

# Gathering Evidence

## Gathering Evidence

The practical,  
easy to use pre inspection  
guide for your care home  
service without  
nursing



*"Practical, easy to read and useful as a reference for both new and experienced managers"*

**Care home owner, 40 Older People**

*"Wow, something that makes understanding outcomes as easy as possible with real examples. This will be invaluable to my manager"*

**Care Home Manager for 15 people  
with Learning Disabilities**

If you own or manage a Care Home without nursing this 30 page booklet is an essential guide to help you to:

- Have the very best policies and procedures to demonstrate the quality of the service you operate
- Prepare comprehensive evidence for your inspection
- Support your staff to understand the CQC outcomes and their role in the inspection process

**'Gathering Evidence'** is a practical, easy to use, outcome by outcome guide to support home owners and managers to understand what the CQC outcomes mean and what policies and procedures link to each outcome. It also provides some helpful tips to make sure you have the very best policies, procedures and documents to demonstrate that you meet the requirements of all of the CQC outcomes.

It's short, written in user friendly language and provides lots of examples and useful information. It has been market tested and received extremely positive feedback.

It has been endorsed by the National Care Association (NCA).

## Extract from Gathering Evidence booklet

### Care and welfare of people who use services

The kind of evidence that you need to consider includes:

**Publicity material** – Does it clearly show the services that you offer? Is it readily available? Is there a table of cost?

**Risk policies and procedures** – Does it support the right to take informed risks while balancing safety and effectiveness? Are ALL risks (e.g. falls, manual handling, nutritional and dependency levels) regularly reviewed with the person who is receiving care and support?

**Care planning documentation** – Does this show that you respect and involve people who are receiving care services, regularly review the care plan, record if a persons choice can not be respected or accommodated (for example, if their choice placed other people at risk of harm), address equality, diversity and human rights issues?

**Key/Link worker procedure** – Does this demonstrate .....

actual pages:

**Respecting and involving people who use services**

Every person receiving care should, as far as they are able to do so, be involved in making decisions about the care that they need and the kind of care and support that they would like to receive. They should always have their views and wishes taken into account and their privacy, dignity and independence respected.

The kind of evidence that you need to consider includes:

- Publicity material** – Does it clearly show the services that you offer? Is it readily available? Is there a table of cost?
- Risk policies and procedures** – Does it support the right to take informed risks while balancing safety and effectiveness? Are ALL risks (e.g. falls, manual handling, nutritional and dependency levels) regularly reviewed with the person who is receiving care and support?
- Care planning documentation** – Does this show that you respect and involve people who are receiving care services, regularly review the care plan, record if a persons choice can not be respected or accommodated (for example, if their choice placed other people at risk of harm), address equality, diversity and human rights issues?
- Key/link worker procedure** – Does this demonstrate that the person receiving care services is able to discuss their options, with someone who listens and understands their needs, choices and preferences and the choices available to them?
- Complaints procedure** – Does it clearly explain how complaints will be addressed and the associated timescales? Is it easily accessible?
- Advocacy** – how do you demonstrate that you support people to make their own choices about how their services should be improved?
- Local Engagement** – how do you support people to maintain links with the local community?

You also need to be familiar with the following publications:

- For services providing care for people with learning disabilities:
  - Valuing People: A new strategy for learning disability for the 21st century (2001)
  - Valuing People Now: a new 3 year strategy for people with learning disabilities - making it happen for everyone (2009)
- For all services:
  - Independence, Choice and Risk: A Framework for Supported Decision Making (2007)

**Consent to care and treatment**

People who are receiving care services should fully understand the options and choices available to them and give consent to care and treatment. They need to have a full understanding of that care and treatment that they have had to date, and an understanding of how to make any changes to agreed care and treatment and the implications of any decisions that they make.

The kind of evidence that you need to consider includes:

- Valid consent procedures** – Do you have a policy that clearly sets out how when and why consent may need to be obtained? How is it explained to people receiving care services? Does it ensure all options and choices are explored? How do you respect the right to withdraw consent? What provision is made to support someone who lacks capacity?
- Advocacy** – How do you demonstrate support and acceptance of the advocacy who lack capacity?
- Care planning documentation** – how does this support obtaining and monitoring consent to care and treatment?

You also need to be familiar with the following publications:

- Research governance framework for health and social care (second edition) (2009)
- Mental Health Act Code of Practice (2007)
- Mental Capacity Act Code of Practice (2008)

**Meeting nutritional needs**

Everyone living in a care home should be supported to have adequate nutrition and hydration.

The kind of evidence that you need to consider includes:

- Care planning documentation** – Does it identify any and dietary, religious and cultural requirements, allergies associated with nutrition and drinking and additional support requirements? Does it identify any impact of medication linked to eating and drinking? How are nutrition and hydration risks identified, assessed and managed? How are people supported to maintain their independence, consent and management? Specific meals, and how regular access to drinks/snacks?
- Food safety leading procedures** – Are staff appropriately qualified? Food stored and handled safely? Is food hygiene promoted? Is the kitchen clean and does it meet prescribed food?
- Staff training** – Do you staff know what constitutes a healthy, balanced diet? Do people receiving care? Do they understand the role in providing meals that meet the nutritional needs of people receiving care? Do they understand the role in relation to promoting and assessing risks associated with nutrition and hydration?

You need to be familiar with the following publications:

- Support for adults - NICE (2006)
- Action Plan – Diet and Nutrition Summit stakeholders (2007)

**Disability:**

- PRU strategy for people with learning disabilities for everyone (2009)

**Images:**

- A person in a red jacket sitting on a lawn with a dog.
- A bowl of fresh fruit including apples, oranges, and grapes.

## Order form

### Paying by cheque

To order your copy of this really useful booklet please send a cheque for the value of £18.00 per booklet (Include £2.95 P&P and 50p P&P per extra booklet) to:

**National Care Association,  
45-49 Leather Lane, London, EC1N 7TJ  
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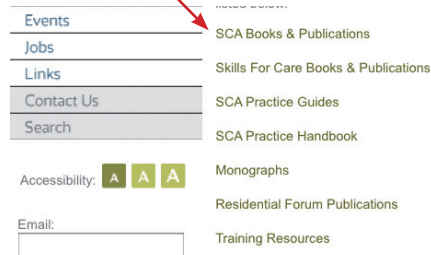
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