



GSF 'Going for Gold' Quality Hallmark Award Guidance Pack Round 16

**This is only for Accreditation Round 16
October 2015 - March 2016
This guidance supersedes all previous guidance**

Please ensure you read this guidance

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We acknowledge the work and support of Wendy Fox-Kirk GSFCH Accreditation Pilot Project Manager (AWM) University of Birmingham and funding from Advantage West Midlands for the development of the process.



1. Welcome and Introduction

Quality Improvement Quality Assurance Quality Recognition

Thank you for your interest in pursuing GSF Accreditation for your care home. The accreditation process is a key step in the process of consolidating improvements in care for people nearing the end of life, and of recognising and maintaining a consistent national standard across the country. The accreditation process ensures that the good work you have developed is fully integrated, locally owned and is sustainable long term. This is both a 'formative' process, in that the process is helpful to you, and also 'summative', in that a judgement is made at the end by the panel as to whether you meet the required standard, and if not, which areas require further improvement.

The Accreditation Process:

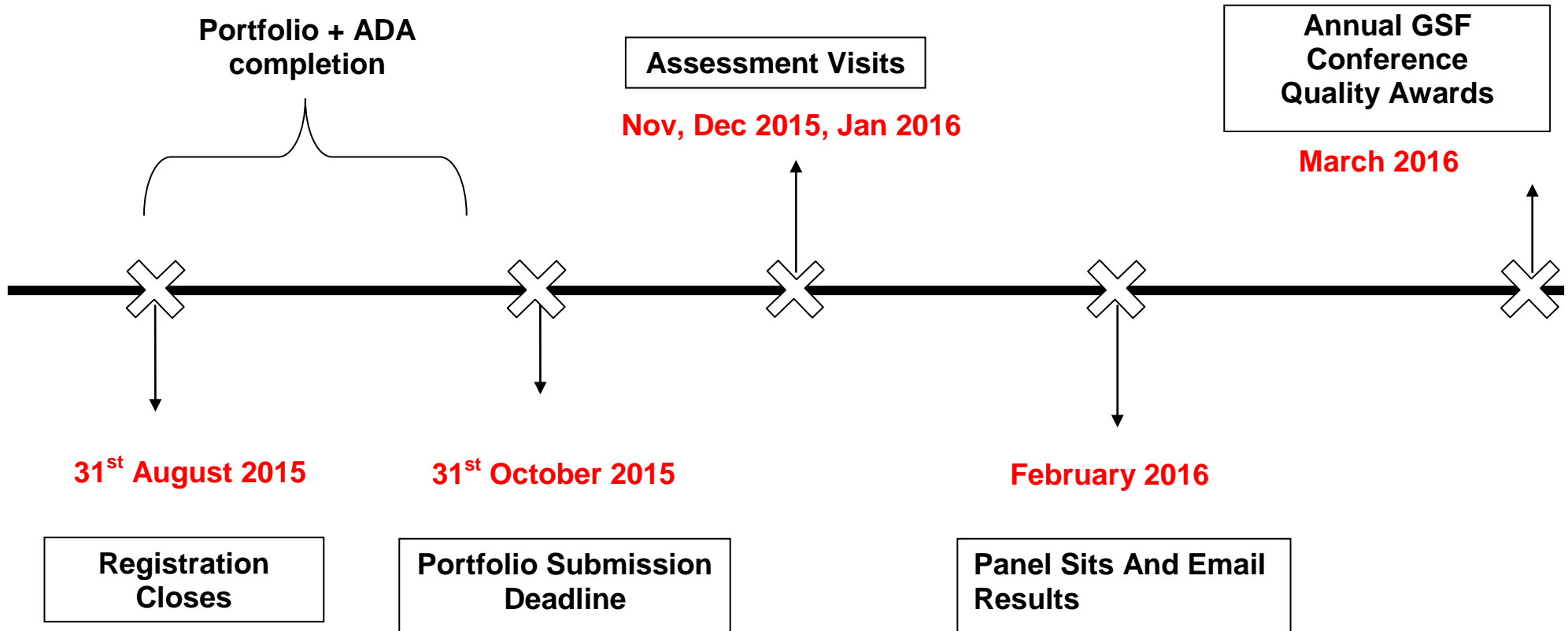
- Assesses care homes against a clear set of criteria
- Uses criteria that have been well described in the GSFCH Training Programme and Good Practice Guide
- Includes objectively assessed demonstrable evidence
- Ensures the work has been fully integrated and embedded in the home for long term benefit and sustainability
- Ensures consistency of standards of care across the country - that 'gold' does in fact mean 'gold'
- Ensures integrity of the brand value of GSF in all care homes

The GSF Accreditation 'Going for Gold' process ensures objective and independent quality assurance and is supported by the four major care homes organisations NCA, ECCA, RNHA and NCF, as well as other major policy groups. The GSF Central Team were supported by staff from the AWM, University of Birmingham to ensure that this process was as fair and transparent as possible, using United Kingdom Accreditation Forum Guidance.

**PLEASE NOTE
THE DEADLINE FOR SUBMISSION OF YOUR
PORTFOLIO OF EVIDENCE WILL BE
31st October 2015**

NO PORTFOLIOS ACCEPTED AFTER THIS DATE

2. Timeline for GSF in Care Homes Accreditation Round 16

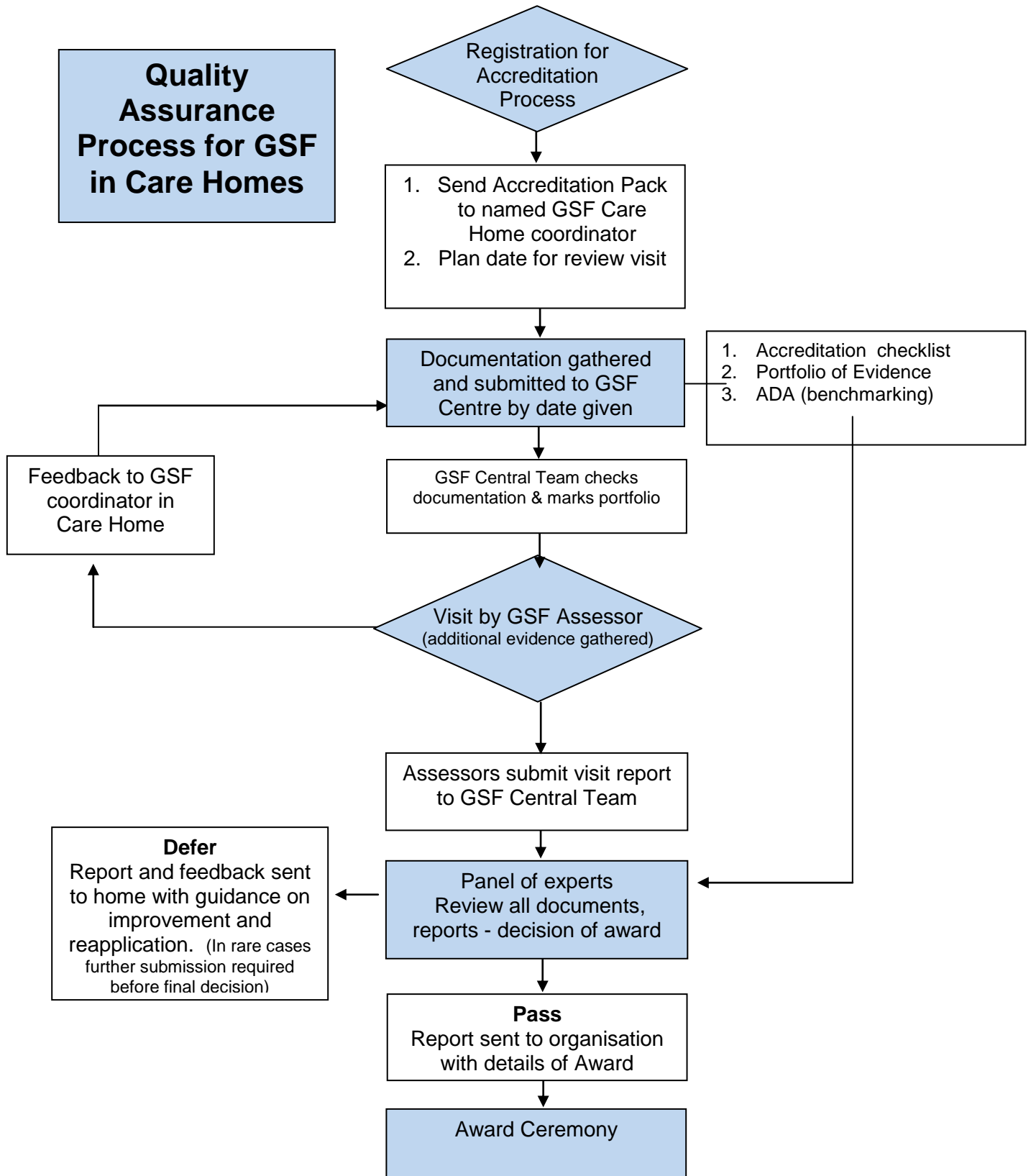


- Please expect to receive your results by email within 5 days of the panel, and by post, within 10 working days of the panel.
- Full reports will be issued within 6-8 weeks after the panel.
- The panel will be organised in February 2016 – TBC

THE DEADLINE FOR SUBMISSION OF YOUR PORTFOLIO OF EVIDENCE WILL BE 31st October 2015

NO PORTFOLIOS ACCEPTED AFTER THIS DATE

3. Flow Chart of GSFCH Accreditation Process



4. Top Tips in Assembling your Portfolio of Evidence

1) **Assess yourself.** Complete the self-assessment and include it in your portfolio. Use it to assess your team/home against our 20 standards to find areas of strengths and areas for improvement. If your team feel that there is still a lot to achieve – **Do not submit yet.**

If a portfolio is marked with a score of less than 30/50 it will be immediately returned and will not proceed to the next stage. The care home will not be visited or brought before the panel of judges.

2) **Personalise your work and demonstrate that you are actually implementing GSF in your home.**

The markers wish to see what you are doing in your home to meet these standards and how you are using GSF to improve care for your residents. It's not about what seems to look good, or other peoples' policies or work, or aspiration of good practice – we want to see what you are actually doing. Extra marks are given for creativity, local adaptations, personalised work e.g. leaflets from your home, new ideas, examples of thinking of future sustainability, demonstrating that everyone is involved, including all staff, residents, relatives, GPs and others in your area. The markers and accreditation panel are constantly delighted to see new examples of excellence, many of which are showcased as examples for others. Using photos often helps to personalise. **GSF is more about what you do and less about what you know.** It is not a paper exercise.

3) **Use ONE strong file.** ONE file only or ring binder should be used to exhibit your work, which is easy to add to and update as necessary. **We have found that the only ones that survive the postal service are the large, strong, 4 ringed files.** It makes life much easier for the marker if the portfolio is all in one piece when it arrives so don't overfill it.

4) **Keep it organised.** Some portfolios reach unacceptable sizes, with too much included. A concise easy to read portfolio will bring extra marks even if it takes a little longer to assemble. Do use such relevant **tricks** as reducing photocopies onto one page (but not too small that it can't be read), photographs, succinct statements, etc. Clear and concise details of how you have integrated GSF in your home gains marks.

5) **Section the evidence.** Section the portfolio into the 20 standards with dividers, and keep in the order of the checklist. In the front of your portfolio include:

- a) Key Outcome ratios (see appendix)
- b) Pen Picture
- c) Case History
- d) Printed Accreditation ADA results (5 residents) and previous audits if you have them.
- e) Reflections by Staff

For each of the 20 standards you should include a one page statement outlining (see appendix)

- a) Objective/aim – the expectations of the standard
- b) Method – How you achieve the standard in your home
- c) The evidence included – you could also list additional evidence available in the home.

The evidence should be limited to 5 clear pockets – anything in excess of this will be disregarded.

- 6) Keep to the point.** Be succinct and accurate in demonstrating what you have genuinely done in your home.
- 7) Anonymise.** Ensure that **all** documents have residents' names and personal details obliterated e.g. using tippex. It is important as part of information governance policies that patient information / data is anonymised.
- 8) No blank documents.** All documents should show evidence of use with residents, rather than blank examples.
- 9) Use your facilitator.** If you have one, go through the checklist with your facilitator to ensure you meet the standards required. If you have doubts or queries do ask your facilitator to contact us for renewed guidance and/or training if required, as we are not always made aware of local arrangements or appointments of facilitators. GSF accredited Care Home's can be a good resource if you are unsure.
- 10) Make two portfolios.** You will need to develop 2 identical copies of the portfolio – one to send into The GSF Centre and one to be kept in the care home for the GSFCH Assessor to view if necessary.

11) Do not....

- Include CCG or other external policies or guidance - this is about what your home actually does.
 - **Do not** include external agency booklets e.g. DWPD' What to do after a death' or Mental Capacity Act booklet. However the statement at the beginning can explain that these are used / given to relatives.
 - Do not include lots of training certificates or power-points of workshops attended. Do not include corporate policies – refer to them.
- 12) Shining examples.** The best portfolios show that they have understood the GSF training tools, they have 'caught the vision' and spent some time developing local ownership and integration, so that their work shines through succinctly and clearly e.g. use of care home policies, practical examples, photos, new ideas.
- 13) Identify your portfolio.** You have been provided with your own registration number. Please write this clearly on the spine of your file together with your care home name, to help us keep track of it. Many homes who apply for accreditation have similar names, and it helps us if we can identify them using unique numbers.

5. The GSF for Care Homes Accreditation Process

Aims of the Gold Standards Framework in Care Homes

1. To improve the **quality** of care provided for all residents approaching the end of life.
2. To improve the **collaboration and coordination** between care homes and GP practices, specialist teams and others.
3. To improve outcomes by reducing avoidable hospitalisation enabling more to live well and die well in the home, if this is their wish

Gold Standards Framework Accreditation Criteria

All steps within the accreditation process will identify and assess activity against the 20 standards that relate to the GSF Aims, 7 C's and key topics – 4 vital standards, stated and discussed during the GSFCH Training Programme. All 4 vital standards must be met otherwise homes are likely to be deferred or further evidence required.

The Quality Process has the Following Objectives:

- To encourage participants of the National GSFCH training programme to progress towards accreditation and receipt of the Quality Hallmark Award - they can then be called 'GSF Care Homes', use the trademarked logo on their paperwork and will be included on a nationally available database of accredited homes
- To provide transparent and fair procedures to assess the quality of end of life care provided by registered GSFCH participants
- To support registered GSFCH participants to sustain, embed and develop excellence in end of life care
- To guarantee that the 'gold standard' of the Gold Standards Framework is upheld and valued through the quality assurance process
- In addition we wish to showcase examples of good practice and, with permission and acknowledgement, to share them with others to lead the way in demonstrating best practice

The Accreditation Process Involves Four Areas:

- A. Completion of key outcome ratios
- B. After Death Analysis (ADA) Audit
- C. Assembling the Portfolio of Evidence
- D. Visit by trained assessors

You need to pass all elements of the assessment process to achieve the award.

All marks are collated and presented to the independent panel, when full discussion occurs and a decision is made.

A. Using the Self-Assessment Checklist

The self-assessment checklist comprises twenty standards, relating to the implementation of the 7 Cs of the Gold Standards Framework and specific topics of care provision at end of life. You will have covered these standards at the workshops and they will be very familiar to you – there are no catches! The accreditation process now examines how you have implemented these in your care home.



You should carefully read each one and make an assessment of the extent to which your care home is currently achieving that standard. Your self assessment is out of 40, with additional weighting for some standards that may be applied by the portfolio markers.

There are four key standards - 5, 6, 8 and 15 (highlighted red and marked *) that MUST be 'achieved' in order to pass.

The self-assessment checklist is for the team within the home to identify if you are ready to proceed. You do not need to submit this as it is only for guidance.

B. After Death Analysis (ADA) Audit

- Your Care Home should have already entered 5 Baseline and 5 Follow-up ADAs onto the online ADA website.

Once you begin the Accreditation process it is time for you to complete your ADA audit by inputting your 5 Accreditation ADAs

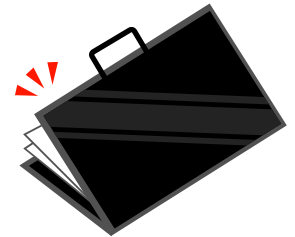
- If you are not sure how to complete this process or do not have your ADA login details (username & password) please contact a member of the ADA team, tel 01743 291891 or email ada@gsfcentre.co.uk



As stated in the top tips above; You must include all accreditation ADAs along with your baseline and follow up report and summary. How to find these is explained in the ADA guidance provided.

C. The Portfolio of Evidence

As mentioned in top tip 13, you have been provided with your own unique registration number. Please write this clearly on the outside of your file, to help us keep track of it. Many homes who apply for accreditation have similar names, so it helps us if we can identify them using unique numbers to avoid confusion.



Compile two copies of your portfolio against the Accreditation Checklist of 20 standards attached (NB make sure it is the current list for your round – see appendix), to demonstrate evidence of attainment of the standards. Send one copy of your Portfolio to The GSF Centre by **31st October 2015** where it will be assessed, and retain a copy in your home. **NOTE DEADLINE.**

You should arrange the documents in your Portfolio of Evidence in a specific order to ensure ease of verification and analysis, as in top tips.

In addition to the 20 standards you should include at the beginning of the portfolio:

- 1) Key Outcome Ratios (see appendix)
- 2) Pen Picture - a very brief description of your care home
- 3) Case History- illustrating use of GSF for a resident – summarise the care in relation to the 7Cs do not submit all of the care records of the resident
- 4) Printed Accreditation ADA results (5 residents) and if possible previous ADA audit you have used.
- 5) Individual reflections by Staff
- 6) Index of Contents

Failure to submit any one of the above may result in a deferral.

Your portfolio is your evidence of implementing the Gold Standards Framework in your care home, an opportunity for you to 'showcase' your home. Once completed, it can be shared with the regulator from CQC, your CCG or others. It should be something you are proud of, that you have given some thought and time to, as it is a 'living' collection of documents and evidence of care provision that can be built on.

Early planning — we therefore recommend that you begin this process early, and do not leave it to the final month - this can be very obvious to the markers. We suggest you collect evidence as you go either in paper format or electronically, and then assemble the portfolio. The information can be updated and added to over time — it must be kept as a 'live' document.

The portfolio is marked by GSF Clinicians. If there is a query or evidence that needs to be clarified they will mark a Q against the standard for the GSF visiting assessor to answer. They also look for examples of excellence (Es) and these all contribute to the final grade. The portfolio and care home assessment are marked separately so the standard has to be met in both the written evidence and GSF working in practice.

If a portfolio is marked with a score of less than 30/50 it will be immediately returned and will not proceed to the next stage. The care home will not be visited or brought before the panel of experts.

Common Problems

1. Too much redundant evidence:

- I.e. blank protocols or documents. Please use the portfolio front sheet as a guide (see Appendix), so you keep focussed on what you really need to include — and stick to 5 poly pockets only



2. Too little evidence e.g.:

- **Standard 3** – demonstration of consistent GSF documentation in the way that best fits within your home – photographs can help to support this very well
- **Standard 6** – ensuring that evidence is submitted showing **all** residents are offered ACP discussions and not just some e.g. a list of residents or SCR1 with dates and reviews. (See suggested checklist in appendix). If they decline, this should also be noted and a later review made. Use of a specific ACP document is recommended rather than just included in the general care plan. NOTE- confirming the name of funeral directors is normal practice but this is NOT the same as having an advance care planning discussion (see Good Practice Guide if unsure).
- **Standard 8** – this is one of the most important standards and is a “litmus” test when we are marking the portfolios. We need to see evidence of the many factors that contribute to reducing hospitalisation — the checklist (Appendix) in the toolkit is an aid to identifying how you are achieving this standard and any gaps but it is not evidence in itself.
- **Staff Views & Reflections** – this is a very valuable way of ensuring that all staff are involved and contributing, and is a good exercise in self reflection for the team — we find it lovely to read the variety of thoughts.

D. The Review Visit by GSFCH Assessor

The final stage of the accreditation process is the assessment.

- **Preparing for the Review Visit**

Following receipt of your portfolio we need 1-2 months to mark all portfolios.

- You will be contacted directly to arrange the assessment date, which will take place at a mutually convenient time,
- It is advised that you should notify your staff, residents and their family/carers that your GSFCH assessment is due, so all are part of this important aspect of the accreditation process.
- **NB: A degree of flexibility should be held in arranging the assessment date with the assessors – it may be a morning or afternoon session and could be a weekend. Clinical Assessors often have full time jobs outside of their work with GSF, and the assessment has to be fitted around their schedule.**



- **What happens on the Accreditation Assessment?**

The assessment visit is carried out by two GSF Assessors. The purpose of the assessment is to objectively observe GSF in action in the care home:

- To witness how the care home has implemented GSF;
- To collect any missing information and verify queries;
- To confirm that it is fully embedded across all areas of the home, with long term sustainability
- To ensure consistency of standards across the country.

This assessment is not to catch you out, but we hope that it will help and encourage you, and maybe give you ideas from other areas on ways to improve care further. **NB: the assessors will not be able to tell you whether you have passed as this is determined by the panel at a later stage when all evidence is brought together.**

The purpose of this visit is to see GSF in practice and this can be achieved by –

- A meeting with the GSFCH coordinator of the home, plus his/her deputy and the care home manager
- Observation of processes and documents in practice
- A review of other materials that cannot be submitted e.g. relatives' satisfaction surveys; staff communication policies in action; documentation and filing etc
- The assessors might like to check some particular aspects or queries
- Additional examples of good practice could be presented here
- A tour of the care home with discussion with residents, relatives, care staff and others
- Any queries, areas of difficulty, or areas in need of further development may be discussed and ideas for further improvement may be shared
- Following the assessment visit, you will be asked to complete a short questionnaire about the visit itself, this helps us to monitor our processes and continually improve. The survey can either be completed via email or on survey monkey, and should be returned within **7 days of the visit.**
- A review of the portfolio of evidence related to the GSFCH Accreditation checklist, if applicable.

- ***What happens after the assessment visit?***

The assessor will complete a report which is fed back to the GSF Centre, all evidence is assessed and a pre-panel discussion confirms all information has been received, including the completed ADAs. This then goes before a panel of independent experts, who make the final decisions.

The panel's findings and decision is agreed, a report made and the home is awarded a Beacon, Commend or Pass levels or a Deferral and given specific advice and guidance or additional coaching before reapplying. The decision to award at the different levels is based on all elements of the process not just the total score or the number of Excellents awarded.

No decision will be reached or communicated until the panel has met, and you will be notified of the decision in writing by email. The Panel usually consists of clinical experts, representatives from Age UK (experts by experience), experts in academic quality assurance, independent advisers, external observers, and representatives from the GSF team.

3. After Accreditation

You will receive written notification of the achievement of the Quality Hallmark Award. Following the Award Ceremony, the name of the home and full details will be added to the National GSFCH Quality Hallmark Award database, which is available to the general public, CQC, CCG's, Age UK and others.

You will know the date of the next award ceremony, and one-two representatives from the home will be invited to receive a certificate of achievement and plaque. This is a time of celebration for you and photographs will be taken to capture the moment.

We also like to capture some of the care homes on film talking about their best practice and achievements. These short clips are used at workshops to showcase your best practice. **If you do not wish to be filmed please indicate this when you register for the conference.**

Ongoing Appraisal

This is a vital part of the accreditation process and must be completed. You will be required to complete and submit quarterly key outcome ratios.

1. Mandatory Improvement Actions (if detailed in final report)
2. Key Outcome Ratios
3. Updated contact details

This is a mandatory part of the process and failure to complete this may result in removal of your Quality Hallmark Award.

Non-Sustainability of GSSFCH Accreditation Standards (Conditions under which Accreditation may be Amended, Suspended or Withdrawn)

Context

The Gold Standards Framework Quality Hallmark Award assesses homes against 20 standards around End of Life Care.

We continually strive to keep the process as robust as possible and review our processes following every round of Accreditation.

The GSF Centre uses external Independent Panel Members and a Quality Assurance consultant to maintain the integrity of the award.

The GSFCH Assessors are experienced in the implementation of GSF in Care Homes and have regular training updates from the GSF Centre.

Care Homes value the recognition of their quality care and commissioners and the public have high regard for GSF Accredited homes.

Since the inception of the GSFCH Quality Hallmark Award, we have been able to assess the sustainability of the GSF Standard over the 5 rounds of Accreditation and the 3 year Re-accreditation process.

Non-Sustainability of Standards

However there will always be occasions when the GSF Standards are not maintained. This can be due to a number of factors including changes of ownership, management or a high staff turnover.

We aim to continually review compliance with the GSF Standards through:

- Mandatory Annual Appraisal of all Accredited Homes. Non-completion will lead to further investigation or action
- Random unannounced assessment visits between Annual Appraisal and Accreditation
- Regular contact with local leads and Regional Centres
- Communication with CQC

Actions

When we are made aware of serious problems/issues within a home around the sustainability of GSF, such as non-compliance with CQC, safeguarding issues, complaints etc. or non-completion of Appraisals we may take the following actions:

1. Liaise with the local Facilitators/leads where applicable with regard to their assessment of the situation
2. Write to the home detailing the concerns raised and ask them to respond
3. Implementation of an action plan to address the issues
4. Carry out a thorough review of the situation and if it appears that the issues impact upon the GSF standards, we would then suspend the Accreditation status pending further investigation
5. A Reassessment Visit of the Home within 2 months of the initial complaint

Outcomes following the Assessment Visit may include:

- Draw up an action plan with the home
- Re-grade the Accreditation status
- Removal of the Accreditation status

Review

These issues and findings will be taken to an independent accreditation review panel.

3. Contact Us

The Gold Standards Framework Centre CIC

Address: The Mews
 8-9 St Austin's Friars
 Shrewsbury
 SY11RY

Web: www.goldstandardsframework.org.uk

Accreditation Enquiries: Jane Pitchford-Newman
 01743 291 892
 accreditation@gsfcentre.co.uk

Financial Enquiries: Pam Poole
 01743 291 893
 pam.poole@gsfcentre.co.uk

ADA Enquiries: Sue Richards
 01743 291 896
 ada@gsfcentre.co.uk

4. Deferrals and Appeals

Deferrals and Self Deferrals

1. If you join the Accreditation Programme before you are ready, your home may be deferred by the Accreditation Panel. If this happens you will have to re-register and pay again to join a later round. It is therefore essential that you are fully prepared when applying.
2. If you wish to withdraw (self defer), please email your request. We will be obliged to levy a charge to cover the costs associated with delivery. **The remaining credit will be fully refunded.** Please note that you are not automatically registered for the next round, and should re-register. The following schedule will apply:

Post Registration	10% of the current Accreditation fee
After 28 Days of the Close of Registration	25% of the current Accreditation fee
After (Deadline for Portfolio Submission)	50% of the current Accreditation fee

The Appeals Process

A process has been developed to deal with possible appeals in line with national standards – see below.

The appeals process aim is to maintain the fairness and transparency of its accreditation review process, GSF have an appeal system to provide applicants with the opportunity to seek reconsideration of panel decisions.

Decisions may be appealed on the following grounds:

- Where there has been a procedural error in the production of evidence process; or
- Where the decision is based on factual error and/or omission

Definitions

Procedural error includes any departure from the standard agreed policy and procedures or inaccurate information.

Factual error exists where there is compelling evidence that the panel based its decision on a conclusion, which is contrary to information clearly stated in the Panel Advisory Pack. This does not include, for example, disagreements over the interpretation or analysis of facts.

Procedure

Care homes which have concerns about the review of their application, are invited to discuss them first with The GSF Centre or nominated support person, who will attempt to resolve their concerns.

If, after this discussion, a care home still considers that there has been a procedural or factual error that caused a negative decision on their application, a formal letter of appeal must be submitted to The GSF Centre. This letter must identify the **factual** or **procedural error**. Appeals must be received or dated no later than sixty days (60) after the postmark on the letter of decision sent to the care home.

The final decision on the success or failure of an appeal against a recommendation of a panel rests with The National GSF team.

Upon receipt of the appeal, The GSF Centre will refer it to an Independent Appeals Officer for action. S/he will conduct a review of the validity of the grounds for appeal, and will make a recommendation to the GSF National Team.

Where grounds for an appeal are confirmed, the letter of appeal will be referred to the GSF Appeals Committee for an impartial assessment and recommendation. This committee will review the original application, any external assessments, the panel's comments, and the care homes letter of appeal. The appeals committee may, at its discretion, recommend that the decision of the panel be upheld and the appeal denied, or, recommends in favour of the care home, that an award be made.

Returning Portfolios

We are legally required to keep portfolios belonging to successfully accredited care homes. However we do not have the capacity to keep portfolios belonging to deferred care homes. These will be returned to the Care Home.

5. Appendix: Accreditation Checklist

Self-Assessment of Expected Standard following full implementation of the Gold Standards Framework in Care Homes Programme

Name of Home:

Date Completed:

Stages of Programme	Task	Standards	Below are examples of acceptable evidence, this is not exhaustive and there may be others	Achieved	Working Towards	Not Achieved	Comments / Action Plans if appropriate
Preparation	<i>1. Leadership and Support</i>	C2 There is senior leadership, management support and coordination for use of this work in the care home ie agreement and support from owner/ manager and named leads to coordinate GSF within the home	<ul style="list-style-type: none"> ▪ Signed agreement by owner / manager on registration form and named staff members as key coordinators and deputies ▪ plus evidence that this information is communicated to others. ▪ Brief Pen picture of care home ▪ Information board 				
	<i>2. Team working</i>	C2 An agreed means of effective team-working and collaboration within the home and with the wider community eg, specialist palliative care, hospice, hospital, GSF information for resident/ families, primary care teams and others.	<ul style="list-style-type: none"> ▪ Effective means of involving all staff in the home in this work ▪ Evidence of two way collaboration and good team-working in home ▪ Evidence of teamwork with outside agencies / wider community, ▪ Contact details, referral criteria, contact list for Specialists pall care, elderly , who to contact and how, etc ▪ Letters, brochures, meetings with partners etc. 				

Level 1 (1 st gear)	3. <i>Documentation</i>	C1 Standard documentation is formalised to include supportive care and pre-planning for end of life care and includes a coding process to identify the estimated predicted stage of illness and likely needs at each stage e.g. ABCD coding + use of needs support matrix.	<ul style="list-style-type: none"> ▪ Evidence of good GSF documentation including supportive care e.g. SCR templates 1,2, ▪ ABCD coding anticipatory planning linked to likely needs of residents (Needs Support Matrix) ▪ Use of tools eg needs support matrices to anticipate likely needs 				
	4. <i>Planning</i>	C1 There are regular team meetings to discuss anticipated needs and care e.g. monthly or more often for the most unwell residents (Cs and Ds) , (multidisciplinary where possible)	<ul style="list-style-type: none"> ▪ Evidence of regular care management/ planning meetings e.g. diary dates, notes with action points to take forward with timescale etc ▪ Evidence of team attendance ▪ Evidence of regular reviews and updates of coding register/NSM 				
	5. <i>GP collaboration</i>	C1 An agreed means of effective collaboration with GP practices/primary care teams,	<ul style="list-style-type: none"> ▪ Evidence of agreed plan of communication, letters sent, meetings and good working relationships with GPs e.g. personal lists coded, communication with GP practice following team meetings, SCR1/2 etc 				

	<p>6. <i>Advance Care Planning</i></p> <p>*</p> <p>Scores up to 3</p>	<p>C1 An advance care planning discussion is offered, recorded and reviewed for <u>every</u> resident, this may include discussions with their relatives or advocates.</p>	<ul style="list-style-type: none"> ▪ Evidence of advance care planning discussion offered, recorded and reviewed. ▪ Evidence of being offered to ALL residents as standard practice (e.g. ACP review sheet and SCR1). ▪ Evidence of ACP influencing care provided. ▪ For patients with dementia this should include best interest discussions/decisions. 				
<p>Level 2 (2nd gear)</p>	<p>7. <i>Symptom control</i></p>	<p>C3 Symptoms are identified, assessed and managed at a high standard</p>	<ul style="list-style-type: none"> ▪ Evidence of appropriately recognised assessment tools used¹ and individualised care plans detailing management of symptoms and progress of care following these assessments ▪ Used appropriately for all residents as needed, not just in the last days of life ▪ Evidence of reviews and follow up of assessments 				

¹ Assessment Tools e.g. PACA, pain score, body chart, Doloplus (dementia),GDS,(depression), DT etc

<p>8. <i>Reduced inappropriate Hospitalisation</i> * Scores up to 4</p>	<p>Measures to reduce avoidable or inappropriate hospital admissions reduce hospital length of stay and communication with hospitals.</p>	<ul style="list-style-type: none"> ▪ Evidence of such measures in policy, practicalities, training etc and evidence of effectiveness e.g. admission avoidance policy, rapid discharge plans. Audit / reflection of admissions 				
<p>9. Resuscitation status and Nurse verification of expected death (NVoED)</p>	<p>❖ C4 DNACPR policy verification of expected death and ACP linked to PCT/Out of Hours provider policies</p>	<ul style="list-style-type: none"> ▪ Evidence of policy on DNACPR, ACP and verification of expected death ▪ Staff training on VoED where applicable ▪ Information shared with staff ▪ Awareness of DOLs legislation regarding death 				
<p>10. <i>Out of Hours Continuity</i></p>	<p>❖ C4 Measures to improve the continuity of care out of hours e.g. handover form sent by home / GP practice provider for those most unwell (C+D).</p>	<ul style="list-style-type: none"> ▪ Evidence of recent OOH communication sent for those most unwell C/D and information sent to GP information may be sent to other services i.e. nursing, ambulance and inclusion of Handover form on SCR1 				

	<i>11. Anticipatory Prescribing</i>	C4 Anticipatory medication becomes routine practice and PRN drugs considered	<ul style="list-style-type: none"> ▪ Patient supply/ Stock drugs/Just in case box drugs used and PRN drugs pre-planned where appropriate ▪ Patient drug charts showing drugs that may be needed for end of life care and other LT conditions to prevent avoidable hospitalisation. 				
Level 3 (3 rd gear)	<i>12. Reflective practice and Audit</i>	C5 Reflective practice as a team and regular audit of end of life care e.g. Significant Event Analysis (SEA) after a death informing means to improve practice and educational input.	<ul style="list-style-type: none"> ▪ Evidence of reflective practice e.g. Significant Event Analysis team discussion-this could involve GP, Specialist Palliative Care, social care etc + how it has changed practice ▪ Example of audits in end of life care e.g. ADA, hospital admissions audit. 				
	<i>13. Education and training</i>	C5 There is a plan for staff education and ongoing training with competency assessment. Induction training of new staff to include palliative care, GSFCH and communication skills.	<ul style="list-style-type: none"> ▪ Evidence of training and induction programme. E.g. use of competency document, Mac Foundations pack, syringe driver training where appropriate etc ▪ Training evidencing education in GSF/ EOLC ▪ Education gap analysis of staff. (staff released to attend). ▪ Training matrix ▪ Palliative care resources / library available to staff. 				

<p>14. Relatives support</p>	<p>Support for the relatives, close friends of residents and awareness of their practical and emotional needs.</p>	<ul style="list-style-type: none"> ▪ Information for family/ relatives e.g. written information ▪ Feedback from relatives / friends e.g. survey, letters ▪ Facilities for relatives to stay when person is unwell/dying. 				
<p>15. Care in the final days *</p>	<p>C7 Care in final days, individual, person centred plan of care for care in the final days of life or – use of a minimum protocol in line with the 5 priorities of care/NICE guidance</p>	<ul style="list-style-type: none"> ▪ Evidence of individual, person centred plan of care for end of life and/or use of the GSF minimum protocol / ▪ Individual, person centred plan of care for end of life ▪ Examples of completed care plan records ▪ Evidence of care given and monitoring of residents in the dying stage ▪ Evidence of provision to ensure resident doesn't die alone ▪ Home policy on care of the dying. ▪ Support for those closest to the dying person ▪ Evidence of use of the GSF minimum protocol / 				

Level 4 (4 th gear)	16. Bereavement	C6 Following the death of a resident, there is good care for relatives, staff and other residents, including written information and signposting for bereavement care.	<ul style="list-style-type: none"> ▪ Evidence of written information and bereavement care, including other residents and signposting to local sources of help, ▪ Support and information for staff ▪ Examples of practical and personalized care. 				
	17. Dignity Scores up to 3	Ensuring the dignity of residents is part of the policies and practices and ethos of the home, particularly related to care in the dying phase including compassionate holistic care	<ul style="list-style-type: none"> ▪ Evidence of resident choice and participation in their care. ▪ Evidence of policy statements and practice on ensuring dignity ▪ Attention to detail in practice and in policies tools and resources and individual personalised care plans provided by all staff. 				

	<p><i>18. Dementia</i></p> <p><i>Scores up to 4</i></p>	<p>Evidence of a culture of person centred care for people with varying degrees of cognitive impairment / dementia</p>	<ul style="list-style-type: none"> ▪ Evidence of a culture of person-centered care for people with dementia ▪ Training by some and use by all ▪ Activities that meet the social and emotional needs of the person with dementia ▪ An environment and culture that is conducive to reducing the effects of cognitive impairment on the individual ▪ Life story 				
	<p><i>19. Spiritual care</i></p>	<p>Recognition of the inner life of residents and awareness of their spiritual / religious needs and their core values</p>	<ul style="list-style-type: none"> ▪ Examples of awareness of the inner person, and affirmation of their core value ▪ Recognition of their individual journey of faith or means of understanding ▪ Recognition of any matters of cultural significance 				

	20. Sustainability Continuous Quality Improvement	Plans for integration into care home policy, sustainability, and local ownership plus integration into wider community full implementation of GSF into every day practice	<ul style="list-style-type: none"> ▪ Evidence of sustainability and ownership e.g. all staff involved, agreed plans and protocols, links with hospice, other care homes and further community involvement ▪ Plans for next steps of vision, integration and development within home ▪ Evidence of full implementation of GSF 				COMPLETE ACTION PLAN IN APPENDIX
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1. Brief Pen picture of care home	
2. Case history illustrating use of GSF in care Home for one resident	
3. Reflection by staff members on what using GSF has meant to them	
4. Plans for next steps of vision, integration and development within home (Standard 20)	

❖ *Standard 9, 10 rely on outside agencies to be fully achieved, therefore a “working towards” level is acceptable in these circumstances*
Key standards which need to be fully achieved and cannot be accepted as “working towards”

*Most standards are marked as:

- 0 Not Achieved
- 1 Working Towards
- 2- Achieved and graded according to areas of greater importance

Some particularly important standards now carry further weight and higher scores related to evidence of further development above the standard, these additional marks are awarded by the markers and assessors.

In addition we now give marks for the additional submissions, i.e.:

- Case History –
- General impression , presentation of portfolio, ADA -
- **The portfolio is marked out of 50 – the pass mark is 42**

Example of Pen Picture

DESCRIPTION OF CARE HOME ORGANISATION

Name of Organisation	Seaside Care Home Ltd
Address	1 Atlantic View Cabot Cove Atlantis AA1 2JJ
Telephone Number	0121 414 3287
Email	Sea@care.org
Name of GSF Lead and other GSF staff is relevant	Jessica Fletcher
Mission Statement	Our mission is to provide individualised quality care that meets the total needs of the resident whose care can be safely and effectively managed in the home environment without regards to sex, religion, or age. These needs, whether physical, emotional, social, or spiritual will be provided through the coordinated efforts of nursing, medicine, and other allied health care professionals.
Organisational Size and Structure (Refers to staff size not number of beds, an organisational chart is sufficient)	
Description of Service	Seaside is situated close to the shops with lovely views of the coast. Seaside provides care in four individual houses for the elderly frail, elderly mentally infirm and young physically disabled. Some bedrooms have an en-suite facility, and all are single occupancy. Most bedrooms are located on the ground floor, while the two units with accommodation on the first floor level possess a central passenger lift. The home is operated by Big Sky Health Care, and is managed by Mrs. Jessica Fletcher who is a first level registered nurse.
Any Specialist Provision	

Case History

Case history illustrating use of GSF in Care Home for one resident

We ask you to take one resident and show evidence of how you have used GSF in their care management, through the last years, months, days and hours of their life. Examples of some of the information required might be, communication aspects of care, anticipatory care planning and care of relatives can be included. This will showcase the complete care of just one of your residents in your home. Show the care according to the 7Cs as below. This can be used as evidence in your Accreditation portfolio.

C1 Communication

C2 Coordination

C3 Control of Symptoms

C4 Continuity

C5 Continued Learning

C6 Carer Support

C7 Care of the dying

ACP (related to Standard 6)

Suggested checklist to ensure all residents receive Advance Care Planning discussions

Residents Name	Needs Based Coding	Advance Care Plan (Y/N) Standard 6			DNAR / Other form (Y/N)	OOH Form Sent (Date) Standard 10	Other Comments
		Discussion Recorded (Date)	Declined (Date)	Review (Date)			

Reducing Inappropriate Hospitalisation (related to Standard 8)

(NOTE this gives you ideas of what you might do and might include in evidence but should not be tick-box exercise. Do not just copy and tick each section please – show what you are doing and how you meet this important standard in these specific ways or others)

Key Questions for you

- Can you develop a policy to reduce avoidable hospital admissions in your home?
- Could you consider criteria for unavoidable 'necessary' admissions to hospital?
- Can you clarify clinical guidelines for care of those staying at home instead of hospital?
- Could you monitor your admissions and reflect as a team if any were preventable?
- Can you improve the transfer process and communication with hospital staff?
- Can you reduce the length of stay or speed up hospital discharge of residents?
- What do you need to do to allow this to happen? Who do you need to discuss this with?

Admission Avoidance Measures. These include:	Yes	No
▪ Development of comprehensive policy/guidance in the home for avoidance of unnecessary admissions		
▪ Guidelines / policy in home for acute illness and policy on 999 crises calls		
▪ Advance Care Plan discussion with all residents and families recorded and communicated to others - preventing difficult discussions in crisis and knowledge of resident's preferences for care		
▪ Needs based coding of residents to anticipate likely stage of illness and alerting to possible needs		
▪ Use of Needs Support Matrix- for all but especially for those in Code C (weeks) to prevent crises in final days.		
▪ Planning meetings plus communication to all staff, including night staff, agency		
▪ Discussion with GP to ensure anticipation of problems and more are enabled to die in place of choice		
▪ Discussion and recording of DNACPR/ AND		
▪ Training and education to increase confidence of staff in caring for those seriously ill		
▪ Anticipatory prescribing especially for OOH		
▪ Handover form sent to OOH provider		
▪ Handover form sent to ambulance		
▪ Communication and involvement of night staff		
▪ Regular audit / reflection of admissions		
▪ Close communication with family related to ACP		
▪ Policies and practice in line with five priorities for care of the dying person		
▪ Other ideas e.g. 'Stop and think' prompt by phone etc		

Reducing length of stay and encouraging Rapid discharge. These include:	Yes	No
▪ Develop close link with hospital to enable rapid transfer back to care home?		
▪ Copy of their ACP/ Leaflet/letter to go with resident into hospital to explain plans for earliest transfer back.		
▪ Advance Care Plan notes preferred place of care highlighted to hospital staff		
▪ Improved documentation e.g. bright colour information transfer to hospital form		
▪ Phoning ward / visiting to discuss with staff		
▪ If difficulty with ward staff (as not family member) discussion with PCT/ hospital staff to ensure easier communication as the main healthcare provider		
▪ Collaboration with GP e.g. phone ward on behalf of GP		
▪ Shared education / training sessions with hospital staff		
▪ Development and use of a Rapid Discharge policy in hospital		
▪ Other ideas and suggestions		

Reflection of GSF by Staff Members (related to Standard 12)

What has Gold Standards Framework in Care Homes Programme meant to you?

Name	Role and position (day/night)	How long working in home?	What has GSF meant to you? e.g. What has gone well? What hasn't gone so well? What could be improved? What difference has it made to you as an individual?.....

Next Steps (related to Standard 20)

Plans for next steps – the vision, integration and development within the home

Plans for next steps of vision, integration and development within home. This is an opportunity to share your thoughts and plans for the future in your care home on End of Life care and Gold Standards Framework developments. This can be evidenced in a statement format.

ACTION	PERSON RESPONSIBLE	BY WHEN
1.		
2.		
3.		

Example of Front Sheet of Standard 1

Leadership & Support

AIM:

There is senior leadership, management support and coordination for use of this work in the care home i.e. agreement and support from owner/ manager and named leads to coordinate it within the home.

METHOD – how we attain Standard 1:

- ...
- ...
- ...
- ...
- ...

EVIDENCE INCLUDED:

- 1A -
- 1B -
- 1C -
- 1D -
- 1E -

EVIDENCE AVAILABLE IN THE HOME:

Key Outcomes Ratios

Gold Standards Framework in Care Homes

An assessment of key outcomes measures that the care home has achieved over the past year.

Name of care home GSF lead

a. Size of care home (bed numbers).....Phase.....

b. How many of your residents died in the last twelve months?.....

1. a) Place of death	Home	Hospital	Other	Total
2. GSF Coding - please indicate how many people were in which coding when they died				
A/Years	B/Months	C/Weeks	D/Days	
3. ACP 1 Advance Care Planning (ACP) - How many residents have been offered an ACP discussion, including recording of preferred place of care and proxy nominated person /LPOA? a. Residents as above who died b. Residents currently in the home				Number
				a)
				b)
4. ACP 2 Resuscitation discussion - How many residents have DNACPR / resuscitation status recorded? a. Residents as above who died b. Residents currently in the home				Number
				a)
				b)
5. Carer identified and assessed - For all residents that died how many carers (family carers) a. Were offered bereavement information and support? b. Were given the opportunity to complete a post bereavement questionnaire? c. Number of bereavement questionnaires returned				a)
				b)
				c)
6. Anticipatory prescribing - Of the residents who died, how many had anticipatory drugs in the home?				
7. Care of the dying plan - Of the residents who died, how many had a personalised care of the dying /care in the final days plan?				
8. Communication to others - Of the residents currently coded C or D , how many have had information sent to other service providers by: a. Out of hours providers through a handover form b. Others through EPaCCs / locality register				a)
				b)

