

<b>Home Name:</b>	Derbyshire House Care Home		
<b>Provider:</b>	WJ Yapp Trust Homes		
<b>Type:</b>	Residential		
<b>Home Address:</b>	Station Road		
	East Leake		
	Loughborough		
	LE12 6LQ		
<b>Home Manager:</b>	Sharon Smith (CQC registered)		
<b>Date of Audit:</b>	10 January 2017		
<b>Quality Band:</b>	Five	<b>Previous Band:</b>	Five

### Summary of Audit Findings

<b>Standard One</b>	People who use the service experience person-centred care
We found the provider <b>clearly met</b> this standard. People who live in the care services receive person-centred care, which considers their choices and preferences. Care is provided in a positive risk taking environment, which supports people to make decisions regarding their care. For those people who lack capacity to make specific decisions, the service does not consistently act in the person's best interests.	
<b>Standard Two</b>	The lived experience of people who live in the care service
We found the provider <b>clearly met</b> this standard. People are supported by staff whom are respectful and dignified, and professional in their dealings. People are supported to maintain their individual routines. The care setting is suitable, safe and homely.	
<b>Standard Three</b>	People are protected from harm
We found the provider <b>clearly met</b> this standard. People are protected from abuse or the risk of abuse, including financial abuse and the safe handling of their medication. People live in an environment which is clean and hygienic, and they are protected from acquiring healthcare associated infections. People have access to suitable equipment, which is clean and well maintained.	
<b>Standard Four</b>	People who use services are supported by competent staff
We found the provider <b>clearly met</b> this standard. People are supported and cared for by sufficient numbers of staff who are suitably recruited and sufficiently inducted and trained to provide them with the knowledge, skills and experience to be competent and professional.	
<b>Standard Five</b>	Services are managed effectively
We found the provider <b>clearly met</b> this standard. People receive care through an effective and professionally managed service. The provider/manager takes responsibility, is appropriately registered and accountable for their actions, and has	

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

### **Recommendations**

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

<b>Standard One</b>
<ul style="list-style-type: none"><li>• Ensure where the resident lacks capacity to make decisions, the requirements of the Mental Capacity Act 2005 are met.</li></ul>
<b>Standard Two</b>
<ul style="list-style-type: none"><li>• None evidenced</li></ul>
<b>Standard Three</b>
<ul style="list-style-type: none"><li>• Ensure handwritten entries on MAR charts are countersigned</li><li>• Ensure actions from the Infection Prevention Control Audit are completed.</li></ul>
<b>Standard Four</b>
<ul style="list-style-type: none"><li>• None evidenced</li></ul>
<b>Standard Five</b>
<ul style="list-style-type: none"><li>• None evidenced</li></ul>

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

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

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

<b>1.2</b>	Care / support plans include identified areas of risk and detail how these will be managed and are reviewed, supporting service users to make informed choices.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None evidenced</li> </ul>		
<b>Observed Evidence</b>		
<p>We found that on the day of the visit we evidenced that the criteria were fully met. An example of what we found to make this judgement was: Where a risk had been identified, there was a corresponding risk assessment. The risk assessments balanced safety with residents' right to make choices. We found risk assessments were reviewed monthly and as identified care needs or risks changed or new risks were identified.</p> <p>We spoke with residents regarding choices they were given by staff. They said, "I am always given choices of food and what I want to do".</p>		

This means care plans include identified areas of risk and detail how these will be managed.

1.3	Service users and/or families / advocates are involved in the care / support planning process and are able to contribute their views, opinions and understanding. Where the service user lacks capacity to make decisions, the requirements of the Mental Capacity Act 2005 are met.	Partially meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• Ensure where the resident lacks capacity to make decisions, the requirements of the Mental Capacity Act 2005 are met.</li> </ul>		
<b>Observed Evidence</b>		
<p>We spoke with residents regarding their involvement in their care. They said, “I am involved in the review of my care”. We observed staff involving residents in every aspect of their care.</p> <p>We found that for residents who lacked the capacity to make certain decisions, the requirements of the Mental Capacity Act 2005 (MCA) had not been fully met. MCA assessments were generic and were not in all areas where it was indicated the resident lacked capacity to make a decision. For example, the use of a sensor mat. We also found consent forms had been signed by relatives that did not hold the legal paperwork to make these decisions.</p> <p>We spoke with staff regarding their understanding of the MCA and found they had a good understanding of the act and its application.</p> <p>This means residents and families are involved in the care planning process and are able to contribute their views, opinions and understanding. Where the service user lacks capacity to make decisions, the requirements of the Mental Capacity Act 2005 are not fully met.</p>		

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

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

2.1	Staff always refer to, speak with and interact respectfully, supportively and in confidence with service users.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"><li>• None evidenced</li></ul>		
<b>Observed Evidence</b>		
<p>We found that on the day of the visit we evidenced that the criteria was fully met. An example of what we found to make this judgement was: We spoke with residents regarding how they felt staff spoke and interacted with them. They said, "The staff here are very good, they look after me very well". Relatives told us the staff are excellent. We observed staff speaking respectfully with and about residents. When staff spoke to each other about residents, these did this respectfully and confidentially.</p> <p>We observed staff spending time sitting and talking, interacting and engaging in activities with residents, when not providing specific care or support. Interactions between residents and staff were comfortable and natural and demonstrated that staff recognised the importance of building relationships with residents. When staff greeted residents, they waited for a response and showed interest in the resident and what they were saying.</p> <p>This means staff always refer to, speak with and interact respectfully, supportively and in confidence with relatives.</p>		

2.2	Service users are supported with dignity through individual stages of life, by staff respecting their choices and preferences.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"><li>• None evidenced</li></ul>		
<b>Observed Evidence</b>		
<p>We found that on the day of the visit we evidenced that the criteria were fully met. An example of what we found to make this judgement was: We spoke with residents regarding whether they felt staff sufficiently understood older people. They said, "The staff look after me very well, you couldn't get a better home" and "I am very happy here". We found good end of life information in place for residents living at the home.</p> <p>This means residents are supported with dignity through individual stages of life, by staff respecting their choices and preferences.</p>		

2.3	A live record of significant events in the life of each person is maintained, including the refusal of an aspect of the service. Staff recognise and maintain confidentiality in respect of information about service users. Accurate records relating to service users are completed in a timely way and stored in a safe place.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None evidenced</li> </ul>		
<b>Observed Evidence</b>		
<p>We found that on the day of the visit we evidenced that the criteria were fully met. An example of what we found to make this judgement was: We spoke with residents regarding access to their care plans and whether they had overhead staff talking about other residents. They said, "The staff are very good here, they are very respectful when speaking to me and other residents". We found accurate records had been maintained.</p> <p>This means a live record of significant events in the life of each person is maintained, including the refusal of an aspect of the service.</p>		

2.4	Service users are afforded a choice of suitable nutritious food and in sufficient amounts for their needs in accordance with their identified needs and wishes.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None evidenced</li> </ul>		
<b>Observed Evidence</b>		
<p>We spoke with residents regarding the quality and choice of food. They said, "The food is very good here, it isn't the same as what you cook at home, but nonetheless it is very good and we have a good choice". Relatives told us I have always found the food to look very nice.</p> <p>Robust evidence was gathered and assessed relating to this standard during the annual audit process 2016/17. Our judgement was that the standard was clearly met.</p> <p>This means residents are afforded a choice of suitable nutritious food and in sufficient amounts for their needs in accordance with their identified needs and wishes.</p>		

2.5	The accommodation is safe, comfortable, and suitable for the service delivery and promotes their well-being.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None evidenced</li> </ul>		
<b>Observed Evidence</b>		
<p>We spoke with residents regarding the decoration and facilities of the care home. We also asked them whether they felt there was sufficient lighting, space, heating and ventilation to meet their needs. They said, "The home is beautiful, my room is very nice".</p> <p>Robust evidence was gathered and assessed relating to this standard during the annual audit process 2016/17. Our judgement was that the standard was clearly met.</p> <p>This means the accommodation is safe, comfortable, and suitable for the service delivery and promotes well-being.</p>		

**Standard Three: People are protected from harm**

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

<b>3.1</b>	Service users are protected from abuse or risk of abuse and their human rights upheld through the effective operation of safeguarding arrangements, which identify and prevent abuse, respond appropriately if suspected and report in line with local and national requirements. Where the service user is subject to Deprivation of Liberty Safeguards, the requirements are met.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None evidenced</li> </ul>		
<b>Observed Evidence</b>		
<p>We spoke with residents regarding whether they felt safe and who they would speak to if they were concerned. They said, "I feel very safe here, if I had any problems I would speak to the staff or manager". Relatives told us I have raised a small concern with the manager and it was dealt with very quickly.</p> <p>Robust evidence was gathered and assessed relating to this standard during the annual audit process 2016/17. Our judgement was that the standard was clearly met.</p> <p>This means residents are protected from abuse or risk of abuse.</p>		

<b>3.2</b>	Service users are protected from financial abuse.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None evidenced</li> </ul>		
<b>Observed Evidence</b>		
<p>Robust evidence was gathered and assessed relating to this standard during the annual audit process 2016/17. Our judgement was that the standard was clearly met.</p>		

3.3	There are systems in place to ensure medication is obtained, stored, and administered, reviewed documented and disposed of effectively and safely.	Partially meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• Ensure handwritten entries on MAR charts are countersigned.</li> </ul>		
<b>Observed Evidence</b>		
<p>We looked at the care plans for residents and found that these included consideration of medication. We saw that where changes in medication had been made, care plans were updated accordingly. Care plans described how residents preferred to receive their medication, and our observations demonstrated this to true. We looked at the provider's medication policies and procedures and found these were in line with best practice guidelines.</p> <p>We looked at the storage of medicines and found that this was in line with the provider's policies and procedures. We saw that medication trolleys were secured to a wall when not in use. There was a daily record of fridge and treatment room temperatures, and these were in line with best practice guidelines or responded to correct as appropriate.</p> <p>We looked at the system for ordering residents' medicines. We found the system ensured there was sufficient quantities in stock to meet individual residents' needs and in line with their prescriptions. We looked at the system used for the disposing of medicines, and found the records matched the quantities of medicines held awaiting return. We spoke with staff and their description of the process for returning medicines matched the provider's policies and procedures.</p> <p>We looked at the medication administration records (MAR) for residents. We found that record of medicines being administered matched those identified in their care plan. We looked at the quantities of medicines held and found these tallied with the MAR charts. Where medicines were not administered, the records indicated the reasons for these. Our observations of staff during the medication round found that they were administering medicines safely and in line with prescribing instructions. Residents were informed by staff of what was happening prior to administration and we saw that staff ensured the trolley was safe when not being attended.</p> <p>We found where handwritten entries had been entered on the MAR chart these had not been countersigned.</p> <p>This means there are systems in place to ensure medication is obtained, stored, and administered and disposed of effectively and safely.</p>		

3.4	The prevention, detection and control of health associated infections are maintained through the effective operation of a system to assess risk and manage.	Partially meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• Ensure actions from the Infection Prevention Control Audit are completed.</li> </ul>		
<b>Observed Evidence</b>		
<p>We saw that an infection control audit had been undertaken by the Infection Prevention Control Team, (IPCT), and recommendations had been made as a result of the audit.</p> <p>We saw that the manager had completed and returned an action plan to the IPCT and was in the process of completion of the recommendations made.</p> <p>This means the prevention, detection and control of health associated infections are maintained through the effective operation of a system to assess risk and manage.</p>		

3.5	Equipment used is in accordance with assessed needs, suitable for its purpose, suitably cleaned and maintained and used correctly.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None evidenced</li> </ul>		
<b>Observed Evidence</b>		
<p>Robust evidence was gathered and assessed relating to this standard during the annual audit process 2016/17. Our judgement was that the standard was clearly met.</p> <p>This means equipment used is in accordance with assessed needs, suitable for its purpose, suitably cleaned and maintained and used correctly.</p>		

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

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

4.1	Staff have the knowledge, experience, qualifications and skills to support the service users.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"><li>• None evidenced</li></ul>		
<b>Observed Evidence</b>		
<p>We spoke with residents regarding whether staff respected their privacy and supported them to remain independent. They said, "Yes the staff are very good and help me when I need it". Relatives told us my relatives needs have changed recently and staff look after her very well.</p> <p>Robust evidence was gathered and assessed relating to this standard during the annual audit process 2016/17. Our judgement was that the standard was clearly met.</p> <p>This means staff have the knowledge, experience, qualifications and skills to support residents.</p>		

4.2	Structured supervision (6 times per year) and appraisal arrangements are in place for staff.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"><li>• None evidenced</li></ul>		
<b>Observed Evidence</b>		
<p>Robust evidence was gathered and assessed relating to this standard during the annual audit process 2016/17. Our judgement was that the standard was clearly met.</p> <p>This means structured supervision (6 times per year) and appraisal arrangements are in place for staff.</p>		

4.3	Staffing levels for the service are determined and deployed according to people's assessed needs.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None evidenced</li> </ul>		
<b>Observed Evidence</b>		
<p>Robust evidence was gathered and assessed relating to this standard during the annual audit process 2016/17. Our judgement was that the standard was clearly met.</p> <p>This means staffing levels for the service are determined and deployed according to people's assessed needs.</p>		

**Standard Five: Services are managed effectively**

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

5.1	The service is registered for the appropriate regulated activities and managed by an experienced, suitably qualified manager who is registered with CQC and clinical lead, where relevant.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>None evidenced</li> </ul>		
<b>Observed Evidence</b>		
<p>We looked at the provider's CQC registration and found that care was delivered in line with the registered regulated activities.</p> <p>We found that the home manager was registered with the CQC.</p> <p>We looked at the manager's qualifications, experience and training and found this was appropriate and up to date. The staff we spoke with told us they felt supported by the manager and they lead the team well.</p> <p>This means the service is registered for the appropriate regulated activities and managed by an experienced, suitably qualified manager who is registered with CQC.</p>		

5.2	There is an effective system for identifying, receiving, handling and responding to and learning from complaints.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>None evidenced</li> </ul>		
<b>Observed Evidence</b>		
<p>We spoke with residents whether they knew they would make complaints to or raise their concerns if they weren't happy with the care they received. They said, "I would speak to the staff or the manager". We asked residents what happened the last time they made a complaint. They said, "I spoke to a member of staff and they sorted it out very quickly, they don't let you worry unnecessarily".</p> <p>Robust evidence was gathered and assessed relating to this standard during the</p>		

annual audit process 2016/17. Our judgement was that the standard was clearly met.

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

5.3	There is an effective system for identifying, assessing, monitoring the quality of service delivery and risks to health, welfare and safety of service users.	Clearly meets
<b>Recommendation</b>		
<ul style="list-style-type: none"> <li>• None evidenced</li> </ul>		
<b>Observed Evidence</b>		
<p>We asked the provider to comment on how residents are consulted about the running of the service. They told us Effective systems are in place and are included as either everyday practice that is embedded into normal daily routine or administratively through feedback, audit and review, manually through equipment testing, observatory through training, supervision and awards. Policies and procedures ensure these systems are in place and our attitude, set standards and ethos ensure they are delivered effectively.</p> <p>General daily and weekly maintenance checks are carried out routinely and equipment and supply checks are undertaken at least yearly by relevant qualified suppliers. Sluices, waste disposal procedures, a daily contracted cleaning company, an employed cleaner, a rostered cleaning system, a grounds man, caretaker and a designated laundry person ensure cleanliness and correct disposal of waste. All relevant PPE and hand washing facilities are available. Policies and procedures and a Business Continuity Plan further protect against safety and risk.</p> <p>Regular audit and feedback is sought. Audits of the home are carried out by the manager and cover environmental, clinical and managerial aspects as well as standards from awards that we hold, the finding of this are followed up with an action plan so we are continually working towards improving our services and ensure all systems we have in place identify the quality, risks to health and welfare and safety of people using it. Views from staff, residents, families, visitors, health professionals and other service providers are sought through feedback questionnaires and 360 degree questionnaires so we can strive to better our service without delay.</p> <p>The recent introduction of the Care Certificate means new staff receive a more robust and in-depth training and supervision process including, where once satisfactory DBS, references and all other employment safety checks have been made, there is a period of new staff getting to know the people living here and using our service as it is our</p>		

belief that you cannot truly care for someone properly if you don't know them. The views of people who live here, staff, families and visitors are sought before a new member of staff are offered a permanent position.

All staff receive robust training and supervision in their preferred learning style, which is followed up with competency supervisions. Further training is also offered to build on individual strengths and skills. Along with staff training and supervision safety is further enhanced by forming a good working environment for staff so that they are happy in their role and don't just perform task. This is achieved by adequate staff on duty, yearly team building days, a competitive salary and bonus incentives as well as support from senior members. There is leadership on every shift and the manager works directly with the staff and is visible. Our approach to investing in our staff and people in general has been recognised by Investors in People where we hold a Silver Award.

We share the ethos and values of Dementia Care Matters and have completed training and received guidance from them to create a home from home atmosphere which is conducive to the needs of dementia and we are currently working towards the butterfly status using their 50 point checklist. Feelings based care is at the heart of our caregiving with safety in mind. Individualised care plans promote personal choice and preferences and create an environment where effective care is carried out that is not task based. The provision of good staffing levels, which increases during end of life care, means that staff do not have excessive work pressures and are able to spend time with individuals providing a high standard of personal, emotional and end of life care which we hold the highest Beacon award for with GSF.

Nutrition is able to be monitored as staff members are able to sit and eat with people, which not only provides stimulation but helps identify nutrition and hydration concerns early on.

The outside areas are safe and secure so that people are able to go outside freely and small scale domestic living is promoted to help people feel more at home and in control of their lives. Care is delivered with kindness and dignity and not task and people are encouraged to express themselves and staff are free to listen, care and deal with concerns promptly. A sense of worth comes from involvement in the general running of the home including recruitment and menu planning. Regular outside activity and stimulation is organised so access to music and movement and reminiscence is available and twelve of our staff are CST trained and carry out regular sessions in house.

Gathering full life histories and in-depth individualised care plans, which all starts from pre-admission and is a continual process, means we can deliver proper person centred care in a meaningful way. Ensuring these are continual and reviewed monthly with the involvement of the individual and/or their family/representative ensures choice and involvement, highlights risks so that measures can be put in place to manage and

reduce them appropriately and means people are freely able to express views, concerns and wishes. Medication supplied by the GP is stored correctly and there are at least two members of staff on each shift that are trained to administer them. Risk assessments for those who wish to self-medicate as well as yearly pharmacy checks and in house audits by the Manager are carried out.

All possible opportunities are given to people to talk to other health professionals and advocates to promote well-being. Fortnightly doctors ward rounds, the use of Systm1, regular visits from District Nurses, opticians, audiologists, chiropodists, hairdresser, dentist mean health can be monitored and where necessary we do our own referrals through SPA. We also have a worry catcher visit the home 6-8 weekly as well as IMCA and DoLS advocates for those who have them.

We have formed good relationships with the local community, suppliers, maintenance and training companies and community professionals, this along with systems in place for the safety, health and wellbeing of people ensures risks are highlighted early meaning dignity can be preserved and discrimination avoided.

Robust evidence was gathered and assessed relating to this standard during the annual audit process 2016/17. Our judgement was that the standard was clearly met.

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

## Glossary of Terms

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

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

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

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