of financial soundness approved by the applicant's banker or auditor/accountant.

9. If the applicant is a company the Health Board will conduct appropriate company searches.



10. Each person applying to be registered will provide the Health Board with a signed declaration of health status and a signed authorisation by the individual to approach their General Practitioner for a statement of health (covering physical, psychological and emotional health aspects).

11. Each applicant will provide the Health Board with a satisfactory organisational management structure specifying the role boundaries of senior staff and also an operational policy manual for the home covering all aspects of residents' care.

12. Each applicant will provide the Health Board with a written statement of the philosophy, aims and objectives of the home.

13. Each applicant will provide the Health Board with an undertaking to ensure the provision and resourcing for staff education and development.

14. Each applicant (if not themselves) the person in charge, will appoint a suitable nominee to be person in charge for approval by the Health Board.

15. Each applicant will demonstrate that satisfactory arrangements are in place for the running of the nursing home in the absence of the person in charge.

#### **REQUIREMENTS FOR PERSON IN CHARGE**

1. The person in charge will be a first level registered nurse with qualifications which are relevant and appropriate to the categories of care for which the nursing home is/will be registered.

OR

The person in charge will be in possession of a medical qualification relevant and appropriate to the categories of care for which the nursing home is/will be registered.

2. The person in charge will be in possession of a current registration with the appropriate professional body (nurse - United Kingdom Central Council (for Nursing Midwifery and Health Visiting); doctor - General Medical Council).

3. The person in charge will have a minimum of five years clinically relevant post registration experience.

4. The person in charge will have recent experience in both the management and provision of nursing or medical care appropriate and relevant to the categories of care for which the nursing home is/will be registered.

5. Before approval by the Health Board, the proposed person in charge will provide the Registration & Inspection Team with a curriculum vitae.

6. Before approval, the proposed person in charge will provide the Board with a signed declaration of health status and a signed authorisation by the individual to approach their

General Practitioner for a statement of health (covering physical, psychological and emotional health aspects).

7. The candidate will provide the Health Board with a signed declaration with respect to the Rehabilitation of Offenders Act (1974) Exceptions Order 1975 as amended.

8. The candidate will provide two professional references to satisfy the Health Board, one of which will be from the current or most recent employer. The Health Board will take up all references.

9. The proposed appointee will provide the Health Board with a signed declaration confirming that there is no potential for conflict of interest.

10. The maximum age at the time of appointment will be no greater than the prevailing State retirement age.

11. The Health Board will specify the proportion of time the person in charge is required to be supernumerary in the staffing notice issued to the nursing home.

**NURSING HOMES SCOTLAND  
CORE STANDARDS**

**SECTION 4**

**SOURCE DOCUMENTS**

## **NURSING HOME STANDARDS**

### **RECOMMENDED LITERATURE**

1. HMSO Nursing Homes Registration (Scotland) Act 1938.
2. HMSO Nursing Homes Registration (Scotland) Regulations 1990 Amendments 1991 and 1992.
3. Scottish Office (1989) Registration and Inspection of Nursing Homes for the Elderly.
4. Scottish Office (1993) Registration and Inspection of Nursing Homes providing continuing care and treatment for people with dementia.
5. Scottish Office (1993) Registration and Inspection of Nursing Homes providing care and treatment for people with learning disabilities.
6. Scottish Partnership Agency for Palliative and Cancer Care (1994) Guidelines for Good Practice - Palliative and Cancer Care.
7. Scottish Office (1992) Named Nurse National Guidelines ISBN0748029575.
8. Scottish Office (1995) Pressure Area Care Guidelines ISBN0748030263.
9. MEL(1996)22 Scottish Health Service Guidance.
10. HMSO (1974) Rehabilitation of Offenders Act Exemptions Order 1975 as amended.
11. Scottish Office (1996) Complaints Guidance on Implementation of the NHS Complaints Procedure.
12. UKCC Standards for Records and Record Keeping.
13. HMSO (1994) Data Protection Act.
14. HMSO (1989) Department of Health Social Services Inspectorate SSI; Homes are for living in: a model for evaluating quality of care provided, and quality of life experienced in a residential care homes for elderly people.
15. Caroline Walker Trust (1995) Eating well for older people: practical and nutritional guidelines for food in residential and nursing homes and for community meals. Report of an expert working group.

16. Royal College of Nursing (1987) Royal College of Nursing's forum for nurses caring for the mentally ill; Focus on restraint: guidelines on the use of restraint in the care of elderly people.
17. Royal College of Physicians (1992) Royal College of Physicians British Geriatrics Society; High quality long term care for elderly people: guidelines and audit measures: report.
18. Royal College of Physicians (1995) Incontinence - causes, management and provision of services; ISBN 1 873240 97X.
19. Report of the Working Party on Incapax Patients Funds - 1985 (HMSO).
  - These documents are available from the Scottish Health Service Centre, Crewe Road South, Edinburgh or the Stationery Office (formerly HMSO), 71 Lothian Road, Edinburgh and other specialist outlets.
  - The list is by no means comprehensive and further contributions are invited. Updates will issue when appropriate.