

Schedule 1

Home and Community Support Services in Cambridgeshire

1. Introduction

- 1.1 The Services shall be those services to be provided by the Service Provider, as set out below, and performed in accordance with the Contract (the 'Services').
- 1.2 The Homecare and Community Support Service is for:
 - All residents of Cambridgeshire who are identified as having eligible social care needs and,

- All residents of Cambridgeshire and Royston in Hertfordshire where individuals are registered with a Cambridgeshire GP, and are eligible for NHS fully funded Continuing Health Care (CHC) and Joint Funded Health Care from Cambridgeshire and Peterborough CCG.

2. The Commissioners

The Services may be commissioned by the following organisations as individual Commissioners, collectively or any combination of Commissioners:

- Cambridgeshire County Council (CCC)
- Cambridgeshire and Peterborough Clinical Commissioning Group (C&PCCG)

The lead Commissioner and any associates will be identified within each separate Call Off

- 2.1 The term “Social Worker” is referenced throughout this specification. However, this role may also be undertaken by an Adult Support Coordinator, Continuing Health Care Specialist Nurse, Care Manager, Procurement Coordinator, Mental Health Care Coordinator and/or any other role as identified within the referral and call off process.

3. Current Position and Approach

- 3.1 The table below outlines current spend and number of hours delivered across all Services:

Service User Group	Current Spend	Total Number of Hour Delivered	Number of Service User's
Children's Community Services	£0.871m	34,910	191
Learning Disabilities	£2.3m		190
Mental Health	£0.437m ¹		349
Older People/ Physical Disabilities	£18m	1,100,000	2300
Continuing Healthcare	£8.26m	516,503	273

*Cambridgeshire County Council also commissions a Transition Service which currently has a spend of £2.5m and supports approximately 80-90 individuals at any one time, for up to three weeks, where mainstream care cannot be made available

- 3.2 Cambridgeshire County Council has historically commissioned through separate framework agreements for different groups of Service Users. However, an 11% projected increase in the population in the period between 2013 and 2021 will result in more people who require access to social care support such as homecare, placing pressure on existing resources to deliver the capacity required.

¹ Figure correct as of November 2016. Please note this figure excludes Recovery Mental Health Works as this does not fall within the scope of this tender.

3.3 There is therefore a need to do things differently, and Cambridgeshire County Council have developed a more joined up and consistent approach to the delivery of Homecare and Community Support with a view to increasing the flexibility, efficiency and capacity of our local provision.

3.4 Through working across different Service User groups, the Council and Cambridge & Peterborough Clinical Commissioning Group have sought achieve the following vision:

To work in partnership with the Council and other agencies to provide flexible and innovative community-based care and support that meets personal outcomes, promotes independence and seeks to prevent, reduce or delay the escalation of need.

3.5 To achieve this vision, we need ensure consistent focus is given to the needs and preferences of our Service Users. This includes, but is not limited to, the following feedback received from people currently receiving homecare across children and adult services:

- I would like Care Workers who are friendly, caring, well-trained and professional.
- I would like Care Workers who turn up on time and stay for the whole of my agreed care slot.
- I would like Care Workers who get to know me and understand my care needs.
- I would like Care Workers who carry out the tasks outlined in my care plan.
- I would like the Care Agency to keep me informed of any changes to my arrangements, for example if a care worker is going to be delayed or if a replacement care worker is visiting due to sickness or holiday cover.
- I would like to be actively involved and work with our Care Worker to plan for supporting the needs of my child, and participate in any monitoring the effectiveness of this support.

3.6 In working towards this approach, the Council will use a flexible procurement and contracting approach that is responsive to the likely changes in commissioning strategies over the life of the contract, and allow us to work in partnership with our local Providers to develop new models of care. Providers will also be expected to work flexibly and innovatively provide high quality care services to the residents in their contracted area through delivery of this specification.

4. General Requirements (of regulated Service Providers)

4.1 In providing the Services the Service Provider is required to be registered with the Care Quality Commission (CQC) and to maintain that registration throughout the Contract Period. All Service Providers must meet the 'Fundamental Standardss' as set out in the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014/2936** and the **Care Quality**

Commission (Registration) Regulations 2009. Each Service Provider must be registered with the Care Quality Commission (CQC) and will be inspected as required by the CQC if providing services which require registration.

- 4.2 In addition to meeting the requirements of the Essential Standards of Quality and Safety as set out above, the Service Provider is required to meet the specific Contract Standards, as set out in the East of England Service Outcomes and Standards of Care, section 12 below.
- 4.3 Each Service Provider must ensure that it has the ability to provide the necessary Services with sufficient numbers of trained and competent staff necessary to provide care for each Service User. The Service Provider must ensure that each person responsible for the delivery of care is fully aware of the requirements of the Contract Standards as well as the Fundamental Standards and be able to demonstrate a commitment to maintaining and delivering high quality Services for people with a variety of needs and/or conditions and provide Services where all aspects of a person's care are met.
- 4.4 The Service Provider will provide Services that meet the needs of the individual, and where appropriate their family and are provided by competent staff in a way that supports the safety and security of the Service User. The Services shall be responsive, reliable and maintain a person's dignity and respect at all times. The Services shall be accessible and delivered with understanding and without discrimination. The Disability Discrimination Act brings in rights and measures which are aimed at ending the discrimination which many disabled people face and should be followed by the Provider
- 4.5 Where possible services must always be provided in a way that enables the Service User to maximise their independence, health and wellbeing and supports their social, spiritual, emotional and healthcare needs.
- 4.6 When supporting children and/or adults the Service Provider shall have regard to the Children Act 2004 and Care Act 2014 respectively; and the Care and Support Statutory Guidance issued under the Care Act 2014 by the Department of Health and ensure that their Services comply with The Care Act 2014 and the requirements of the 7 principles as detailed and explained in "A Vision for adult social care: capable communities and Active Citizens (November 2010) namely:
 - **Prevention:** empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence.
 - **Personalisation:** individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.
 - **Partnership:** care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils - including wider support services, such as housing.

- **Plurality:** the variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers.
- **Protection:** there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.
- **Productivity:** greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability.
- **People:** we can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so. We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out here.

The Service Provider must also ensure that their Services are delivered in a manner which is compatible with the following duties placed on the Local Authority under the Care Act 2014:-

- Section 1 - The Duty to Promote Individual Wellbeing
- Section 2 - The Duty to prevent the need for care and support
- Section 3 - The Duty to promote the integration of care and support with health services
- Section 4 - The Duty to Provide information and advice
- Section 5 - The Duty to promote diversity and quality in provision of Services
- Section 6 - The duty to co-operate with partners
- Section 42 - The duty to pursue Safeguarding Enquiries

4.7 The Service Provider must ensure that its Staff have regard for the Service Users equality and diversity and upholds peoples human rights (in line with the guidance outlined in the Report of the Equality and Human Rights Commission inquiry) and does not discriminate against people for any reason. Its policies will incorporate respect for both Staff and Service Users.

4.8 The Service Provider must ensure that all staff work in an enabling way that allows individuals to increase or maintain their level of independence, develop self-caring and move to a reduction in care and support, where appropriate.

4.9 **Service Users**

Home care and community support service provide support to:

- Older adults
- Adults of all ages with organic mental health problems including dementia (includes those who exhibit behaviours that challenge e.g. aggression, disinhibition) and/ or functional mental health problems
- People who may be physically frail or with physical disabilities
- People who have sensory loss

- People who are entering the end stages of life
- People with learning disabilities
- People with autism
- People with cognitive impairment
- Children and young people
- Discharge & Transition Service
- People who are entitled to Continuing Health Care funding
- People in need of specialist health tasks

In addition to the above, support may also be provided to family carers with any of the above disability, subject to a carers assessment as part of the Care Act 2014.

4.10 **Prison Social Care**

Under the Care Act 2014, Local Authorities are responsible for assessing and meeting the social care needs of adult prisoners (not just on discharge from prison but also while they are serving their sentence). All prisoners will be treated as if they are resident in that area for as long as they reside in prison. All adults with disabilities or long term health conditions may be eligible for social care support. These services are currently provided by the Council's own staff. During the life of this Contract there may be occasions where the Council may want to commission specific support services for prisoners. Any services commissioned will be broadly in line with the services described in this document. This could include individuals in a Young Offenders Institution (YOIs) who are over 18. Cambridgeshire has two prisons:

- HMP Littlehey
- HMP Whitemoor

5. **The Service: Homecare and Community Support**

- 5.1 The Services provided in the person's home and wider community shall be as set out in the Council's Service Contract [e.g. SOC 360b]. Exceptions can be made where recorded on the Service User's Care Plan as prepared or agreed by the Service User's Social Worker, and the Service User or their representative.
- 5.2 Where (24 Hour) Live-In Care is commissioned, a worker must be employed to offer support over a period of 24 hours in the Service User's home and assist on a one to one basis with all daily living needs. The Provider shall ensure that continuous and adequate care is provided over 24 hours each and every day including during staff rest breaks, and during a sleep in night. Off duty periods of up to two hours a day (or equivalent) are to be mutually agreed between the Provider, Service User and the Provider's Staff. If needed, alternative staffing arrangements must be made to cover this period.

5a Providers

5a.1 Providers shall be required to work to the following criteria:

- Registration with the Care Quality Commission.
- Have an office base that is in a location accessible to all Provider Staff.
- Be prepared to adopt an open book approach towards rostering information, staffing capacity and availability, accounting and pricing transparency.
- Develop relationships with other key Partners which will include Housing and Health.
- Prepare detailed performance reports on a 6 monthly basis or more frequently if required using the template found in Appendix 1. These will include but are not limited to the following areas:
 - Missed calls
 - Late calls
 - Number of offered packages accepted and rejected (Community).
 - Number of packages accepted/rejected (Hospital Discharge & Reablement)
 - Number of inappropriate discharges by date, acute trust, reason for failure, Service User SWIFT ID, any safeguarding issue and contact name for the professional managing the discharge
 - Contract Breaches
 - Safeguarding issues
 - Complaints
 - Compliments
 - Results of compliance visits by the Care Quality Commission
- Providers delivering over 200 care hours per week will be required to ensure an Electronic Call Monitoring System, able to record missed and late calls, is in place within 3 months of the contract start date. This predominantly applies to services being delivered to Older People. However, Providers delivering under 200 care hours per week will be expected to have a system in place which also allows missed and late calls to be recorded.
- Work across all Service User groups to develop positive working relationships with other agencies or Providers towards delivering the Care Plan.
- Develop positive working relationships and attend meetings on a regular basis with stakeholders, users of services, commissioners, elected members and health practitioners in order to develop services and tackle local issues affecting the delivery of services.
- To have Staff available to respond to requests for services and to liaise promptly with the Commissioning Teams.
- Liaise with the Commissioners, Workforce Development Team to develop a range of initiatives that will assist with developing the workforce (including recruitment, retention, training standards and apprenticeships).
- To work with Commissioners and the Workforce Development Team to develop an outcome based approach to delivery of services throughout the life of the contract. This could include but is not confined to use of trusted assessment models, use of Assistive Living Technology to maintain

independence and support changes to care packages, information sharing to facilitate joint working with our operational teams and other technological solutions.

- Collaborate with the Commissioners to ensure that all care packages are picked up within agreed timescales.
- Engage regularly or as required with Service User groups, advisory bodies, voluntary groups and commissioners regarding the development of new services or initiatives.
- Attendance at Contract Review meetings when requested by the Council, or as per each commissioners call off

5a.2 Providers must keep themselves informed of the developments relating to the Clinical Commissioning Groups in their area and develop relationships with relevant bodies in order to develop services in response to identified needs. The County Council shall provide regular updates regarding the developing commissioning responsibilities of health partners.

5a.3 All Providers have responsibility to engage regularly with Service Users and have systems in place to implement service improvements where appropriate.

5a.4 It is not expected that Providers will be responsible for Specialist Adult Mental Health support packages. These shall be commissioned directly between Care Coordinators and Specialist Adult Mental Health Providers.

5b Complex Care

5b.1 Complex care packages will be identified by the Commissioner/Case Manager on a case by case basis. It may include support for individuals with severe learning disabilities, mental health problems, complex physical conditions and/or multiple health conditions.

5c Required Service Outcomes

5c.1 The Provider shall work in partnership with Service Users and Commissioners to deliver an outcome based and personalised approach to the provision of all Services and this specification reflects that requirement. The Provider shall be expected to meet evolving requirements during the Contract Period with the development of outcome based commissioning for specific and focused areas of the Support Plan. The principle will be based on the specification of this Contract. However, the outcome with the agreed time period will be determined at the point of the Call Off which will be agreed within the Support Plan.

5c.2 For each Service User, the determining factor will be the outcomes to be achieved. The Service User, and with the consent of the Service User, their Carers, should always be central to decisions as to how outcomes should be achieved. The outcomes to be achieved must be recorded in the Support Plan. The following are categories of outcomes for individual Service Users that may

be relevant for this service. Please note, this list is not exhaustive given that outcomes set will be personal to each Service User.

- Service Users have choice and control, and are able to plan daily living
- Mobility/physical health has improved
- Service Users gain, re-gain or maintain independence
- Social exclusion is reduced
- Personal learning and development is encouraged
- Access to the local community is increased
- Preparing for adulthood for children and young people
- Safety and safeguarding of Service Users

5c.3 The Service Provider will be expected to support Service Users to achieve their individual outcomes as recorded on the Support Plan. The Service User (and where appropriate, their family and carers) should always be central to any decisions as to how the outcomes should be achieved.

5c.4 The Service Provider will be expected to maximise the use of Assistive Living Technology and other aids to promote independence and control for the Service User and their family/carers. This will be achieved through the Provider working in close partnership with the Council in developing and implementing the recommendations made at the time of the assessment by any of the Council's Commissioners or Officers.

6. Volume of Service

6.1 The Service Provider will deliver the outcomes as set out in the Service User's Support Plan. For the avoidance of doubt, the Council does not guarantee any minimum volume of work under this Contract.

6.2 The Services shall be available 7 days per week, 52 weeks per year.

6.3 Services for Night Sleeping and Night Sitting shall be provided between the hours specified in the pricing schedule.

7. Accessing the Service & Assessments

7.1 The Council has a statutory responsibility, within its eligibility criteria, to ensure the provision of certain statutory Services in order to meet individual assessed needs.

7.2 The needs of each Service User will be identified through an assessment completed by a Social Worker, CHC Nurse Specialist, the Council or other Commissioner in conjunction with the Service User or by self assessment.

7.3 If the Service User is eligible for the Services, the Case Responsible Individual will produce a personalised and outcome focused Care and Support Plan and

a Risk Assessment with input from the Service User and/ or their representative, defining how their identified needs will be met and setting out the outcomes to be achieved. Eligibility and Assessment Criteria are detailed within the individual service specifications for each Service User group (See Appendix 2).

- 7.4 Referral pathways for each Service User group can be found in Appendix 3 of each individual service specification.
- 7.5 The Service Provider shall nominate those persons with authority to accept referrals and shall ensure that the Authorised Officer is informed of their names, addresses and telephone numbers, notifying changes as they occur.
- 7.6 Referrals will be made electronically. The Referral and the agreed start date shall be confirmed in writing with the appropriate paperwork within the timescales outlined in the Individual Referral Pathways set out in Appendix 3. A copy of the Care and Support Plan, Service User Consent, Risk Assessment and any other assessments as appropriate (E.g. Best Interests Assessment or Speech and Language Therapy Assessment) will also be sent to the Service Provider.
- 7.7 The Service Provider shall provide the Services for the named Service User from the start date, until the Services are cancelled, suspended or varied in accordance with the Contract.
- 7.8 The Provider shall ensure that commissioned care calls commence within the following timescales:
- Morning: 7am-11am
 - Lunch: 11am-4pm
 - Evening: 4pm-8pm
 - Bed: 6pm-10pm
- Any calls carried out beyond these commissioned start time bandings will be deemed to be late calls. Any call which is deemed to be time-critical at assessment shall not be covered under this Clause 5.7 and must be carried out in accordance with the commissioned time.
- 7.9 The Services will be provided to:
- All residents of Cambridgeshire who are identified as having eligible social care needs and,
 - All residents of Cambridgeshire and Royston in Hertfordshire where individuals are registered with a Cambridgeshire GP, and are eligible for NHS fully funded Continuing Health Care (CHC) and Joint Funded Health Care from Cambridgeshire and Peterborough CCG.
- 7.10 No referrals should be accepted for Service Users from outside this area unless specifically agreed with the Authorised Officer.
- 7.11 Should a proposed support package require the support worker to escort a Service User to access community facilities which may incur additional expenses, such as mileage or sundries, payment will be agreed between the

practitioner who commissioned the care package and the Provider. For Learning Disability Services and Children's Community Support, the hourly rate should be inclusive of any mileage incurred and this should be outlined in the pricing schedule. For exceptional circumstances, additional costs incurred that are above the agreed hourly rate should be agreed in writing between the Commissioner and the Provider.

8. Information and Guidance

8.1 Section 4 of The Care Act 2014 places a duty on the Council to put in place measures that ensure Service Users are supplied with appropriate information and advice.

8.2 Within two weeks of the start of the Services, Service Providers are required to supply the following information to all Service Users.

- When and how to ask for an assessment from Cambridgeshire County Council and the Clinical Commissioning Group..
- Basic information on Cambridgeshire County Council Services
- Basic information on what financial support is available from Cambridgeshire County Council.
- Signpost to independent financial advisors.
- Basic information on the advocacy service and when and how to use it.

The Service Provider is also required to supply this information to any self-funders receiving a service from the Provider.

8.3 The Council will provide this information in advance to the Service Provider.

8.4 Where possible only use Deprivation of Liberty Safeguards when it is in the best interest of the Service User and in accordance with the Mental Capacity Act 2005, **Act 2007, Deprivation of Liberty Safeguards (DoLS) 2009 and local protocols within DoLS.**

8.5 Comply with Safeguarding Regulations under the Care Act 2014.

9. Care and Support Reassessments/Changes in Service

9.1 The Provider must inform the Commissioners of the need to reassess the Care and Support Plan if there is a material change in the Service User's needs, or in the way that a Service User would prefer to have their Services provided (E.g. NICE infection Control Guidelines 2014).

9.2 A reassessment will be held at least annually as a result of any of the following:

- a) As the Case Responsible Individual considers necessary.
- b) As requested by the Service User and / or their representative.
- c) by the Provider.

- d) In accordance with statutory requirements (I.e. Child in Need or Looked After Child Review).
 - e) Service Users in receipt of CHC funding will be reviewed at 3 months by the Commissioners in partnership with the Provider and again at least annually.
- 9.3 The re-assessment will involve the Service User and/or their representative, the Case Responsible Individual, other relevant professionals and where appropriate, the Provider or any designated representative. Consideration will be given to ensure convenience and adequate notice for all participants wherever possible.
- 9.4 The care management reassessment will consider the extent to which the outcomes set out in the Care and Support Plan are being met and will identify future objectives.
- 9.5 The Service User's Care and Support Plan will be amended as appropriate following the reassessment.
- 9.6 Minor variations to the Care and Support Plan may be made on an ad hoc basis outside of the reassessment process in agreement with the Case Responsible Individual, Service User and/or their representative, and Provider.
- 9.7 The support offered to the Service User is to be monitored by the Provider with regular input from the carer. Support must be reviewed by the Provider on a regular basis, at least every 6 months, even if there is no change required. Significant changes are to be notified to the Commissioning team through a request for a reassessment.

10. Temporary Suspension of Individual Places in the Services

- 10.1 Where the Provider's Staff are unable to provide the Services required because the Service User is found to be absent without having given prior notice, the Commissioners shall pay for the abortive visit, provided that the Provider informs the Commissioners of the Service User's absence at the earliest opportunity and makes reasonable efforts to determine the Service User's whereabouts.
- 10.2 The Commissioners may cancel or suspend a package in whole or in part on giving notice to the Provider no later than 12 noon on the day before the day of the next visit.
- 10.3 The Commissioners may suspend a package for a period of up to 7 days if the Service User is admitted to hospital. The Provider must contact the Commissioner prior to the expiry of the period of suspension to confirm the arrangements to be made on such expiry.
- 10.4 If the package is to be restarted, the Provider shall use its best endeavours to ensure the continuation of care and support with the member of the Provider's

Staff. After the period of suspension, unless otherwise agreed in writing, the Provider may deem the package to have been terminated.

- 10.5 The Commissioners will make no payment for temporary suspension of Services.
- 10.6 The Provider must have effective and robust mechanisms in place to monitor the management of medications whether prescribed or not, and have escalation policies in place if there is non-compliance by the Service User. However, where it is identified that Service Users can retain control over this area, or it will create an additional dependence, Providers should not be managing the medication of a Service User.

11. Termination of Individual Places in the Services

- 11.1 Payment for an Individual Service shall be terminated immediately on the death of the Service User. Where the Provider is not immediately notified of the death, the Council shall pay for one abortive visit only.
- 11.2 The Council may terminate an “individual placement” in the Services on giving no less than 24 hours’ notice to the Service Provider, unless mutually agreed otherwise on a case by case basis.
- 11.3 Where there is a proven unacceptable risk of physical violence, sexual harassment, or verbal aggression to Care Workers from an individual Service User or member of the Service User’s household, or risk from the physical environment, the Provider, in the first instance, must notify the Commissioner directly and request an urgent reassessment to address the situation and set remedial Action Plans.
- 11.4 Should the situation continue and be of such severity to render the Provider in breach of its statutory employer duties, the Provider may withdraw the Service immediately. Who Providers should contact for each Service Area can be found within the individual service specifications in Appendix 8..

12 Individual Service Funds (ISF)

- 12.1 Individual Service Funds are a further development of Personal Budgets where Providers work with the person to design, develop and manage the best possible Support Plan. The ISF enables the Provider to alter support, with minimal bother where changes are required to meet a person’s outcomes. ISF is a way in which a service Provider can work in partnership with a person to respect their needs and wishes. Moving forward the council will be looking to expand the take up of this service.

13 How and what we will Monitor

- 13.1 The Commissioners are responsible for monitoring the quality of the Services provided and for reviewing the individual needs of Service Users. However, the Council may also monitor with other strategic partners and the Provider acknowledges that the Council may undertake monitoring visits with these strategic partners including other Eastern Region Local Authorities and the local Clinical Commissioning Groups (CCG's).
- 13.2 As part of this Contract the Commissioners will periodically monitor the Service delivery to ensure compliance with the Contract Standards, The East of England Service Outcomes and Standards of Care, its Terms and Conditions as well as the Contract Schedules, and to assess the quality and performance of the Services being delivered to Service Users in relation to meeting their outcomes.
- 13.3 To do this the Commissioners will use a variety of methods. Assessment will include, but not be limited to, the following:
- By feedback from Service Users and/or their carers on the standards of Services being provided.
 - By feedback from Staff on the standards of Services being provided.
 - By feedback from the Reviewer regarding whether or not the Service is meeting the Service User's assessed needs and meeting the agreed outcomes in the best possible way.
 - By systematic monitoring of the Service Provider by the Council, in order to evaluate and record the Services delivered against the Specification.
 - By consulting with Service Users and/or their representatives.
 - By the investigation of complaints and / or safeguarding instances.
 - By Service Provider Performance Monitoring Forms.
 - By reviewing written procedures and records for both Service Users and Staff.
 - By the Service Provider, submitting to the Council an annual report detailing the outcome of quality assurance processes, including its service improvement plans.
 - Through external compliance reports from CQC.
 - Through receiving information from other Local Authorities and Commissioning Agencies.
- 13.4 The Service Provider is also required to return on a 6 monthly basis the Periodic Performance Report found in Appendix 1.
- 13.5 The Council is mindful of the need to apply a proportionate approach in respect to the monitoring of Services and how the Council will go about determining its monitoring schedule is detailed in Appendix 4.
- 13.6 The Council will review performance against the Contract as and when required. A Contract Review can be requested by the Provider, Carer, Service User or by the Council. The Service Provider should be prepared to attend, at 4 weeks' notice, a meeting with the Council to review performance under the contract. The meeting should be used to share good practice and to agree

areas for improvement.

- 13.7 At the request of the Council, the Service Provider will return the following additional information on an annual basis:
- a) Business Continuity Plan.
 - b) Accounts for the most recent completed financial year (audited if required by law).
 - c) Insurance Schedules and Certificates.
 - d) A Copy of the Service Provider Compliance Assessment tool (PCA) or equivalent The Council will examine the PCA or equivalent to identify good practice and areas for improvement.
 - e) Results of the Service Provider's Annual Service User Satisfaction Survey. The Council will use the results from the Service User Satisfaction Survey to ascertain views on the quality and performance of the Services.
 - f) A copy of the Service Provider's annual report including their Service improvement plan.
 - g) A copy of their training matrix for all staff.
 - h) A copy of the Care Quality Commissions Quality Risk Profile (QRP) for the Service Provider.
- 13.8 The Service Provider acknowledges and agrees that Officers of the Council may take evidence of risks and concerns identified during contract monitoring visits, including photographs and photocopies, and for this to be used to formulate a plan of action to ensure the Service Provider complies with the Contract.
- 13.9 The Service Provider is required to register with the Skills for Care National Minimum Dataset for Social Care (NMDS-SC) and will:
- Complete an NMDS-SC organisational record and must update all of its organisational data at least once per annum;
 - Fully complete individual NMDS-SC worker records for a minimum of 90% of its total workforce (this includes any staff who are not care-providing). Individual records for workers which are included in the 90% calculation must be both fully completed and updated at least once per annum.
- 13.10 The Commissioners are part of the eastern region collaborative and as such may share information gained through the above monitoring with regional partners. Also Councils within the region may conduct monitoring visits with, or on behalf of, other regional authorities.

14. Notification to the Commissioners

- 14.1 Without prejudice to its responsibilities under Health and Social Care Act 2008 (Regulated Activities) Regulations 2014/2936 the Service Provider will be responsible for notifying the relevant commissioning team within the Council as soon as it is practical to do so, if any or the following occur:

- (1) Any circumstances where the Service User has consistently refused provision of the Services, medication, or medical attention.
- (2) Serious accident, serious illness or serious injury to the Service User.
- (3) Death of the Service User if a death occurs during service delivery and when a death occurs as a result of service delivery
- (4) Outbreak of notifiable infectious disease in the Services.
- (5) Any emergency situation e.g. fire, flood.
- (6) Legacy or bequests to Service Provider and/or staff.
- (7) Unplanned absence of the Service User.
- (8) Hospital admission.
- (9) An investigation related to Safeguarding of a Vulnerable Person
- (10) Where the Service Provider has been unable to gain access to the Service User's Home.

15. Behavioural Standards and Codes of Practice

The Service Provider and its staff shall adhere to the relevant codes of conduct for their profession:

The Skills for Care Code of Practice available at:

<http://www.skillsforcare.org.uk/Document-library/Standards/National-minimum-training-standard-and-code/CodeofConduct.pdf>

The Nursing Midwifery Council (NMC) codes of conduct available at:

<http://www.nmc-uk.org>

16. The East of England Service Outcomes and Standards of Care:

- 16.1 In addition to meeting all of the above requirements each Service Provider is required to meet the specific Contract Standards, as set out in the East of England Service Outcomes and Standards of Care as set out in the attached document below:

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
Outcome Domain 1	Involvement & Information
Standard 1	Respecting & Involving Service Users
	What outcomes can people who use your Services expect?
Core criteria in bold	<i>Service Users understand the care and support choices available to them. They are actively encouraged and given appropriate information to enable them to express their views, give consent to and be involved in making decisions about the way their care and support is delivered. Their privacy, dignity and independence are respected and their (or their carer's) views and experience are taken into account in the way in which the Services are provided.</i>
	To achieve this the Service Provider will:
1.1	Ensure that their Staff do not discriminate against people because of their individual traits and characteristics. The Provider shall have policies that will incorporate respect for both their Staff, Service Users, professionals, families and visitors; and support Staff and Service Users to have a good understanding of diversity.
1.2	Have systems in place that uphold and maintain the Service User's privacy, dignity and independence.
1.3	Encourage and support Service Users to always express their view, choices and preferences about the way their care and support is delivered.
1.4	Put Service Users at the centre of their care by giving them adequate information in an appropriate and meaningful way to enable them to make informed decisions about the care and support they receive. The Provider must ensure that where the Service User indicates a preference, their carer's and families are involved in this.
1.5	Take account of each Service Users' choices and preferences and discuss and explain their care and support options with them.
1.6	Encourage and support Service Users to give them feedback about how they can improve their Services and act on the feedback given.
1.7	Ensure that Service Users are able to maintain relationships with their family, friends and the community in which they live and support Service Users to play an active role in their local communities as far as they are able and wish to do so.
1.8	Provide appropriate support to Service Users so that they can enjoy a variety of activities and social opportunities based on their preferences and strengths as part of everyday life within the Services.
1.9	Provide information in line with the Accessible Information Standard https://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/
	The Service Provider will ensure that:

	They have appropriate policies, training and arrangements in place to support equality and diversity and ensure that Service User's remain at the centre of their care and that their views are always taken into account.
	They have appropriate mechanisms in place to monitor compliance with the required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 1 (continued)	Involvement & Information
Standard 2	Consent
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Where they are able, Service Users give valid consent to the care and support they receive. They understand and know they can change any decision that has been previously agreed about their care and support. Their human rights continue to be respected and are taken into account.</i>
	To achieve this the Service Provider will:
2.1	Ensure staff know and understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.
2.2	Assess their capacity as required to give informed consent and ensure this is reviewed regularly in an ongoing and dynamic process taking into account that Mental Capacity is time and decision specific and therefore Staff should feel confident in considering, assessing and recording capacity and decisions at any time. Additionally, Staff should be able to give information in a way that Service Users understand, using tools and communication methods that are appropriate to that Service User at that time.
2.3	Provide Service Users with appropriate support including sufficient information in appropriate formats relating to consent and ensure this is reviewed regularly.
2.4	Discuss and explain the risks, benefits and alternative options to the way services can be delivered with all relevant stakeholders.
2.5	Support Service Users to access advocacy services to help them make informed decisions.
2.6	Follow advanced decisions in line with the Mental Capacity Act 2005.
2.7	Take account of restrictions in line with the Deprivation of Liberty Safeguards when providing care and support and ensure the least restrictive approach is used. Where there is still a Deprivation of Liberty, appropriate action is taken to ensure the legal processes and declarations are in place.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to monitor practice around consent and capacity.

	They have appropriate mechanisms in place to monitor compliance with required standards of practice.
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EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
DOMAIN 2	Personalised Care & Support
Standard 3	Care & Welfare of Service Users
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service Users' experience appropriate, effective, care and support in an enabling way that safely meets their needs, protects their rights and maximises their independence, health and wellbeing.</i>
	To achieve this the Service Provider will:
3.1	Ensure that Service Users (and where appropriate their stakeholders) are involved in their care and support planning. This includes other people that are delivering support to that individual and ensuring support is assessed and offered holistically.
3.2	Ensure Service Users know who their care worker/key worker is and how they can contact you as the Service Provider of their service.
3.3	Assess Service Users in a way that reflects their strengths, abilities and interests and enables them to meet all of their needs and preferences through a written care & support plan.
3.4	Assess the needs of the Service User including risks to their health and wellbeing.
3.5	Effectively plan the delivery of care and support so the Service User remains safe; their needs are adequately met; and their welfare and health is protected.
3.6	Regularly review the effectiveness of care and support plans and ensure that these are kept up to date to support the changing needs of the individual.
3.7	Assess the risk of harm to the Service User, including environmental risks, and ensure that this is effectively managed and reviewed regularly to keep the Service User safe.
3.8	Provide services in an effective, flexible and enabling way to help maximise the Service User's independence and quality of life.
3.9	Support Service Users in setting goals to help maximise their independence and improve the quality of their life.
3.10	Provide continuity of care, with Service Users receiving care from as few different care and support workers as possible.
3.11	Ensure that assessments of an individual, for example Speech and Language Assessments, are featured within their Support Plans and underpin the way in which their support is delivered. Equally, these assessments should be considered and used in all areas of their support,

	including but not limited to Mental Capacity Assessments and Deprivation of Liberty Assessments.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain the effective care and wellbeing of Service Users.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 2 (continued)	Personalised Care & Support
Standard 4	Meeting Nutritional needs
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service Users are enabled and supported to have a choice of nutritional and balanced food and drink to meet their diverse needs.</i>
	To achieve this the Service Provider will:
4.1	Support Service Users to make healthy choices and lead healthy lifestyles and provide access to information about healthy and balanced diet, recognising individual preferences, cultural and dietary requirements.
4.2	[NOT USED].
4.3	Food and drink are provided in a way that promotes Service Users dignity, choice and independence.
4.4	Support Service Users to access other social care or health services as required and taking into consideration their choice and preferences.
4.5	Support Service Users to access specialist services, guidance and advice where required. Where guidelines are given, this should be embedded within the Care and Support Plan and staff must be aware of and follow these guidelines for example eating and drinking guidelines.
4.6	Ensure that staff who are involved with food preparation have up-to-date food and hygiene training.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to meet the nutritional needs of Service Users.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 2 (continued)	Personalised Care & Support
Standard 5	Co-operating with other Service Providers

	What outcome can people who use your services expect?
	<i>Service Users receive safe, coordinated care and support where more than one Service Provider is involved, or where they are moved to another Service Provider.</i>
	To achieve this the Service Provider will:
5.1	Cooperate and communicate with other Service Providers of the individual's care and support plan when this responsibility is shared, or when the Service User is transferred to one or more services. Ensure that there is a named individual to support any transition.
5.2	Ensure that the care and support plan includes effective arrangements for when Service Users are transferred to another service ensuring that this includes everything the receiving service needs so the needs of the individual can continue to be met safely.
5.3	Keep appropriate records and information and ensure that it is shared in a confidential manner in line with the Contract and the requirements of the Data Protection Act.
5.4	Support Service Users to access other social care or health services as required.
5.5	Ensure that Support Planning is undertaken in a way that addresses a Service User's long term support requirements and ensure that any support and outcomes identified are considered in line with the person's aspirations and long term objectives.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to effectively co-operate with other Service Providers.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 3	Safeguarding & Safety
Standard 6	Safeguarding People who use the Service from abuse
	What outcome can people who use your services expect?
Core criteria in bold	<i>Service Users are protected from abuse or the risk of abuse and their human rights are respected and upheld. Service Users should be at the centre of this process and their voice should be heard.</i>
	To achieve this the Service Provider will:

6.1	Take action to identify and prevent abuse from happening in the service and respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.
6.2	Be aware of, and follow, their responsibilities under the Local Authority's safeguarding and whistle-blowing policy and procedures.
6.3	Ensure that appropriate guidance and training about safeguarding adults and children from abuse is accessible to staff, put into practice, implemented and monitored. Where a Care Worker is going into a person's own home to deliver services to an adult, but there may be children present, the Care Worker must also be trained to Level 1 in child protection. Similarly, Care Workers delivering support to children, should have training in relation to the safeguarding of vulnerable adults.
6.4	Where possible, only use Deprivation of Liberty Safeguards when it is in the best interest of the Service User and in accordance with the Mental Capacity Act 2005.
6.5	Review and update the Service User's care and support plan to ensure that individuals are properly supported following any (alleged) abuse.
6.6	Give Service User's and their Carer's adequate information about how to identify and report abuse, as well as sources of support outside the service, including the Local Authority, and actively support and encourage Service Users to raise issues and concerns when necessary.
6.7	Support Service Users and their carers when they have to take part in any safeguarding processes.
6.8	Ensure that Service Users' human rights are promoted and protected through the assessment and delivery of care.
6.9	Ensure that safeguarding is personal and Service Users are at the centre of the process and their voice is heard. Service Users should be involved in a way in which is appropriate to their needs, using tools and methods which they understand.
6.10	Ensure that notifications are made to the Care Quality Commission in line with the requirements and timescales set out in the Health and Social Care Act 2008.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain the safety of Service Users. This should include a safeguarding and children protection policy which is consistent with the Council's policies and procedures (Appendix 6) and shall be shared and updated on the Council's request.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 3 (continued)	Safeguarding & Safety
Standard 7	Cleanliness & Infection Control

	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service Users experience care and support in a clean environment that protects them from, and reduces the risk, of infection.</i>
	To achieve this the Service Provider will:
7.1	Have effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.
7.2	Provide sufficient information to Service Users, staff and visitors about infection prevention and control matters.
7.3	Have appropriate arrangements in place for the management and disposal of waste.
7.4	Provide staff with appropriate training relating to infection prevention and control and waste management.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain a clean environment and effective infection control.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 3 (continued)	Safeguarding & Safety
Standard 8	Management of Medicines
	What outcome can people who use your services expect?
Core criteria in bold	<i>Service Users will have the medicines they are prescribed, at the times they need them, and in a safe way.</i>
	To achieve this the Service Provider will:
8.1	Handle medicines safely, securely and appropriately.
8.2	Ensure that medicines are stored and administered safely including any homely remedies. Where covert medication is required, this is administered in line with the legal framework, appropriate protocols are in place and signed by the prescriber.
8.3	Keep appropriate records around the (prescribing) administration, monitoring and review of medications.
8.4	Involve Service Users in decisions regarding their medications.
8.5	Ensure that Staff handling medications undertake the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.

8.6	Have effective and robust mechanisms in place to monitor the management of medications whether prescribed or not.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain safe and effective medication management in line with the Councils Policy for Medicine Management in Domiciliary Setting (Appendix 7)
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.
	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 3 (continued)	Safeguarding & Safety
Standard 9	Safety & Suitability of Premises
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service Users, together with those who work in or visit the premises, are in safe and accessible surroundings that promotes and protect their wellbeing.</i>
	To achieve this the Service Provider will:
9.1	Protect people, staff and others against the risks of unsafe or unsuitable premises. This may include office spaces, community services or the Service Users Home.
9.2	Risk Assessments are undertaken at Service User's homes before the package of support commences and are reviewed as part of an ongoing process, with appropriate information shared with other agencies such as Housing Organisation, Health, other Council Departments and the Fire Service.
9.3	Have appropriate security arrangements in place to address the risk of unauthorised access where possible and in agreement with the Service User. Concerns around the suitability of Service Users safety arrangements should be referred to the Council if Staff feel that the Service User is vulnerable.
9.4	Ensure that staff undertake fire safety training as well as risk assessment and risk management training and this informs any assessments of risk and practice.
	The Service Provider will ensure that:
	The premises remain suitable for the effective delivery of the care and support required by Service Users.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 3 (continued)	Safeguarding & Safety

Standard 10	Safety, Availability & Suitability of Equipment
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service Users, together with those who work in or visit the premises, are not at risk of harm from unsafe or unsuitable equipment (including furnishings or fittings). Service Users benefit from equipment that is comfortable and meets their needs.</i>
	To achieve this the Service Provider will:
10.1	Ensure that equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.
10.2	Ensure that staff are appropriately trained on how to use equipment safely.
10.3	Assess the risks associated with the use of equipment and develop plans to manage any risk identified, including damage and breakdown of equipment and alternative resources identified to mitigate risks.
10.4	Provide people with an explanation and adequate information where equipment is used as part of their care and support, take account of their choices and preferences, and use it in a way that protects their privacy and dignity.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to ensure that equipment is properly used and maintained.
	They have appropriate mechanisms in place to monitor and record compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 4	Suitability of Staffing
Standard 11	Requirements relating to staff recruitment
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service Users are safe and their health and welfare needs are met by staff who have been appropriately recruited and who have the right qualifications, skills and experience.</i>
	To achieve this the Service Provider will:
11.1	Have effective recruitment and selection procedures in place.
11.2	Carry out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

11.3	Ensure that when staff are provided by an external organisation that those staff, whether agency, bank or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff.
11.4	Ensure that other people who provide additional services that are arranged by the agency directly are subject to any appropriate and necessary checks. Additionally, where there are any concerns relating to additional services arranged by the Service User directly or by another party, that these concerns are raised with the Social Worker or via safeguarding processes.
11.5	Ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.
11.6	Assess risks around working environment and conditions and make reasonable adjustments to enable staff to fulfil their role.
11.7	Have robust and effective arrangements around the appropriate behaviour of staff, particularly in their relation to their code of professional conduct and the assessment of stress and other work-related hazards.
	The Service Provider will ensure that:
	They have appropriate policies, procedures and arrangements in place to ensure effective staff recruitment that are in line with the Council's Safer Recruitment and Selection Procedures found in Appendix 8
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 4 (continued)	Suitability of Staffing
Standard 12	Staffing and Staff Deployment
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service Users and their health and welfare needs are met by sufficient numbers of appropriate staff with the right qualifications, knowledge, skills, approach and experience.</i>
	To achieve this the Service Provider will:
12.1	Make sure that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.
12.2	Have enough staff on duty that know and understand the specific needs of the Service Users receiving a service in order to deliver safe, effective and consistent care & support.
12.3	Have robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).
12.4	Have effective mechanisms in place to identify and manage risks that result from inadequate staffing levels.

12.5	Ensure that staff are aware of and trained in the organisation's Business Continuity Processes to a level which is appropriate to their role.
12.6	Ensure that staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs, using any tools or equipment that is provided to the Service User. Staff should have a basic understanding and appreciation of different cultures and be able to speak and understand English (or the language most appropriate to the service) to a good conversational standard in Immigration Act 2016.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain and deploy a sufficient number of appropriately trained staff.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 4 (continued)	Suitability of Staffing
Standard 13	Supporting Staff
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service Users are safe and their health and welfare needs are met by staff who are appropriately trained, well supervised, and receive the development opportunities they need to carry out their role effectively whilst keeping their skills and training up to date.</i>
	To achieve this the Service Provider will:
13.1	Ensure that all staff receive appropriate induction at the start of their employment in line with the Skills for Care - Care Certificate.
13.2	Ensure that all staff receive appropriate supervision, by a suitably experienced and qualified person every 6 weeks for full time staff (or pro rata to the number of hours they're working), their performance is appraised annually and that they receive observations of their practice, which involves gathering feedback from Service Users. Supervision should be carried out by staff with relevant qualifications or training. Both supervision and appraisal records should be kept as per the Council's policies.
13.3	Ensure that all staff undertake mandatory training and refresh this as required in line with Appendix 5 and any other requirements within each individual service area specification.
13.4	Support staff to acquire further skills and qualifications that are relevant to their role, the work they undertake and the needs of the service.
13.5	Ensure that any temporary staff have the appropriate training and skills to undertake their role.
13.6	Keep training records (including evidence of attendance) for all staff.

13.7	Assess risks that may impact on performance and make reasonable adjustments to enable staff to fulfil their role.
13.8	Have appropriate policies and mechanisms in place to prevent and manage incidents of bullying, harassment and violence towards staff.
13.9	Have robust and effective HR arrangements in place around managing Sickness and other absences. Including the assessment of stress and other work-related hazards.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain a sufficient number of appropriately inducted supervised and trained staff.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 5	Quality of Management
Standard 14	Assessing & Monitoring the Quality of Service Provision
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service Users benefit from safe, quality care due to effective decision making and management of risks to their health, welfare and safety because lessons are learned and the quality of services is effectively monitored.</i>
	To achieve this the Service Provider will:
14.1	Continually gather and evaluate information about the quality of services delivered in meaningful way, to ensure that people receive safe and effective care and support.
14.2	Have a clear decision-making framework in relation to care and support of Service Users.
14.3	Have mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly.
14.4	Ensure that incidents are reported and investigated in accordance with the appropriate policies and procedures, and where appropriate reported to the Care Quality Commission.
14.5	Improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.
14.6	Identify, manage and monitor risks to Service Users, Staff or visitors to the service.
14.7	Provide information about the quality of the Services to people who use the service including how any concerns raised have been addressed.

14.8	Ensure that Service Users are involved in all decisions about their care and support.
14.9	<p>Ensure there is a system in place that monitors the quality of the service being delivered, with a minimum of monthly spot checks completed by a Senior Member of staff, a quarterly audit completed by the Manager of the Service and an annual audit completed by someone within the organisation that does not have direct involvement with the running of or delivery of the service. Audit should include, but not be limited to:</p> <ul style="list-style-type: none"> • Quality Recording • Quality of support delivered [observations] • Medication • Management of Service User's finances • Support planning and risk assessment • Health and Safety <p>Reports of these audits should be kept and shared at the request of the Council.</p>
	The Services Provider will ensure that:
	They have appropriate policies, training and arrangements in place to assess and monitor the quality of services provided. They learn lessons and implement changes to improve the services delivered.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 5 (continued)	Quality of Management
Standard 15	Complaints
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service Users and / or their nominated representative can be sure that the Service Provider listens to and acts on their complaints and comments. They know that they will not be discriminated against for making a complaint or raising an issue.</i>
	To achieve this Service Provider will:
15.1	Provide Service Users and/or their carers with adequate information, in an appropriate and suitable format, about the complaints process, including information on how to contact the Local Authority and the Local Government Ombudsmen.
15.2	Support Service Users to raise a complaint or make comments about the service.

15.3	Consider fully, respond appropriately and resolve, where possible, any comments and/or complaints, and where required, cooperate with the Council in investigating complaint made to them regarding the Service.
15.4	Support people throughout the complaints process keeping them informed of the progress and outcome of their complaint in a timely manner.
15.5	Support Service Users to access advocacy services, if this is required to enable a Service User to make a complaint or raise a comment about the service.
15.6	Ensure that learning is taken and shared to improve the experience of Service Users who use the services.
15.7	Keep adequate records about the complaint, including any relevant and factual information about the investigation, responses, outcome and actions taken.
15.8	Share details of complaints and the outcomes with the Local Authority and notify the Social Worker of any complaint from a Service Users within 24 hours; if the complaint is going to impact or prevent the delivery of care and support. For example, where a Service User makes a complaint about a Staff member and/or the Agency The Commissioners or Social Worker may request an agreement for notification around specific complaints or persistent complaints, where there is an operational demand on the management and reporting of these complaint and expect the Provider to work collaboratively with the Council to remedy these.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to effectively manage and learn from any complaints.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 5 (continued)	Quality of Management
Standard 16	Records
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service Users are confident that the records kept by the Service Provider about their care and support (including those that are required to protect their safety and wellbeing) are accurate, fit for purpose, held securely and remain confidential.</i>
	To achieve this the Service Provider will:
16.1	Ensure that the personal records of Service Users receiving services are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.

16.2	Use these records to plan the care and support of the Service User to help ensure that the Service User's rights and best interests remain protected and their needs are met.
16.3	Only share information on a need to know basis, with the consent of the Service User in line with the contract and/or legal arrangements such as deputyships.
16.4	Only keep and store records in line with the Data Protection Act and in line with the Local Authorities requirements as set out in the contract.
16.5	Support Service Users to access information about their care and support when they request it.
16.6	Ensure that when information is inappropriately shared, transferred or lost, this is reported, investigated and acted on in accordance with the appropriate incident reporting procedures.
16.7	Ensure that other records necessary for the operation and management of the Services are stored in accordance with the Service Provider's and Council's policies and procedures.
16.8	Monitor the standards of practice through a programme of effective audits.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain effective records in line with the Data Protection Act 1998 and the requirements of the Local Authority.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.