

## **SCHEDULE 3 – SERVICE SPECIFICATION FOR HOME CARE SERVICES**

### **1. INTRODUCTION**

1.1. This Service Specification describes the required service and expected standards of support. The Provider will evidence that their organisation and staff have the relevant skills, training and abilities to undertake activities described in the service specification. The specification is an integral part of the contractual arrangement and provides details of the access criteria, expected outcomes and performance standards by which the quality and effectiveness of the service will be measured.

All care and support shall:

- focus on improving wellbeing and quality of life;
- be person centred;
- focus on delivering the outcomes people require and maximising their independence and strengths for as long as possible;
- promote choice and control; and
- be flexible in response to people's wide ranging assessed needs. This shall include forming local partnerships with families and friends, and in the statutory, independent, voluntary and community sectors.

1.2. Cumbria County Council acknowledges Providers as equal stakeholders in the planning, delivery and monitoring of care and encourages participation in multi-disciplinary and partnership meetings. Providers will be required to develop strong partnerships and interdependencies with other Providers delivering Person Centred Home Care. Providers must be able to anticipate and respond effectively to emerging priorities and be prepared to work collaboratively with the Council, both North Cumbria and Morecambe Bay CCGs and other local partners to deliver service improvements and drive positive transformation of care services across Cumbria.

1.3. The Council's vision for the future of care and support is one of holistic, integrated and joined up provision. The Council shall promote improved health, emotional wellbeing, independence and social inclusion through the provision of social care and support services which enable people with care and support needs to achieve as full and independent a life as possible within their communities.

#### **1.4. Cumbria's Offer to Social Care Providers**

In order to support Providers with the delivery of Home Care Services, the Authority offers to:

- Review the hourly rate at least annually
- Make prompt payments to Providers
- Work in partnership with providers sharing challenges and co-producing solutions
- Collaborate with providers to promote a healthy workforce, prevent disease transmission and increase resilience across the care sector workforce and local communities

#### **1.5. Providers are invited to commit to:**

- As a priority and where appropriate to utilise the local supply chain
- Address workforce training needs and service delivery improvements across the care sector
- Demonstrate a positive approach to problem solving and pooling of resources to achieve common goals
- Collaborate with the Authority to promote a healthy workforce, prevent disease transmission and increase resilience across the care sector workforce and local communities

1.6. Cumbria County Council is committed to the Living Wage and encourages all Providers to pay the Living Wage Foundation's Real Living Wage to their staff engaged in the delivery of homecare Services to, and for the Council. Providers are invited to consider the following factors within their Services:

- Payment of the Real Living Wage
- Improved Terms and Conditions
- Appropriate remuneration for travel and fuel
- Investment in training and development

1.7. The Council reserves the right to revise the contract and service specification by agreement during the life of the contract. Any material changes to the service specification must be agreed with the responsible Commissioner prior to implementation.

## 2. DEFINITIONS AND INTERPRETATION

The definitions and rules of interpretation identified within the Framework Agreement and outlined in this clause below apply in this Service Specification.

**ASC:** means Adult Social Care.

**Advocate:** means someone who takes action to help Service Users say what they want, secure their rights, represent their interests and obtain services they need, on an independent, impartial, and confidential basis.

**Aids to daily living:** means self-help devices or equipment that assist people with disabilities in daily living activities such as dressing, personal hygiene, bathing, home maintenance, cooking, eating etc.

**Assistive technology:** means the broad heading for a range of assistive, adaptive and rehabilitative devices for people who live independently. This includes Telecare alarm systems.

**Capacity:** means the ability of individuals to make rational thoughts and decisions.

**Carer:** means a nominated representative or other person who provides care and or support to the Service User on an informal/unpaid basis; often a family member.

**CQC:** means the Care Quality Commission which is the regulatory body for home care agencies (and care homes) governing the provision of care services.

**Direct Payment:** means a payment made to a Service User to enable them to arrange their own care and support to meet their assessed needs and desired outcomes.

**End of Life Care [EoLC]:** means care and support that helps all those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both Service User and family to be identified and met throughout the last phase of life and into bereavement.

**Health Professional:** means an individual, nominated and authorised to act on behalf of the Framework User, and registered with a professional body having completed a recognised course of study or accredited training programme in order to be registered to be able to practice. For the purposes of this Agreement this will usually be a District or Community Nurse, Physiotherapist, Occupational therapist, working within the services requesting the care and or support in the Agreement.

**Individual Service Fund [ISF]:** means a payment made to a Provider who will manage this on behalf of a Service User to arrange support to meet the Service Users assessed needs and desired outcomes. The Service User will choose how this fund is spent which will be on the Provider's own Services and, if the Service User requests this, on the Services of other Providers too.

**NICE quality standards:** means a concise set of prioritised statements designed by the National Institute for Clinical Excellence [NICE] to drive measurable quality improvements within a particular area of health or care. NICE also develops guidance across a number of different areas and on a range of topics.  
<http://www.nice.org.uk/socialcare/>

**Nominated Representative:** means a person nominated by the Service User to support the decision making process.

**Outcomes:** means the impacts or end results of services on an individual's life. Outcomes-focused services aim to achieve the aspirations, goals and priorities identified by the Service User.

**Personal Budget:** means an indicative allocation of funding for a Service User based on an assessment of their need which may be taken via a direct payment or through care managed support.

**Person Centred:** means the process of putting the Service User and their Nominated Representative at the heart of the decision making process, ensuring personal outcomes for all Service Users.

**Promoting Independence Review:** means the Provider and Framework User shall monitor and review progress towards identified goals and outcomes in partnership with the Service User. Each review shall consider progress and reduction in support needs.

**Quality of Life [QoL]:** means the ASCOT (Adult Social Care Outcomes Toolkit) measure which is designed to capture information about an individual's social care related quality of life, and is applicable across a wide range of user groups and care and support settings. <http://www.pssru.ac.uk/ascot/guidance.php>

**Reablement Service:** means the delivery of focused intensive short term interventions to maximise long-term independence and appropriately minimise the ongoing care and support required. It aims to help people regain their independence following an illness, injury, disability or loss of personal support network for up to six weeks to regain or develop independent living skills. Specialist rehabilitation for Service Users who have a clinical health need is provided by intermediate care services during a short term intervention of up to 6 weeks.

**Strengths-based practice:** is a collaborative process between the person supported by Services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets.

**Support Delivery Plan:** means the plan prepared by the Provider with the Service User, and developed from the Support Plan, showing in more detail how the specific outcomes of each Service User are to be met.

**Telecare:** 24/7 alarm service providing a combination of equipment and monitoring that can help individuals manage risks associated with independent living at home.

**Urgent Care Team:** means those persons acting in the capacity of Adult Social Care practitioners outside of Normal Business Hours to provide a service to meet the urgent social care and support needs of all adult Service Users.

**Urgent Notification Procedure:** means the procedure to be followed by the Provider as set out in the Specification at Schedule 3, and in the circumstances as set out therein.

### **3. PURPOSE OF THE SERVICE**

- 3.1. For the purposes of this service specification, Person Centred Home Care is defined as practical, personal, social and emotional support associated with ordinary living that a person might usually perform him/herself or with support of a friend or relative.
- 3.2. Cumbria County Council will commission a person centred home care service, thereafter known as 'the Service'. The Provider will deliver the Service on behalf of the Council. The Provider shall ensure their organisation and staff have the relevant skills, training and abilities to undertake activities described in the service specification.
- 3.3. The aim of the Service is to enable Service Users receiving home care to lead a full qualitative life, maximising their independence, promoting their health and wellbeing and supporting them to remain safe and comfortable in their own homes for as long as possible whilst maintaining their individual dignity, privacy, freedom of choice and treating them with respect.
- 3.4. The Service shall have a strong emphasis on maintaining and developing abilities and skills with a 'supporting to' rather than 'doing for' approach. There will be a focus on the principles of strengths-based practice, enablement, maintenance, recovery and self-care and on improving resilience to deal with potential health and social care needs in the future.
- 3.5. The Service shall be flexible and person centred. It will implement effective, positive risk management and design Services which address the needs of individual Service Users and ensure outcomes of Support Plans are met.
- 3.6. The Service shall address the needs of Service Users holistically, value difference and ensure the social, cultural and religious needs of Service Users are acknowledged and addressed. It will work to sustain the support offered to them by their Carers and Representatives and their local communities.
- 3.7. The Service shall seek and be responsive to Service Users' and Carers views and priorities and work collaboratively with other Service Providers and internal and external partners to ensure quality.

- 3.8. The Council is committed to working closely with people who use home care services. The following service user requirements have been developed in line with comments received from customers, their carers and families and are key measures of success in terms of service delivery.
1. Help me to build my resilience, maintain my independence health and wellbeing at home.
  2. Arrive on time as planned and keep me informed of any unplanned changes to my care service.
  3. Equality, diversity and human rights - treat me and my home with dignity and respect.
  4. Don't harm me, and treat my carers fairly.

#### **4. LEGAL REQUIREMENTS AND CONTEXT**

- 4.1. The Agreement places an obligation on the Provider to comply with all legislation and regulations relevant to the provision of the services.
- 4.2. From the commencement of the contract and throughout the contracted period Providers must be registered with CQC and have a local office base from which they will operate the service. The Service will be safe, effective, caring, responsive and well led. It will treat every individual with dignity and respect and comply with local and national best practice guidance and policies.
- 4.3. The Care Act 2014 requires local authorities to help develop a market that delivers a wide range of sustainable high-quality care and support services that will be available to their communities.
- 4.4. Providers will act to protect vulnerable adults and initiate appropriate Safeguarding and Mental Capacity procedures as necessary. Service Users must always be placed at the centre of all home care activities and decisions about how their care is delivered. Providers will take a progressive approach when working with Service Users to maximise their independence enabling them to manage their own care wherever possible. Individuals receiving care services must be supported to have greater control over their lives and to remain as independent as possible in their own homes.

4.5. The Service User Focused Outcomes in the specification relate to how Service Users' wellbeing can be assured whilst supporting person-centred care and support. Wellbeing is defined as follows in line with Care Act guidance:

- personal dignity (including the way people are treated and helped)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control over day to day life (including making choices about the way care and support is provided)
- participation in work, education, training and recreation
- social and economic wellbeing
- domestic, family and personal relationships
- suitability of living accommodation the individual's contribution to society.

4.6. The Provider shall deliver Services in a manner which helps the Council to achieve the Adult Social Care Outcomes Framework (ASCOF). The performance of the Council is monitored nationally within the ASCOF. The ASCOF consists of 4 key outcome domains [refer to Appendix A]:

- Enhancing quality of life for people with care and support needs;
- Delaying and reducing the need for care and support;
- Ensuring that people have a positive experience of care and support;
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

4.7. Active engagement and openness between the Councils and Providers is also important for meeting duties relating to potential "Business Failure" (meaning an event such as the appointment of an administrator, the appointment of a receiver or an administrative receiver) or "Service Interruption" to the whole of the regulated activity, meaning an imminent jeopardy and there is no likelihood of returning to a "business as usual" situation in the immediate future, leading to the need for joint action by the Council and the Provider. In these situations the Provider will cooperate fully all parties identified by Council.



- 4.8. The National Social Care Institute of Clinical Excellence (NICE) provides guidance on Managing medicines for adults receiving social care in the community
- 4.9. Public Health England provides guidance on matters such as infection control, Resuscitation Council UK and Royal Pharmaceutical Society Guidelines.
- 4.10. From time to time, the Councils may seek the Provider's agreement to comply with the standards and recommendations issued by any relevant professional or by the National Institute for Health and Social Care Excellence (or any other equivalent body).
- 4.11. The Provider will comply with General Data Protection Regulations 2016 (GDPR) shown in Schedule 7
- 4.12. Whilst the Council aims to refer Providers to good practice guidance in this specification, the Provider is expected to know and keep up to date with best practice in relation to the delivery of home care services.
- 4.13. The Provider shall adhere to the latest CQC guidance and any subsequent guidance, which sets out how providers should consider people's relationship and sexuality needs.

<https://www.cqc.org.uk/news/stories/new-guidance-addresses-relationships-sexuality-among-people-using-adult-social-care>

## 5. THE SERVICE

5.1. The Service is available to adults assessed as having an eligible care and support need, including people with any or a combination of the following short or long-term conditions:

- frail / elderly
- mental health
- dementia
- physical disability
- sensory disability
- substance-misuse
- end of life related needs
- and other people eligible for a service.

5.2. The Service Users shall be:

- adults (18 years or over); and
- on occasion young people aged 16 – 18 years as requested by the Council who are in transition from Children’s Services to Adult Services.

5.3. Service Users shall be ordinarily resident and living in Cumbria, and identified by the Council as being eligible to receive part or all of the Services.

5.4. The Provider shall ensure it delivers the Services at all times in compliance with the Care Act 2014. Further the Provider shall deliver the Services in a manner that ensures the Council complies with its obligations under the Care Act 2014 so far as such obligations relate to the Services.

5.5. The Provider will support adults to achieve their individual potential, maintain their resilience, health and independence and improve their quality of life. Providing care for someone in their own home can prevent, reduce or delay admission to institutional care such as hospital settings and nursing homes. The Service will arrange to deliver support in accordance with the commissioned care plan to meet the eligible person’s needs.

5.6. Typical care that people receive includes, but is not limited to:

- support with personal care;
  - moving about,
  - getting out of bed,
  - washing,
  - dressing, and
  - support with other essential daily living activities as required.

- support to access and maintain
    - nutrition and hydration,
    - medication (medication support),
    - toileting/hygiene,
    - safe habitable home environment,
    - maintain family and other personal relationships,
    - engage in work, training or education,
    - making use of facilities or services including transport or recreational activities carrying out caring responsibilities the adult has for a child.
  - accessing information on health related matters e.g.
    - encouraging uptake of influenza and pneumococcal vaccinations,
    - assistive technologies and
    - other preventative treatments or schemes.
- 5.7. The Provider shall use the Technology and/or another system as directed by the Council.
- 5.8. The Provider shall develop strong day-to-day links with the Councils front line staff, and alert operational teams if a package of care and support needs to be reduced, increased or ended on a temporary or permanent basis.
- 5.9. The Provider must advise an ASC Practitioner or the Urgent Care Team of any scheduled visits that are missed or cancelled by the Provider; or that are cancelled by a Service User including those where Staff are refused entry by a Service User.
- 5.10. The Provider shall attend local meetings and forums as requested by the Council such as for contingency planning arrangements for winter resilience.
- 5.11. The Provider shall support the urgent care and hospital discharge pathways by responding in a timely way to requests for a 'rapid' need for home care

## 6. SERVICE DELIVERY

### 6.1. Service Delivery

- 6.1.1. The Provider shall ensure that the Service is available every day of the year operating from **07.00 hours to 23.00 hours**.
- 6.1.2. The Provider shall have a local office within Cumbria.
- 6.1.3. The Provider shall provide contact details of a named responsible representative who is available for contact by the Council and the Service User in relation to this contract and service delivery.
- 6.1.4. The Provider shall carry out Instructions for care and support visits as required by the Council.
- 6.1.5. The Provider shall ensure that Staff shall support the Service User to use any Aids to Daily Living as requested by the Council. Any defect or fault shall be reported to the Council as an Urgent Notification.
- 6.1.6. The Provider shall have sufficient staff and management resources available to deliver and manage the Service, and to meet changing needs of the Service User during the Service delivery hours.
- 6.1.7. The Provider shall conduct regular reviews of staffing levels and resources especially at times of increased demand to include winter pressures, bank holidays and school holidays.
- 6.1.8. The Provider must be able to deliver the Services at all hours between and including 07.00 hours to 23.00 hours every day of the year.
- 6.1.9. The Provider shall match the requirements of the Service User with the most suitable Staff, and shall ensure there is continuity in relation to the Staff who provides the Service to each Service User.
- 6.1.10. The Provider shall ensure a continuity of approach between day and night Service Delivery.
- 6.1.11. The Provider must report to the Council at the earliest opportunity (same day / next working day) any emergency / temporary one off increases in care required to meet a specific urgent need or cancellation of care services. An authorised Assessor will review the case and details of the change will be recorded for invoicing and payment purposes.

## **6.2. Care Visits**

- 6.2.1. Care visits will be commissioned based on the assessed needs of the individual and will be recorded in multiples of 15 minutes. It is recognised that 15 minute visits may be appropriate in some instances, however, where possible these should only be delivered as part of a wider package of support.
- 6.2.2. Visit times will be negotiated and agreed with the Service User at commencement of the package.
- 6.2.3. Visit times may be changed at the request of and in agreement with the Service User.
- 6.2.4. The Provider shall ensure that support is delivered at the time agreed with the Service User as set out in the Support Delivery Plan. The Provider shall have systems in place to inform the Service User of any delay on the part of the Provider to deliver support regardless as to how minimal any such delay is regarded by the Provider.
- 6.2.5. The Provider shall notify the Service User in advance, if there is a change to the usual Staff member providing the Service. If alternative Staff are assigned to a Service User they must be appropriately trained and briefed in full with respect to the care and support required by the Service User.
- 6.2.6. Visits made 30 minutes before/after the agreed time will be defined as an early or late call for monitoring purposes.
- 6.2.7. Non-attendance or visits made 90 minutes before/after the agreed time will be defined as missed visits for monitoring purposes.
- 6.2.8. Providers are expected to arrange care rotas to minimise travel time. Care staff must be given sufficient paid time on shift to travel to/from/between care calls. Any costs incurred travelling between visits are the responsibility of the employer.

## **6.3. Accessing the Service**

- 6.3.1. The Service shall be accessible by Service Users who have been referred to the Provider by the Council. Unless otherwise agreed in writing between the Council and the Provider, for a referral to be valid, it must have been made by either:

- a) An ASC Practitioner, or other person as notified to the Provider from time to time by the Council; or
- b) The Urgent Care Team.

- 6.3.2. The Council shall provide to the Provider with each referral:
- a) An Instruction Form
  - b) Support Plan; and A Medication Order Form – where support with medication or health tasks is required.
- 6.3.3. Each Service User’s SPO and Support Plan shall include details of:
- a) any key contacts;
  - b) the Service User’s General Practitioner;
  - c) any risk factors;
  - d) the outcomes to be achieved specific to the Service User;
  - e) a Personal Budget within which to meet the outcomes;
  - f) any defined health related tasks required as having been assessed by a health professional;
  - g) the nature and extent of support and/or assistance required by the Service User to manage their medication; and
  - h) any arrangements in respect to the storage, collection or access to the Service User’s medication in their home.

#### **6.4. Monitoring and Procedures**

- 6.4.1. The Provider is responsible for planning work rotas and capturing data in such a manner as to ensure that sufficient time is allowed for Staff to travel in between calls. Managerial/ supervisory capacity must be such as to enable the overall management of the Service. The Provider shall provide evidence of this for contract monitoring purposes to the Council upon request.
- 6.4.2. The Provider shall implement and maintain a robust and auditable system to enable the Council to monitor the performance of the Provider. The Provider, utilising such a system, shall supply the Council with accurate data regarding the actual delivery of ordered hours to the Service User(s). The Council will utilise such data for the purpose of charging/statements for Service Users and for payment / reconciliation of payment to Providers.

- 6.4.3. The Provider shall ensure that changes to the care and support needs of the Service User are monitored and recorded, and reported to the Council.
- 6.4.4. The Provider shall work in collaboration with other Providers and agencies to meet their obligations to deliver care and support.
- 6.4.5. The Provider shall have clear and robust procedures for dealing with emergencies. The Provider shall ensure that Staff are aware of these procedures, in particular for summoning assistance in an emergency, including a medical emergency, and that any concern for the safety or well-being of the Service User is reported without delay to the Council.
- 6.4.6. The Provider shall be innovative and creative in developing partnerships in Service Users local and wider communities with potential sources of support for Service Users including Carers, family and friends; and in the statutory, independent, voluntary and community sector organisations, for example GP surgeries, local hospices, District Nurses, physiotherapists etc.
- 6.4.7. The Provider shall ensure that the Service is provided in a sensitive way in order to retain dignity and respect, and that is not based on the Provider's assumptions.
- 6.4.8. The Provider shall ensure Service Users and their Carers or Nominated Representative, are kept fully informed on issues relating to their care and support at all times.

## **6.5. Support Delivery Plan**

- 6.5.1. The Provider shall develop a Support Delivery Plan with the Service User.
- 6.5.2. The Support Delivery Plan shall provide in detail how the outcomes specified in the Support Plan will be met.
- 6.5.3. Whilst developing the Support Delivery Plan, the Provider shall ensure that:
  - a) it is person centred and outcome focused with the intention of giving the Service User a strong sense of being in control of their own support and highlighting the Service Users' strengths to promote 'ability' not 'disability';



- b) the views and preferences of the Service User are taken into account and reflected appropriately;
- c) they support the Service User to consider a range of support to meet their outcomes, including the use of Assistive Technology and community prevention services, and other universal / mainstream local support.
- d) they provide a full range of activities to meet the outcomes specified;
- e) any activities are flexible in order to meet the changing needs of a Service User on a day to day basis;
- f) nutrition and hydration are adequately dealt with;
- g) support with medication is carried out as stated on the SPO;
- h) it is formulated in a manner that simultaneously seeks to manage any risks in the delivery of the Services;
- i) it is responsive to contingency planning for the Service User as future need arises in working with the Council as requested; and
- j) they consider the best use of resources.

6.5.4. The Provider shall ensure that the Support Delivery Plan produced is signed by the Service User or their Nominated Representative and that the Service User is provided with a copy.

6.5.5. The Provider shall work with the Council on Promoting Independence Reviews as identified in the Support Plan.

6.5.6. The Provider shall have robust procedures for and shall carry out reviews of the Service being delivered as the Service Users individual needs change and must notify the Councils front line staff, of any significant change in levels of need including but not limited to the range of support as provided for in 5.6.3.c).

## **6.6. Urgent Notifications**

6.6.1. With the occurrence of any of the following, the Provider shall exercise an Urgent Notification Procedure:

- a) a significant event that affects the wellbeing of a Service User, such as an accident, personal injury, death of a partner or close family member;
- b) any safeguarding concern arising;

- c) a Service User's condition suddenly deteriorates, necessitating an urgent review;
- d) the Service User displays any unusual or unexpected challenging behaviour, whether verbal, physical or sexual;
- e) a Service User has an unplanned emergency admission to hospital;
- f) circumstances where a Service User appears in need of medical attention but refuses to seek help;
- g) a Service User's condition deteriorates over a longer period necessitating the need for a review, for example, questionable mental capacity, diminishing mobility etc;
- h) a Service User or Carer refuses to grant access or receive the service in accordance with the Support Delivery Plan;
- i) a Service User refuses to accept intervention;
- j) risks are identified that do not stem from abuse, for example risk from fire, alcohol, self-neglect, increasing frailty; or
- k) any other event which the Provider deems to constitute an emergency.

6.6.2. Following the occurrence of one of the matters listed above, the Provider shall:

- a) contact the ASC Practitioner or Urgent Care Team (as appropriate in consideration of the operating hours) via telephone and / or the Care Portal on the same day, if the Provider deems that there is an urgent and/or immediate need for action to be taken in order to protect the Service User or remove them to a place of safety immediately or;
- b) contact the ASC Practitioner by the Care Portal the next Working Day in all other cases.

6.6.3. The telephone number to be used to contact the Urgent Care Team (outside normal office hours) is 01228 526690.

6.6.4. ASC Practitioners should be contacted via the Local Adult Team during normal office hours, or as otherwise updated by the Council and published on the Council's Website. The Provider shall be responsible for ensuring they are aware of and can easily access any updated number.

- 6.6.5. The Provider shall ensure that any Urgent Notification is sent to the Council in writing via the Care Portal within 24 hours from the time that the ASC practitioner or Urgent Care Team was contacted by telephone, or when it was decided that the ASC Practitioner should be notified the next Working Day instead.

## **6.7. Communication**

- 6.7.1. Good communication is essential in ensuring the delivery of quality, safe, effective and well led care. Providers should tailor the nature and frequency of their communication when connecting with individuals. This will be key to establishing and maintaining good relationships, identifying preferences, recognising issues and arriving at solutions.
- 6.7.2. The Provider will:
- a) Discuss communication with Service Users at the outset of each new package of care and establish individual arrangements, which will be regularly reviewed and updated thereafter. Where a Service User lacks capacity, the Provider must work within the principles and guidance of current relevant legislation.
  - b) Where Providers consider additional time is required to meet the needs outlined in the Care Plan or if the needs change over time then the Provider should inform the relevant Social Work Team as appropriate.
  - c) Provide information and support to Carers about reporting incidents to supervisors, and how to seek advice on how to respond appropriately when incidents occur.
  - d) Inform the Council immediately where a Service User; refuses/cancels provision of the commissioned service, is admitted to hospital, dies.
  - e) Inform the Council immediately where abuse or neglect is suspected.
  - f) As part of multi-agency – partnership working arrangements, raise concerns about a Service Users health (with consent of the Service User). This includes making referrals to GPs, Community Nursing Teams or other Allied Health Professionals and collaborating with other care providers

- g) Work collaboratively with Assessing Professionals, Service Users and their representatives to: overcome barriers to success, achieve positive outcomes and resolve conflict. For example, working collaboratively on complex cases, positively challenging difficult behaviours and participating in 3-way planning discussions/visits as necessary.
- h) Foster and maintain positive relationships with the Council including Commissioners, the Purchasing Team and others involved in delivering support to Service Users including, but not limited to: families/representatives, unpaid Carers, Social Work Teams, GP Neighbourhoods, Community Nursing Teams and Palliative Care Teams.
- i) Work collaboratively offering appropriate levels of support to ensure effective safe and responsive day-to-day running of the service in conjunction with the Council and will act, to reduce or remove obstacles that may arise in the course of delivering the Service.
- j) Engage with other Providers to identify and address workforce needs and positively participate in joint service improvement planning and development with partner organisations; including but not limited to Provider Forums and the local Health and Social Care Academy.

## **6.8. Information to Customers**

- 6.8.1. Ongoing communication with Service Users and their families and representatives is recognised as a key measure of quality and success in terms of service delivery. Service Providers must ensure robust arrangements are in place to communicate with and update individual Service Users in a timely fashion. (See 1.2 Customer Requirements).
- 6.8.2. From the outset of each new care package, Providers must agree appropriate methods of communication with individual Service Users and ensure they are kept informed, updated and are given clear information about:
  - a) Arrangements for day to day communication between the Service User and the Care Provider
  - b) What to do if care doesn't happen as planned (including out of hours telephone contacts)
  - c) What to do if I am unhappy or have a question or concern about my care (including who to contact, address and telephone number)
  - d) How to raise, complaints, comments and compliments

## **6.9. Business Continuity**

- 6.9.1. Providers are required to have robust business continuity plans which covers short and longer term losses (including; staff, business premises, information and communication technology) describing how service delivery will be maintained at all times. Contingency arrangements must cover response to periods of increase demand, activity, absence, illness, recruitment pressures, inclement weather and any other operating risks.

## **7. OUTCOME BASED SERVICES**

- 7.1. The aim of an outcome based approach is to shift the focus from tasks and processes to the impacts of these on Service Users. Success by achievement of individual outcomes will be evidenced primarily but not exclusively by the satisfaction levels of Service Users and their carers and their experiences in the service and the impact on their wellbeing.
- 7.2. Achievement of the individual outcomes identified in the Service User's support plan shall ensure that Service Users:-
- are valued – involved, more in control, listened to, told what is happening, given choices, at the centre of what is happening to them
  - retain their strengths and independence – ensuring that an individual's quality of life is maintained by keeping active and alert, maintaining mobility/physical health, maintaining hygiene, maintaining social contact and keeping safe and secure
  - are supported through change e.g. post-operatively, at the end of their lives and in situations where poor care or self care has resulted in a reduction in their independence
  - are safe – services are well managed and provided by staff who work competently with Service Users because they are appropriately trained and supervised to take person centred approaches.

## **8. SERVICE STANDARDS, MONITORING AND QUALITY ASSURANCE**

The Council is committed to ensuring that all Service Users receive the best possible care services; that are safe, effective, caring, responsive and well led all of the time.

### **8.1. Service Standards**

- 8.1.1. The Provider shall comply with the NICE Guidelines and shall incorporate these into their processes and practices. Adherence to NICE guidelines and quality standards shall be monitored by the Council.
- 8.1.2. The Provider shall be registered with the CQC at all times and shall comply with any resulting requirements or regulations.
- 8.1.3. The Provider shall employ a CQC Registered Care Manager, who is based within the Cumbria area.
- 8.1.4. The Provider shall deliver the contracted care service from an accessible full-time local office that is registered with CQC and based in the Cumbria area.
- 8.1.5. The Provider shall comply with the Fundamental Standards across all its regulated activities as set out in the Care Quality Commission (Registration) Regulations 2009 and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- 8.1.6. The Provider shall supply the Council with details of any notices issued to them by the CQC within five Working Days and shall provide the Council with copies of any regulatory reports or reviews as soon as practicable following receipt by the Provider, regardless as to whether or not they have been released to the public.
- 8.1.7. The Provider shall ensure that the Service is fully compliant with the requirements of the Care Act 2014 and all subsequent legislation.
- 8.1.8. In the event that the Provider is in any doubt, or has any question concerning the scope or nature of any aspect of the Service, including clarification of any Service obligations, the Provider shall, without delay, notify the Council of such doubt and question, and will comply with any guidance given by the Council for the proper implementation of that or any other aspect of the Service.

- 8.1.9. The Service provided under this contract must be provided in accordance with (but not limited to) the requirements of:
- a) The Care Act 2014
  - b) Care Standards Act 2000 (including any amendments, modifications or re-enactments)
  - c) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
  - d) CQC
  - e) The National Minimum Standards for Domiciliary Care
  - f) The Domiciliary Care Agencies Regulations 2002
  - g) Mental Capacity Act 2005 (Deprivation of Liberty Safeguards)
  - h) Equality Act 2010
  - i) Human Rights Act 1998
  - j) Autism Act 2009
  - k) Deprivation of Liberty Safeguards
  - l) Manual Handling Operations Regulations
  - m) Service Users' individual assessed needs and outcomes and any subsequent assessment, Care and Support Plan or review documentation
  - n) Any future legislative changes or changes to National Minimum Standards that determine the standard of care to be delivered.

8.1.10. The Provider shall:

- a) Ensure that performance monitoring and quality assurance systems and functions are managed effectively and used as a tool to inform ongoing service improvement across the service
- b) Have reliable mechanisms and checks in place to ensure that staff have arrived on duty as expected and a rota is in place to deliver planned care services
- c) Apply rigorous monitoring, checks and control measures in all aspects of delivering the service
- d) Ensure monitoring and control measures are used as tools to manage all aspects of delivering the service. Performance activity data and service user feedback must be actively used by

the Service as a tool to develop, improve and enhance service delivery.

- e) Ensure Service Users their families and representatives have the opportunity to rate their care and feedback comments.
- f) Engage positively in learning from issues and concerns and provide regular opportunities for Service Users, Care Staff and Managers to provide feedback and raise issues or concerns as they arise.
- g) Provide evidence demonstrating how the Service works with individuals; showing how learning is routinely shared with both carers and office based staff and successfully applied to day-to-day activities across the Service to improve performance and quality of care delivered.
- h) Gather, maintain, interpret and provide robust performance activity data.
- i) Permit access to the Providers premises and records for the purposes of monitoring or reviewing the Service

8.1.11. The Council shall:

- a) Undertake regular joint and collaborative quality monitoring checks with Service Users, their families and carers in line with the Customer Requirements described in this specification and with reference to CQC Key Lines of Enquiry (KLOE).
- b) Share relevant info with care Providers about the Provider's service performance
- c) Engage positively in learning from issues and concerns and provide regular opportunities for Service Users, Care Staff, Assessing Professionals and Managers to provide feedback and raise issues or concerns as they arise.
- d) Work together with the Provider to develop, improve and enhance care services based on feedback received

## 8.2. Guiding Principles

8.2.1. Our guiding principles for quality monitoring of person centred home care services are:

**Transparency** - Clear and pre-determined performance measures and interventions

**Consistency** - A uniform approach across different types of services



**Proactivity** - Underperformance is identified at an early stage so that it can be swiftly addressed

**Proportionality** - Intervention is related to risk and appropriate to the local circumstances

**Focused On Recovery** - Initial interventions focus on recovery and include action to address the root causes of issues

### 8.3. Quality Requirements

- 8.3.1. The Provider shall comply with 8.1 Service Standards.
- 8.3.2. The Council shall monitor the performance of this Contract through:
- a) **Key Performance Indicators (KPIs)** as set out in Schedule 9. The Provider shall provide such data and information as requested by the Council to assist with the monitoring of these KPIs;
  - b) **Management Information data** and information provided by the Provider as requested by the Council
  - c) Performance visits by the Council's Officers;
  - d) **Service User outcomes**, which will be monitored through:
    - i. *care management reviews; and*
    - ii. *an evaluation of responses to questions asked in spot check visits to Service Users' homes.*
  - e) Measurement by officers of the Council against the ASCOF. This may include, but shall in no way be limited to, spot check visits, results of Service User/Staff survey, discussions with Staff and Service Users and sampling Service User files.
  - f) Any other method of performance monitoring.
- 8.3.3. The Provider shall provide all reasonable assistance to the Council during any monitoring process.
- 8.3.4. When the Council generates a performance visit report regarding the Provider's performance, a copy will be given to the Provider.
- 8.3.5. The Council reserves the right to directly obtain the views of both Service Users and the Providers Staff regarding the Provider's performance.
- 8.3.6. The Council reserves the right to directly observe the Service provided at the point of delivery without giving notice.
- 8.3.7. The Provider shall register with the Skills for Care NMDS-SC and complete the following:
- a) The NMDS-SC Organisational record and update this data at least once per financial year; and

- b) Fully complete the NMDS-SC individual Staff records for a minimum of 90% of the Staff, including updating these records at least once per financial year.
- 8.3.8. The Provider shall retain records that ensure they can demonstrate their performance under this Contract. Records will show resource inputs, organisational processes and outcomes related to the Service and Service Users.
- 8.3.9. The Provider shall carry out periodic surveys of Service User levels of satisfaction. This will be done at least annually and results shall be shared with the Council as part of the quality monitoring process. The Council may from time to time specify a standardised set of questions that the Provider must include in such surveys, in order to facilitate County-wide benchmarking of Service User satisfaction.

## 9. **SERVICE USER FOCUSED OUTCOMES**

### 9.1. **SERVICE USER FOCUSED OUTCOME 1**

#### **Customer Requirements**

These 'I statements' underpin the contract quality monitoring process

- I want you to turn up at the time we agreed and give your best every visit.
- I want you to acknowledge that you are a visitor in my home, to be pleasant and friendly and help me to feel/be at ease.
- I want to feel in control of my care and support. I need to know who is supporting me and to have a say about whom and when this will be.
- I want you to keep me informed about any unexpected/planned changes to my planned care.
- I want you to take your time with me, be careful and patient, don't make me feel rushed.
- I want you to get to know me well and enjoy meaningful conversations with me, take in interest in my life, my family, my friends, my past and my future.
- I want you to focus on me when you are in my home, I don't want you to talk over me with another carer worker or be on your mobile phone.
- I want you to encourage and help me to be safe, happy and healthy in my home and community, using common sense and flexibility to make this happen.
- I want you to be well trained and able to support me safely, I want to trust and be confident in you when you are supporting me.
- I want you to respect my privacy, gender, sexual orientation, age, ability, race, religion, culture and lifestyle and keep information about me confidential.
- I want you to know me well enough to recognise when I am at risk or feeling unwell, acting early so that I have the best chance of avoiding harm and getting better quickly.
- I want you to support me to live a life beyond my home, maintaining friendships, making new relationships and sharing my skills and interests and activities with others.

## 9.2. SERVICE USER FOCUSED OUTCOME 2

### **Provider Service Information**

Service Users have the information they need to understand the service which is available to them

- 9.2.1. Service Providers must ensure robust arrangements are in place to communicate with and update individual Service Users in a timely fashion.
- 9.2.2. From the outset of each new care package, Providers must agree appropriate methods of communication with individual Service Users and ensure they are kept informed, updated and are given clear information about:
- Arrangements for day to day communication between the Service User and the Care Provider
  - What to do if care doesn't happen as planned (including out of hours telephone contacts)
  - What to do if service users are unhappy or have a question or concern about the care (including who to contact, address and telephone number)
  - How to raise, complaints, comments and compliments
- 9.2.3. This Framework Agreement and Specification takes precedence over any information supplied to the service user on the services provided by the provider.

### 9.3. SERVICE USER FOCUSED OUTCOME 3

#### **Care & Support Planning, Person Centred Care and Record Keeping**

Service Users' ongoing health and social care needs are set out in individual support delivery plans. Service Users' rights and best interests are safeguarded by the provider's record keeping policies and procedures.

- 9.3.1. Service Users are supported in line with the agreed care plan to build resilience, maximise their independence and wellbeing.
- 9.3.2. Care packages are allocated promptly and the Provider maximises efficient allocation of care hours without call cramming, ensuring Service Users' needs are appropriately met.
- 9.3.3. Good, consistent, safe, effective and responsive person centred care is delivered on time every time
- 9.3.4. Service Users receive continuity from the same team of carers wherever possible. Where two carer (double up) visits are required carers arrive and attend together to deliver care. In instances where two carers are required, the Provider shall deliver care in the least intrusive way possible throughout the duration of the care period
- 9.3.5. The Service supports eligible Service Users in line with the agreed care plan and in a flexible and responsive way; recognising individuals' varying physical abilities, emotional capacity, cultural and spiritual beliefs, always treating individuals with dignity and respect.
- 9.3.6. The Provider shall enable the Service Users to feel empowered and be at the centre of decision making, supporting Service Users to have choice and control over who and how their support is provided. The Provider shall support the Service User to utilise their Personal Budget to meet their assessed outcomes and to contribute to a reduction in need for on-going care and support.
- 9.3.7. Service Users are well informed and appropriately supported. Any anticipated or unexpected changes to individuals' planned services are communicated effectively and as a matter of urgency to Service Users, their representatives and relevant care staff.
- 9.3.8. Where care visit tasks are completed earlier than anticipated, care staff will remain and engage positively with the client, unless it is requested (by the service user) and recorded that this is not required

- 9.3.9. Following a comprehensive assessment, individual risk assessments will be undertaken and person centred support delivery plans produced for all identified and potential needs (i.e. where there is a potential for the Service User's needs to change as a result of their condition changing or deteriorating). Where moving and handling plans are required, these will be part of the support plan and reviewed appropriately.
- 9.3.10. Care documentation will be clear, legible and up to date. Where possible, support delivery plans will not be hand-written, will be of a length that staff are able to read and process the information, and in a format that is appropriate to its content. Support delivery plans will be provided to the Local Authority on reasonable request within 7 days of the request having been made.
- 9.3.11. Support delivery plans will follow the process of assessment, planning, implementation and evaluation and provide clear, concise and directive information that reflects the care required to meet the Service User's individual needs. Support delivery plans shall include goals for independence and maintaining Service Users' abilities. Support delivery plans and risk assessments will be reviewed as a minimum on a monthly basis or as and when the Service User's needs change.
- 9.3.12. All records, including care records, daily records and charts must be made contemporaneously and chronologically and be legible to the reader.
- 9.3.13. Service Users and/or their representatives, including advocacy support, must be involved in the production of support delivery plans and invited to attend care review meetings. Service Users should agree:
- The time of schedule visits
  - To any changes to the time of scheduled visits
- 9.3.14. The Provider shall have systems in place to inform the Service User of any delay on the part of the Provider to deliver support regardless as to how minimal any such delay is regarded by the Provider.
- 9.3.15. The Provider shall notify the Service User in advance, if there is a change to the usual Staff member providing the Service. If alternative Staff are assigned to a Service User they must be appropriately trained and briefed in full with respect to the care and support required by the Service User.

- 9.3.16. The Provider shall ensure that Staff shall support the Service User to use any Aids to Daily Living (equipment) as requested by the Council. Any defect or fault shall be reported to the Council or Housing Provider as appropriate.
- 9.3.17. The Provider shall work in collaboration with other Providers and agencies, to meet their obligations to deliver care and support.
- 9.3.18. Support delivery plans will explicitly identify whether the Service User has consented to the plan or whether they lack the capacity to do so. If this is the case, documented evidence will demonstrate how a best interest decision was made.
- 9.3.19. Service Users will have access to their records and information held about them by the provider.
- 9.3.20. All individual records will be stored in a secure place. Records will be up to date, adhere to professional record keeping standards and be constructed, maintained and used in accordance with the Data Protection Act 2018, the General Data Protection Regulation and other statutory requirements.
- 9.3.21. The provider will undertake monthly audits of support delivery planning and record keeping demonstrating the accuracy, quality and consistency of information, measure the outcomes of care and ensure that risks to Service Users are minimised.



#### 9.4. SERVICE USER FOCUSED OUTCOME 4

##### **Meeting Needs and Outcomes, Continual Evaluation and Review**

Service Users and their representatives know that the service they enter will endeavour to meet and continue to meet their needs and agreed outcomes.

- 9.4.1. The Provider will be able to demonstrate the ability to manage and respond to the assessed needs and outcomes of Service Users to ensure they receive the appropriate care, support and treatment in a timely manner.
- 9.4.2. The Provider shall ensure that changes to the care and support needs of the Service User are monitored and recorded, and reported to the Council.
- 9.4.3. Documentation and measurable outcomes will be maintained to clearly evidence the continual evaluation and review of Service Users' needs.
- 9.4.4. With the occurrence of any of the following, the Provider shall notify the council:
- a significant event that affects the wellbeing of a Service User, such as an accident, personal injury, death of a partner or close family member;
  - any safeguarding concern arising;
  - a Service User's condition suddenly deteriorates, necessitating an urgent review;
  - the Service User displays any unusual or unexpected challenging behaviour, whether verbal, physical or sexual;
  - a Service User has an unplanned emergency admission to hospital;
  - circumstances where a Service User appears in need of medical attention but refuses to seek help;
  - a Service User's condition deteriorates over a longer period necessitating the need for a review, for example, questionable mental capacity, diminishing mobility etc;
  - a Service User or Carer refuses to grant access or receive the service in accordance with the Support Delivery Plan;
  - a Service User refuses to accept intervention;

- risks are identified that do not stem from abuse, for example risk from fire, alcohol, self-neglect, increasing frailty; or
- any other event which the Provider deems to constitute an emergency.

9.4.5. Following the occurrence of one of the matters listed above, the Provider shall:

- contact the ASC Practitioner or Urgent Care Team (as appropriate in consideration of the operating hours) via telephone on the same day
- Confirm in writing to the Council via the Care Portal within 24 hours from the time that the ASC practitioner or Urgent Care Team was contacted by telephone, or when it was decided that the ASC Practitioner should be notified the next Working Day instead

## 9.5. SERVICE USER FOCUSED OUTCOME 5

### **Access to Health and Social Care**

Service Users receive appropriate evidence based health and social care and have access to community services and specialist input to meet their assessed needs and maximise their health, independence and wellbeing.

- 9.5.1. Service Users' health, independence and wellbeing will be promoted, monitored and maintained.
- 9.5.2. The Provider will work with Healthcare organisations, GPs, Community Nursing Teams, Allied Health Professionals to raise concerns about a Service Users health ( with the consent of the Service User) or make referrals or appointments where required
- 9.5.3. Service Users' physical, psychological and mental health will be proactively monitored in order to improve health, promote independence and wellbeing and maintain their quality of life with any concerns reported to the Council.
- 9.5.4. Staff who support Service Users who have access to specialist health and social care aids and equipment (according to assessed needs) will be trained and assessed as competent in the safe usage of this equipment.
- 9.5.5. The Provider shall promote and facilitate, where appropriate, access to telecare and assistive technology solutions to achieve a wide range of responses to meeting Service User needs; supporting the use of Aids to Daily Living; and improving the functional ability of people with long term conditions and support them to manage their condition and promote independence.
- 9.5.6. The Provider shall inform the Council within one working day should a Service User be transferred in or out of hospital

## 9.6. SERVICE USER FOCUSED OUTCOME 6

### Meeting Communication Needs

Communication with Service Users is conducted in a way that maximises their independence, choice, control, inclusion and enjoyment of rights.

- 9.6.1. Communication both verbal and written will be conducted in a way that is understandable to the Service User and in a way in which they can make themselves understood. Service Users say that the way they are communicated with makes them feel better about themselves.
- 9.6.2. The communication needs of each individual will be identified and include recognition of visual, hearing and cognitive difficulties. The Provider will ensure they find sources of information and advice and understand how to deal with any dilemma relating to communication.
- 9.6.3. Communicating in inclusive ways will be dependent upon:-
- An Individualised support delivery plan using accurate information on how to get communication right for each Service User. This may be in the form of a communication passport
  - Staff awareness and knowledge of a range of resources that support inclusive communication approaches, e.g. Total Communication, Intensive Interaction amongst others
  - Having and using a range of resources that support inclusive communication
  - Enabling the use of digital media eg. SKYPE or other similar communication method
  - Support from management and senior staff
  - Use of relevant external support when required, e.g. Speech and Language Therapy
  - Understanding primary language if English is not the individual's first language.
- 9.6.4. The Provider and staff will communicate and provide written information in a format that each Service User and/or their representative can understand.
- 9.6.5. Service Users will be supported to interact with others and express themselves.

- 9.6.6. The Provider shall provide a Service User Handbook which sets out the Providers quality statement and the Providers commitment to any Service User.

## 9.7. SERVICE USER FOCUSED OUTCOME 7

### Medication Management

Service Users are protected and supported by the provider's policies and procedures for the management and administration of medication.

- 9.7.1. Service Users are supported to manage their prescribed medication in accordance with the Care Plan, NICE guidance and the Care Provider's organisational policies and procedures.
- 9.7.2. The Provider will have clear policies and procedures which demonstrate recognised best practice in line with The National Social Care Institute of Clinical Excellence (NICE) guidance on Managing medicines for adults receiving social care in the community
- <https://www.nice.org.uk/guidance/ng67>
- 9.7.3. The policies will make it clear who is accountable and responsible for using medicines safely and effectively. The policies will be evidence based and include the principles of:-
- Sharing information about a Service User's medicines including when they transfer to another care setting
  - Accurate and up to date recording keeping and MAR charts
  - Identifying, reporting and reviewing medicines-related problems
  - Keeping Service Users safe (safeguarding)
  - Accurately listing a Service User's medicines (medicines reconciliation)
  - Medication review
  - Safe handling of medicines and controlled drugs including ordering, storage and disposal
  - Self-administration
  - Care home staff administration of medicines including 'when required' medication
  - Staff training and competence requirements
  - Covert administration
  - Homely Remedies/Minor Aliments
  - Palliative care
  - Verbal orders

- Administration via a feeding tube
  - Correct use of infusions and injection devices in care homes with nursing
  - Monitored Dosage Systems and Compliance Aids.
- 9.7.4. All Registered Nurses and other relevant staff will complete a medicines management assessment as part of the induction process and provide evidence of ongoing continuing professional development in medicines management.
- 9.7.5. The Provider will regularly assess and provide documentary evidence of the competency of all Registered Nurses and other relevant staff in the management of medication to ensure that practices are compliant with the standards outlined in the policies and procedures.
- 9.7.6. Information and advice will be sought from the pharmacist, where appropriate, in relation to administering, monitoring and reviewing medication.
- 9.7.7. The Provider will ensure that they have an up to date list of past and present medications for each Service User immediately the service begins.
- 9.7.8. The Provider will support Service Users to take medicines independently or administer medicines when they are unable to do so.
- 9.7.9. Records should include details of any capacity assessments and Best Interest decisions made on behalf of any Service User lacking capacity to consent to medication.
- 9.7.10. Any arrangements for covert medication must be made in accordance with Mental Capacity Act guidance and NICE guidelines. Such arrangements will be clearly documented including medical recommendations, capacity assessment and best interests decision-making record. Where covert medication is given, this will clearly be recorded in the care/support plan and reviewed on a monthly basis.
- 9.7.11. Any self-administration of medication by Service Users will be undertaken within a risk management framework and suitable lockable facilities provided.
- 9.7.12. Service Users' medication will be reviewed with their General Practitioner six monthly or more frequently as required.

- 9.7.13. Medication Administration Records (MAR charts) will be audited monthly to provide an audit trail of stock control and storage of medicines including monitored dosage systems and evidence that correct procedures have been followed.
- 9.7.14. Additional audits will include monitoring the administration, recording and disposal of medicines. Audits should be robust and comprehensive and identify that measures are in place to ensure safe practice such as:-
- The use of photographs to identify that medicines are being administered to the right person
  - Specimens of staff signatures to identify care staff or the Registered Nurse responsible for the administration of medication
  - The correct and accurate completion of MAR charts
  - Satisfactory procedures for transcribing medication onto MAR charts and recording dosage changes onto MAR charts which include obtaining countersignatures from another registrant or competent health professional.
- 9.7.15. The Provider will monitor the effect of each Service User's medication and take action if their condition changes including side effects and adverse reactions. In addition to this requirement, the Provider will ensure Service Users taking anti-psychotic medication are reviewed to assess for benefit within four weeks of antipsychotic initiation.
- 9.7.16. The Provider shall have arrangements in place to record and report drug related incidents including findings of their service review and lessons learnt in order to reduce the risk of repetition.
- 9.7.17. Service Users will be notified of any errors in relation to the administration of their medication or their representative.
- 9.7.18. Records should be maintained to reflect the safe disposal of medication.
- 9.7.19. The Provider shall have in place policies and procedures relating to medication that protect Service Users and assist them to maintain responsibility for their own medication wherever possible.
- 9.7.20. Staff shall receive training in the policy, procedures and the administering of medication as part of their induction.

- 9.7.21. The Provider shall have in place a formal procedure to assess that Staff are sufficiently competent in medication administration.
- 9.7.22. The Provider shall only direct Staff to act in the administration of medication, that are assessed as being sufficiently competent.
- 9.7.23. The Provider shall ensure that in circumstances when they are not in receipt of sufficient documentation, they shall revert to the Council for rectification prior to providing any service relating to the administering of medication. The Provider may request written clarification from the Council.



## 9.8. SERVICE USER FOCUSED OUTCOME 8

### **Privacy, Dignity and Respect**

Respect given to Service Users means they are supported and treated in a way that makes them feel better about themselves.

- 9.8.1. The Provider will promote a culture that reflects and demonstrates that Service User privacy, dignity and respect is embedded in the beliefs and values of the service. Service Users will say they exercise choice and control and feel better about themselves because of the way they are treated.
- 9.8.2. Care practices will enable modesty and protect privacy at times that are important to individuals and particularly when supporting them with their continence needs and when bathing and dressing.
- 9.8.3. Staff will uphold Service Users' right to confidentiality and the protection of personal information relating to communication (verbal and written) and recording.
- 9.8.4. Service Users will be cared for in a polite and courteous manner and agreement will be reached with them regarding how they would prefer to be addressed.
- 9.8.5. Care and support will aim to exercise choice and control and promote the Service User's self-confidence, self-esteem, sense of belonging and wellbeing, and maximise their individual abilities.
- 9.8.6. Service Users will be treated as individuals, receiving a personalised service encouraging choice and control. They will be listened to and supported to express their needs and wishes.
- 9.8.7. Staff will not make judgemental statements about the lifestyle or standards of any Service User, either in verbal or written communication.
- 9.8.8. The Provider shall ensure that there are appropriate arrangements for staff gaining access to Service User homes. The Provider shall ensure the security numbers of key safes shall be kept confidential and only disclosed to Staff who have a legitimate reason for holding the code. The Provider shall have a written policy around the confidentiality of key safe codes and Staff holding keys. In the event that there is a loss of keys by Staff the Provider is liable to reimburse the Service User for any associated cost incurred by the loss of keys.

- 9.8.9. Staff must not under any circumstances enter a Service User's property when they are in hospital, or otherwise away from the premises without the explicit written permission of the Service User, Carer or ASC Practitioner.

## 9.9. SERVICE USER FOCUSED OUTCOME 9

### **Autonomy, Choice, Independence and Fulfilment**

Service Users are assisted to express informed choice and control over their daily lives and supported in maintaining their personal identity, individuality and independence.

- 9.9.1. Service Users shall be encouraged and promoted to make independent choices as individuals in order to determine their needs, beliefs, culture, preferences and values.
- 9.9.2. Service Users shall make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions.
- 9.9.3. A Service User's ability to make their own decisions will be assumed unless demonstrated otherwise in accordance with the requirements of the Mental Capacity Act (2005) Service Users shall have the right to think and act without having to refer to others, including the right to say no to help.
- 9.9.4. The provider will ensure that all staff understand how the Service User's right to autonomy, choice, independence and fulfilment is maintained within the context of the Mental Capacity Act (2005)

## 9.10. SERVICE USER FOCUSED OUTCOME 10

<b>Rights</b>
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Service Users' legal rights are respected, protected and upheld.
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- 9.10.1. Service Users are individuals, irrespective of their living situation. They retain all their legal rights and entitlements as individuals.

### **The Mental Capacity Act 2005 (the 'MCA')**

- 9.10.2. The Provider, including its Staff, shall comply with the provisions set out in the MCA 2005 and its associated code of practice when delivering Services;
- 9.10.3. All Staff shall be trained at induction to follow the provisions set out in the MCA 2005 and its associated code of practice the and that training shall be updated at least annually;
- 9.10.4. The Provider shall notify the Council immediately where it has concerns regarding a Service Users ability to make decisions around their treatment and care due to a lack of capacity brought about by an impairment or disturbance in the Service Users functioning of their mind or brain; and
- 9.10.5. The Provider shall request the support of an Advocate via the Council where decisions are to be made and a Service User may lack capacity in a particular area.

## 9.11. SERVICE USER FOCUSED OUTCOME 11

### **Diversity, Equality and Individuality – Expression of Beliefs**

Service Users live in an environment that is committed to promoting a culture which respects diversity, equality and individuality and their experiences reflect this commitment.

- 9.11.1. The Provider will understand and be committed to promoting a culture for both Service Users and staff which reflects and demonstrates that diversity, equality and individuality is embedded in the beliefs and values of the service adhering to the Equality Act 2010.
- 9.11.2. A strategic approach will be adopted by the Provider in delivering education to staff so that they understand the:-
- Organisation's aims and objectives
  - Relevant policy provisions
  - Difference between acceptable and unacceptable behaviour
  - How personal attitudes and values can affect behaviour
  - Role they play in making the management of diversity a reality
  - Meaning of cultural diversity
  - Meaning and impact of discrimination in the workplace.

## 9.12. SERVICE USER FOCUSED OUTCOME 12:

### **Dementia/Mental Health**

Service Users whose emotional or mental wellbeing are affected by memory or cognitive impairment or similar condition are assured that the care and support they receive promotes their quality of life.

- 9.12.1. People with cognitive impairment or mental health problems frequently experience emotional and perceptual changes resulting in depression, anxiety and disorientation, which may also affect their normal pattern of behaviour and functional ability. People with a diagnosis of dementia, experience a progressive decline in multiple areas of functioning including memory, reasoning, communication skills and the skills needed to carry out daily activities. Some people may develop behavioural and psychological symptoms such as depression, psychosis, aggression, withdrawal and 'walking with purpose', which may complicate care and can occur at any stage of the illness. The Provider shall ensure staff are aware of difficulties experienced by Service Users relating to emotional and perceptual changes, depression, anxiety and disorientation, which may also affect their normal pattern of behaviour and functional ability.
- 9.12.2. Symptoms of aggression, confusion and disorientation may be the result of dementia or mental disorder of a delirium/toxic confusion state due to infection, dehydration, constipation or the side effects of medication. Providers shall monitor these aspects to assist with differentiating between symptoms and Service Users shall be referred to a General Practitioner for a specialist mental health assessment, diagnosis and treatment as necessary.
- 9.12.3. Support delivery planning shall take account of the impact of these symptoms and direct staff how to meet Service User outcomes and needs.
- 9.12.4. Staff shall consider Service Users' sense of reality from moment to moment and respond in a way that is meaningful to them and support them to safely express themselves.
- 9.12.5. Staff shall monitor for changes by Service Users and look for behavioural cues that may indicated a change being required in the way care and support is provided or a deterioration that may require a referral to the General Practitioner or mental health service.

- 9.12.6. The provider shall ensure staff work as part of any multi-agency team to support the Service Users to include effective liaison with primary mental health services and the Service Users' General Practitioner.
- 9.12.7. Providers shall recognise when their service may need additional support or a more specialised service to meet the needs of Service Users and refer this to the Council for a review to be instigated in a timely manner.
- 9.12.8. The Provider shall adapt the day to day routines and staff culture within their service so it allows for a suitably flexible and stimulating environment for each Service User and supports their individuality, their sense of reality, and their mental and emotional wellbeing.
- 9.12.9. The Provider shall differentiate between symptoms of aggression, confusion and disorientation which may be the result of a delirium/toxic confusional state due to infection, dehydration, constipation or the side effects of medication. This will rely medical advice being sought.
- 9.12.10. The Provider shall organise staffing to ensure that the following practices are carried out competently:-
- Interpersonal skills in communication including non-verbal
  - Adapting own behaviour to promote relationships
  - Build meaningful interactions to include promoting empathy and unconditional positive regard, maintaining Service Users' personal world, identity, personal boundaries and space
  - Recognise the signs of anxiety and distress resulting from confusion, frustration or unmet need and respond by understanding the events the Service User is experiencing and diffusing their anxiety with appropriate therapeutic responses
  - Monitoring and effectively reviewing the effects and side effects of anti-psychotic medication
  - Meaningful occupation/activities and stimulation as a part of effective therapeutic intervention and care and avoiding isolation. Understanding the changing nutritional care needs of those with dementia and providing services and support in a flexible, person-centred manner
  - Being flexible about routines
  - Effective management of behaviours that challenge and how agitation and aggression is a method of communicating unmet need

- Risk assessment and management, emphasising freedom of choice and reasonable risk taking
- Promoting social and community networks and relationships.

9.12.11. The Provider will ensure that staff have the necessary training, skills and knowledge of Service Users' individual needs and behaviour in order to deliver effective person-centred care. Dementia Awareness training, as a minimum, is included as part of staff induction.

9.12.12. The Provider has a lead, for example a Dementia Champion, to role model, coach and embed training into practice, and to monitor the quality of dementia care.



### 9.13. SERVICE USER FOCUSED OUTCOME 13

#### **Managing Challenging Behaviour**

Service Users who present behaviour that challenges services are supported in a way that helps them to communicate and to safely deal with situations they find difficult.

- 9.13.1. The Provider shall ensure the application of good practice that focuses on person-centred and positive support to Service Users whose behaviour challenge
- 9.13.2. The Provider shall have a policy and procedures in place for Service Users whose behaviour is challenging, and ensure that these are complied with by all Staff. The Provider shall ensure that Staff have specific training to meet the individual needs of the Service User. It is anticipated that case-by-case training for Staff shall be required to meet the needs and positively manage behaviour for some Service Users
- 9.13.3. The Provider shall ensure that a Risk Assessment is undertaken which forms part of the Support Delivery Plan, to be able to evaluate the potential for harm to Service Users and Staff. This shall be done in partnership with the Council and other relevant agencies, and shall take into account information in the Service User's SPO and/or Support Plan.
- 9.13.4. The Provider shall ensure that Staff have an understanding of each Service User's emotional and physical needs and be aware of warning signs and "trigger" points, which result in particular behaviour. Staff shall have skills in anticipating, diverting or diffusing challenging incidents. Staff shall have appropriate listening skills and be familiar with strategies which enable them to minimize challenging behaviour.
- 9.13.5. The Provider must maintain detailed records that evidence when any de-escalation techniques or interventions have been used.
- 9.13.6. The Provider shall consult with Clinicians working with the Service User for advice on the use of physical interventions and also in the risk assessment regarding restricting a Service User's freedom of movement.
- 9.13.7. The Provider shall ensure all planned physical interventions are:
  - Agreed by the multidisciplinary team, including consultation with others as appropriate;
  - Put in writing, together with a Behaviour Support Plan (they shall never be the only plan for managing behaviour);

- Supervised by appropriately trained staff; and
- Recorded, and feedback to the Framework User and CQC where appropriate so that the circumstances of any physical intervention and methods can be monitored

#### 9.14. SERVICE USER FOCUSED OUTCOME 14

<b>Pressure Area Care, Tissue Viability and Wound Management</b>
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Service Users receive care that supports healthy tissue viability and wound management.
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- 9.14.1. The Provider shall have up to date policies and procedures to support evidence based tissue viability and wound management practice.
- 9.14.2. The Provider shall ensure staff have up to date knowledge and skills in the promotion of good skincare, prevention and recognition of pressure ulcers, wounds and other skin deteriorations
- 9.14.3. Providers will liaise with the relevant health professional if they have any concerns in relation to skin injuries and pressure areas/pressure area care and will follow the guidance provided. This may include advice in relation to (but not exclusively) hygiene, repositioning regimes or appropriate equipment to be used. Such guidance will be clearly documented in the support delivery plan.
- 9.14.4. Robust assessment and proactive preventative care will be considered when applying moving and handling techniques to ensure individuals are not placed at risk of traumatic skin injuries.

## 9.15. SERVICE USER FOCUSED OUTCOME 15

### **Nutritional Care**

Service Users have enjoyable meal time experiences that meet the individual's needs that mean they eat what they like when they want it

- 9.15.1. During induction training all care staff will be trained in the importance of good nutrition and hydration, how to recognise the signs of poor nutrition and hydration and how to promote adequate nutrition and hydration.
- 9.15.2. The Provider shall ensure that where Staff are involved in food preparation they are required to have basic food preparation skills and able to support Service Users to follow a healthy balanced diet that is relevant to them as an individual, taking account of their wishes and preferences.
- 9.15.3. All staff will be aware of the nutritional care requirements of adults in general and specifically the requirements of all Service Users.
- 9.15.4. All care staff will be trained in the special dietary requirements of older people, especially those with diabetes, dementia, chronic illness or with swallowing difficulties and specifically in the special dietary requirements of their Service Users.

### **Dietary Supplements and Thickeners**

- 9.15.5. Prescribed dietary supplements and thickeners will be used in accordance with the medication policy and subject to the terms of the prescription.
- 9.15.6. If a diet is to be texture modified then care staff will be aware of the relevant descriptor required by the Speech and Language therapist.
- 9.15.7. Where required Care staff will receive training on the thickener to ensure it is used correctly.
- 9.15.8. Service Users will be supported in a way that their meals will reflect their ethnic, social, cultural and religious needs

## 9.16. SERVICE USER FOCUSED OUTCOME 16

### Complaints

Service Users and their representatives are confident that their complaints and concerns will be listened to, taken seriously and acted upon effectively without any negative impact.

- 9.16.1. Service Users, Care Staff and Managers are able to share their views or concerns as they arise with the Provider
- 9.16.2. The Provider will ensure that there is a straightforward, transparent, well publicised and accessible policy and procedure to enable Service Users, their carers or advocates to make a complaint, raise concerns or appeal, and for complaints and concerns to be investigated within agreed timescales.
- 9.16.3. The Provider shall ensure that their Staff fully understand the complaints procedure and their responsibility to promote the right to complain
- 9.16.4. The Provider shall demonstrate a positive and open attitude to complaints and facilitate verbal or written complaints to be made or made on behalf of the Service User and shall not seek to obstruct, delay or interfere with the Service Users' rights in this regard.
- 9.16.5. Where Service Users lack capacity in a particular area or might struggle to make a representation of complaint without support, the Provider shall request the support of an Advocate
- 9.16.6. The Provider will ensure that all complaints are thoroughly investigated by a competent person and records are kept to demonstrate how they have been managed, a timescale for responses and how Service Users are informed of the outcome including their level of satisfaction.
- 9.16.7. The Provider shall co-operate with the Council to enable the Council to fully and properly deal with any representation or complaint made to the Council by or on behalf of a Service User about the Services and or the Provider.
- 9.16.8. The Provider shall supply the Council as soon practicable with any information it requires in order to investigate and deal with any representation or complaint from or on behalf of a Service User.

9.16.9. The Provider shall maintain a log of complaints, concerns, compliments and suggestions, which shall be available to the Council at any time. The log shall detail:

- The date the complaint/concern/compliment/suggestion is received;
- The name and address of the Service User and / or complainant;
- The equality profile of the Service User;
- The nature of the complaint/concern/compliment or suggestion;
- Outcome of any investigation into a complaint/concern; and
- Details of any action taken to improve services.

9.16.10. The Provider shall make available to the Council as soon as practicable following request, a summary of the number and type of representations made, complaints and their resulting outcomes and/or the log of complaints.

9.16.11. Actions taken or changes made as a result of concerns, complaints or grievances to address problems and shortfalls will be identified in the public domain and within and across the organisation. Such action will also include learning and implemented improvements from complaints and concerns.

9.16.12. The Provider shall provide contact details for other relevant organisations for Service Users to escalate complaints outside of the Provider's organisation.

9.16.13. The Provider will record compliments and use them to learn from positive experiences.

9.16.14. Any untoward incidents or complaints about the service are reported to the Quality Care and Governance Team promptly via the Contracts Team mailbox: [quality\\_caregovernance@cumbria.gov.uk](mailto:quality_caregovernance@cumbria.gov.uk) and are responded to in line with best practice and guidance.

## 9.17. SERVICE USER FOCUSED OUTCOME 17

### **Safeguarding Adults**

Service Users live in an environment where they are confident that the Provider will prevent harm from occurring and will safeguard them in a way that supports them in making choices and having control about how they want to live.

- 9.17.1. The Provider will have robust procedures in place for safeguarding Adults at Risk and responding to concerns (including “whistle-blowing”) of abuse/neglect to ensure the safety and protection of customers.
- 9.17.2. The Provider’s procedures will reflect the Cumbria Safeguarding Adults policy. The provider will ensure a copy of the Cumbria Safeguarding Adults policy and procedures is available and accessible to all staff.
- 9.17.3. The Provider’s employees will follow the procedure set out in the Cumbria Safeguarding Adults policy immediately if they suspect that a service user or otherwise dependent person has suffered any form of abuse or is otherwise thought to be at risk.
- 9.17.4. The Provider will clearly display in formats accessible to all service users, staff and visitors what they should do to report any suspected abuse.
- 9.17.5. Preventative practice will be in place to support safeguarding, including employment, management and security of the environment.
- 9.17.6. The safety and wellbeing of the service user will be paramount and in the event that the alleged abuser is a member of staff or a volunteer, action will be taken immediately to ensure the protection of Adults at risk(s) from the possibility of further abuse while an investigation is carried out.
- 9.17.7. The Provider will co-operate fully in any safeguarding enquiries and comply with any agreed requirements of a safeguarding/risk management plan which may include a referral by the provider to the Disclosure and Barring Service Failure to comply with procedures or outcomes/actions from safeguarding enquiries may be regarded as a fundamental breach of the Framework Agreement.
- 9.17.8. Training in Safeguarding, including whistleblowing, will be explicitly included in the induction and ongoing training for all staff employed by the provider and updated every three years.

- 9.17.9. The Registered Manager will attend specific Manager's safeguarding training.
- 9.17.10. The Provider will ensure that systems in place protect Adults at Risk in accordance with the legal requirements of the Mental Capacity Act (2005).
- 9.17.11. The management practices of the Provider ensure controls will be instigated to protect victims of alleged abuse/neglect from alleged perpetrators during investigations.
- 9.17.12. The Provider will ensure whistle-blowers are protected from adverse treatment



## 9.18. SERVICE USER FOCUSED OUTCOME 18

### **Safe Working Practices/Health and Safety**

The health, safety and welfare of Service Users and staff is promoted and protected. Procedures are in place to ensure the safety of people in the event of an emergency.

- 9.18.1. Staff will be provided with accredited risk management, health and safety, moving and handling and falls prevention training. Moving and handling training and refresher training will be provided yearly as a minimum and staff assessed as competent on a three monthly basis.
- 9.18.2. Where individual moving and handling risk assessments are undertaken, this will inform the safe handling plan and the number of carers required.
- 9.18.3. The provider will have clear processes in place for the prevention and management of falls.
- 9.18.4. Serious untoward accidents and incidents, COSHH and RIDDOR will be reported to the appropriate body, for example, Health & Safety Executive, Health Protection Agency and the Care Quality Commission.
- 9.18.5. All Service Users will have individual risk assessments and action plans completed where individual risks are identified using evidence based validated risk assessment tools.
- 9.18.6. The Provider will ensure the decontamination and maintenance of reusable equipment and appropriate use and disposal of single use equipment.
- 9.18.7. The Provider staff shall be aware of the procedures for dealing with medical emergencies and calling emergency services.
- 9.18.8. The Provider shall work with the Housing Provider to develop and maintain a business contingency plan which protects the people who use the service in the event of an emergency and which clearly designates roles and responsibilities of employees on duty. The Provider's staff shall be fully aware of their individual and collective roles in the procedures to adopt in the event of an emergency.
- 9.18.9. The Provider will have a written procedure for dealing with situations where a Service User is missing which includes informing the Police. The Council and relatives (where appropriate) should be informed at the earliest opportunity, even if the Service User has subsequently returned.

9.18.10. The Provider will have a written statement of the policy and organisational arrangements for maintaining safe working practices which are evident and understood by Service Users and staff.

9.18.11. The physical environment will be safe for Service Users and Staff. Hazards will be identified, risk assessed, recorded and appropriately managed.

## 9.19. SERVICE USER FOCUSED OUTCOME 19

### **Infection Prevention and Control**

Service Users reside in a clean environment where standard precautions and routine safe practice ensure the infection risks to Service Users, staff and visitors are minimised.

- 9.19.1. The Provider shall ensure that procedures and practices protect Service Users from infection which are accessible to all staff
- 9.19.2. Protective equipment will be available and worn for all aspects of care which involve contact or potential contact with blood or body fluids or where asepsis is required.
- 9.19.3. Health and social care waste will be managed safely and in accordance with legislation so as to minimise the risk of infection or injury to Service Users, staff and the public.
- 9.19.4. Infection control procedures will be explicitly included within all staff job descriptions, induction, development and on-going training for all staff.
- 9.19.5. An annual Infection Prevention and Control assessment will be completed and an action plan developed to address any areas of non-compliance.
- 9.19.6. Robust audits will be carried out to ensure staff follow correct infection prevention and control measures including an audit of the cleanliness of the environment.

## 9.20. SERVICE USER FOCUSED OUTCOME 20

### **Accident/Incident Reporting**

The safety and wellbeing of Service Users is assured through the Provider's Accident and Incident Reporting processes. Lessons are learnt from accident/incident/near miss reporting processes.

- 9.20.1. The Provider's policies will reflect the procedures to be undertaken following an accident or incident and staff are fully aware of the processes. The Provider will have a policy around what actions should be taken following a head injury.
- 9.20.2. All accidents and incidents will be comprehensively and contemporaneously documented using a system that meets current Data Protection guidelines.
- 9.20.3. Details of accidents and incidents will also be recorded within Service Users' daily records together with information to reflect the Service Users' health, safety and wellbeing. Additional records, such as falls diaries and behavioural charts will be implemented and maintained where required to support ongoing monitoring and management.
- 9.20.4. Injuries, including bruises that are sustained following an accident or incident, shall be fully documented, using body maps where possible. Treatment required following an accident or incident will be clearly documented, including the precise treatment and support and any necessary health or social care professional input i.e. Paramedics, District Nurses, General Practitioner, Community Psychiatric Nurses.

## 9.21. SERVICE USER FOCUSED OUTCOME 21

### End of Life Care/Dying and Death

Service Users are assured that staff will treat them and their family with care, sensitivity, dignity and respect at the end of their life and that they will receive, where possible, planned, measured and seamless care at the time of their death.

- 9.21.1. The Provider shall work in partnership with other agencies to promote the principles of End of Life Care as set out in One Chance to Get it Right, the NICE Clinical Guideline (NG31) and NICE Quality Standard (QS144) for the Care of the Dying Adult in the last days of life.
- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/323188/One\\_chance\\_to\\_get\\_it\\_right.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf)
  - <https://www.nice.org.uk/guidance/ng31>
  - <https://www.nice.org.uk/guidance/qs144>
- 9.21.2. All deaths will be managed with dignity and propriety and Service Users' spiritual needs, rites and functions should be observed. There will be systems in place to ensure, when death is expected, that Service Users do not die alone unless it is their wish.
- 9.21.3. Staff will be appropriately trained to manage the processes and procedures sensitively, to ensure Service Users are treated with dignity and respect and receive appropriate care and symptom relief.
- 9.21.4. On-going supervision will be provided to staff to support them and to provide an opportunity to consider and reflect upon their own cultural beliefs, values and attitudes to death and dying and enable staff as a team to reflect on care and dying.
- 9.21.5. The Provider will notify the Council within 24 hours about the death of a person and inform the Care Quality Commission.

## 9.22. SERVICE USER FOCUSED OUTCOME 22

### **Staff Recruitment and Retention**

Staffs employed are fit and competent to meet the health and welfare needs of Service Users.

- 9.22.1. The Provider shall operate a robust staff recruitment and selection procedure which takes all reasonable steps to ensure that individuals employed, including volunteers, those appointed through an agency and workers from other countries, are in all respects appropriate persons to work with vulnerable people. A written policy and procedure shall be in place to reflect this practice.
- 9.22.2. The provider shall adhere to all equal opportunities legislations and will be expected to embrace the principles of diversity.
- 9.22.3. These steps must include a Disclosure & Barring Service (DBS) check at the appropriate level in accordance with the Safeguarding Vulnerable Groups Act 2006 requirements.
- 9.22.4. Providers employing staff who are required to obtain permission to work in the United Kingdom either directly or through an agency must ensure that they meet the legal entry requirements, that they have the necessary skills, expertise and qualifications required and all necessary and relevant documentation is available prior to employment, copies of which must be evidenced in their personal file for inspection and monitoring purposes.
- 9.22.5. When recruiting staff, the Provider shall ensure that at least two appropriate written references are taken up one of which must be from the individual's last employer, and shall demonstrate the means by which the suitability of all staff has been assessed. Where the reference provided only gives dates of employment the Provider must be able to demonstrate that all attempts have been undertaken to ensure a safe and robust system of recruitment.
- 9.22.6. Staff shall go through a full recruitment process including completion of an application form which provides complete employment history, and addresses any gaps in employment history.
- 9.22.7. Staff must have the personal qualities and caring attitudes which enable them to relate well to Service Users and carers, and poses the required skills in spoken English, written literacy and numeracy to do the tasks required for caring for and supporting Service Users.

- 9.22.8. Providers shall maintain a personnel file for every employee which evidences all required documentation for inspection and monitoring purposes. Such documentation will include evidence of a written record of interview to demonstrate the applicant's suitability for the post.
- 9.22.9. Providers shall notify the Council immediately if any member of Staff who, subsequent to his/her commencement of employment as a member of Staff, receives a conviction or whose previous convictions become known to the Provider (or any employee of a sub-contractor involved in the provision of the Services
- 9.22.10. The Council acting reasonably shall be entitled to require the Provider to remove immediately from the provision of the Service a named member of Staff. The Provider shall have the right to make representations to the Council concerning such person. After taking any representations into account, the Council shall be entitled to confirm, revoke or vary its decision.
- 9.22.11. Providers employing agency staff will obtain a staff profile prior to commencement of the employment. This will include photographic ID, relevant skills and competencies for the position, qualifications, professional registration and an up to date training record.
- 9.22.12. The Provider shall ensure that all Staff are issued with a 'Code of Conduct' that describes the standards of professional conduct and practice required of them. The Standards within the 'Code of Conduct' must adhere to the standards contained within the General Social Care Councils (GSCC) code of practice for social care workers.
- 9.22.13. The Provider shall ensure that identification is carried by Staff at all times and must show:
- A photograph of the Staff member;
  - The name and signature of the Staff member;
  - The name of the Provider and a telephone number that can be used to verify this information; and
  - Expiry Date.
- 9.22.14. Staff must be professional at all times and should not engage in any activity or behaviour, which may be detrimental to the interests of the Service User or the Commissioning Authority.

- 9.22.15. Staff should maintain confidentiality and must not accept gifts or gratuities or take/borrow money or other items from Service Users. Certain small gifts such as chocolates or a bunch of flowers may be permitted, however these MUST be recorded in the Service Users care record and reported to the Registered Manager on the same day/next working day.
- 9.22.16. Providers and their staff must work in accordance with the Skills for Care Code of Conduct for Healthcare Support Workers and Adult Social Care Workers.
- 9.22.17. The Provider shall pay for the cost of travel time, travel costs and essential equipment including; uniforms, protective gloves/aprons, mobile phones/apps or other essential items required to deliver care. All time at work will be paid time, including training.



## 9.23. SERVICE USER FOCUSED OUTCOME 23

### **Staffing Levels and Workforce Planning**

Service Users are supported to achieve their maximum life potential and care needs by the provision of the appropriate level of professional expertise and skill mix.

- 9.23.1. The Provider's staffing levels will enable the Provider to meet all the service standard requirements as detailed in this specification, both day and night, with the right competency, skills and experience.
- 9.23.2. The Provider shall be able to fully evidence the method used for determining staffing levels in the service.
- 9.23.3. Staffing levels will be based on the dependency needs of all the Service Users, will be reviewed on a regular basis and written evidence made available to ensure and demonstrate that they reflect the changing needs of the Service Users.
- 9.23.4. Staff numbers and skill mix will be matched to all Service Users' needs and reflect a high quality of care provision.
- 9.23.5. The Provider will have contingency plans in place to cover staff absence, sickness, annual leave and succession planning.

## 9.24. SERVICE USER FOCUSED OUTCOME 24

### **Staff Induction and Training/Education**

Service Users are cared for and supported by professionally inducted, trained, and competent staff, utilising best practice and this will be reflected in the standard of care that they receive.

- 9.24.1. The Provider will ensure that there is a staff induction, training and development programme, which will meet the Skills for Care standards. These expectations will be clearly included in written policies and procedures to reflect a commitment to a supportive working and learning environment.
- 9.24.2. The Provider will ensure that the induction is comprehensive, including full guidance on record keeping, note writing, medication support, assessing basic client wellbeing and how to make contact with supervisors and the completion of the Care Certificate.
- 9.24.3. The Provider will ensure that staff new to care achieve the Care Certificate within twelve weeks of commencing employment. All existing staff should be able to demonstrate that they also meet the standards of the Care Certificate.
- 9.24.4. The Provider will ensure that all staff working within the service are fully trained and assessed as competent to meet the individual needs of Service Users including all mandatory training and specialist education. Such training will be provided by accredited organisations and will be evidence based to reflect up to date specialist and social care and clinical guidance. This will be undertaken on commencement and completed within 12 weeks.
- 9.24.5. The Provider will undertake a training needs analysis for all staff which is reviewed regularly and updated and formulated into staff personal development plans.
- 9.24.6. The Provider will be able to demonstrate assessment of staff competency and performance management and documented evidence will be made available.
- 9.24.7. Where there is identified concerns related to social care practice, this will be effectively managed by the Provider with evidence of the provision of mentorship and supervision.

- 9.24.8. Providers will have a system in place to confirm new employees have successfully completed induction competencies prior to completion of the probationary period.
- 9.24.9. Staff will not commence duties unsupervised until they have been assessed as competent for the role.
- 9.24.10. The Provider will be responsible for determining that the training provider is suitably qualified and that the content of the courses meets the requirements of Adult Social Care Services.
- 9.24.11. Learning undertaken by individuals prior to employment with the provider shall not give automatic exemption to the training requirements. The Provider must demonstrate that the individual is fit to provide the services for which they are employed.
- 9.24.12. Casual staff/trainees and student workers will be subject to the same requirements of all permanent staff.
- 9.24.13. National Minimum Data Sets (NMDS) will be completed to provide a comprehensive workforce plan.

## 9.25. SERVICE USER FOCUSED OUTCOME 25

### **Staff Supervision and Appraisal**

Service Users are cared for by staff who are suitably and regularly supervised, monitored, supported and appraised and this will be reflected in the standard of care that they receive.

- 9.25.1. All staff will receive formal supervision, at least six times per year, to include observed practice supervision. Supervision will be systematically used to guide the work of staff, to reflect upon their work practices and as a means of support for staff to facilitate good practice. Casual staff, trainees and student workers will receive proportionate support and review.
- 9.25.2. Robust appraisal systems will be in place and all staff receive an annual appraisal/personal development review.
- 9.25.3. A written policy and procedure will be in place to support the Provider's practice in regards to supervision and appraisal. Supervision and appraisal sessions will be documented.
- 9.25.4. Poor performance or staff conduct is identified, challenged and managed and documentary evidence made available to demonstrate that appropriate support has been provided and action taken.
- 9.25.5. The Provider must make a referral to DBS where the required conditions are met this applies even when a referral has also been made to a local authority safeguarding team or professional regulator and following dismissal/resignation during any investigations. Current guidance can be found on <https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs>

## 9.26. SERVICE USER FOCUSED OUTCOME 26

### Management and Leadership

The service is led so that Service User outcomes are achieved and sustained

- 9.26.1. The Provider will take responsibility for the leadership through the Registered Manager
- 9.26.2. The philosophy within the service is person-centred and promotes the benefits of open, trusting and collaborative relationships between staff, Service Users and their social and professional networks.
- 9.26.3. The Provider shall ensure that the service is managed in such a way that it complies with all requirements under the Health and Social Care Act 2008 and the Care Quality Commission (Registration) Regulations 2010, or any amending legislation.
- 9.26.4. The Provider promotes a clear understanding of the organisations purpose, values and vision and encourages learning and innovation by rewarding reflection, creativity, flexibility and positive risk management.
- 9.26.5. Care promotes enablement and partnership working with all Service Users, social care and health practitioners and family/friends that are important to Service Users.
- 9.26.6. A manager shall be appointed that is registered with the Care Quality Commission or has applied to be registered with the Commission within three months of commencement of employment.
- 9.26.7. The Manager clearly demonstrates up to date knowledge and skills, leadership, competence and experience to effectively manage the service on a daily basis and shows a sound understanding of the requirements set out in the Framework Agreement and Service Specification.
- 9.26.8. The Manager will hold a qualification or be working towards QCF Level 5 Diploma in Leadership in Health and Social Care within three months of appointment and completed within two years.
- 9.26.9. The Manager maintains and demonstrates personal and professional competence and credibility in line with current practice and will ensure they delegate appropriately with clear lines of accountability.

- 9.26.10. The Manager is a self-directed role model, committed to practice development and improving the care of Service Users, providing formal support, coaching and mentoring of all staff.
- 9.26.11. Staff will work collaboratively as an effective team in a culture of openness, promoting mutual support and respect with an appreciation of each other's roles.
- 9.26.12. The Provider shall ensure the following are in place to effect the continuous and sustained delivery of the service:-
- Proactive and reactive support so that the manager is able to competently meet all requirements of the service
  - Contingency arrangements that plan for potential failure or service interruption
  - Business planning so that continuity of the service is ensured and to assure those who rely on the service that it will continue to be provided
- 9.26.13. The Provider shall co-operate with the Council in times where the contingency plans require a joint response to interruptions, including reasonable requests for information.

## 9.27. SERVICE USER FOCUSED OUTCOME 27

### Quality Assurance

Continuous quality improvement systems are in place to ensure the service is run in the best interests of Service Users, demonstrates the quality and consistency of information, measures Service User outcomes and ensures that risks to Service Users are minimised.

9.27.1. The Provider will have quality assurance and monitoring systems in place which:-

- Periodically seek the views and experience of Service Users, relatives, friends and health and social care professionals.
- Enable realistic assessment of the services provided.

9.27.2. All staff will be actively involved in the quality assurance and monitoring processes. Quality services will be recognised as a motivating force and staff will strive for continuous improvement and best practice.

9.27.3. Quality Assurance will demonstrate:-

- Measurable organisational improvement
- Training that provides staff with the skills and tools to analyse problems and working processes
- Staff who are empowered and supported to make positive changes (analysing dilemmas/problems and suggesting solutions)
- Positive attitudes and working relationships
- Continuous building on good practice
- Introduction of new procedures.

9.27.4. Providers will be required to assist the Councils in evaluating the quality of effectiveness, not only of the care to the individual Service Users but also compliance with the Framework Agreement. Results of Quality Monitoring should be shared with the Council on request.

9.27.5. The following monthly audits will be undertaken as a minimum requirement:-

- Care records, support delivery plans and record keeping
- Medicines management
- Training
- Infection prevention and control
- Nutritional screening and support
- Tissue, skin and pressure care
- Accidents, incidents and complaints
- Hospital Admissions
- Community Alarm responses.

9.27.6. Audits will identify trend analyses and training issues, and action plans will report action taken and outcomes.

9.27.7. Staff and Service User and/or representatives meetings will be used as a forum to identify, take stock and reflect on areas for improvement. Such forums demonstrate that the Provider is committed to involving and encouraging others to be included and listened to in the day to day running of the service.

9.27.8. A variety of feedback systems will be used which are suitable for the client group. These will be recorded, analysed objectively and published. Examples include:

- Verbal
- Written
- Observational tools
- Symbols/pictures
- Built into activities
- Group
- One to one (enables safe disclosure)
- External evaluation e.g. Health Watch Cumbria, or at least assessors that are not part of day to day services.



## 9.28. SERVICE USER FOCUSED OUTCOME 28

### **Financial Procedures/Personal Finances**

Service Users are safeguarded by the accounting and financial procedures of the service. Service Users decide how to spend their money in the knowledge that personal finances are safeguarded by robust controls and audit procedures in place

- 9.28.1. The Provider shall have a Financial Protection Policy and Procedure in place.
- 9.28.2. The Provider shall ensure that Staff exercise due care in handling Service Users' money and clearly understand the procedure. Any money handled by Staff due to support with the collection of benefits, purchase of shopping or payment of bills must be accounted for with the Service User at the time. A record signed and dated by Staff must be kept to account to the Service User and/or their Carer.
- 9.28.3. The Provider will ensure that all staff understand how the Service User's right to autonomy, choice, independence and fulfilment is maintained within the context of the Mental Capacity Act (2005).



## **10. REFERRAL PATHWAY AND ALLOCATION OF CARE HOURS**

### **10.1. Referrals**

- 10.1.1. Referrals will be made to the Service following an assessment of need by authorised Assessors; including Cumbria Social Care Staff, Emergency Duty Team, or Out of Hours Team.
- 10.1.2. Care is initiated from the referrers Care Plan. The provider uses this to develop their own holistic person centred care plan to meet the individual's preferences and care needs.
- 10.1.3. The Provider shall liaise with other stakeholders, e.g. GP surgery, hospital discharge services, ASC, District Nurses to support timing assessments and the safe discharge of Service Users from Hospital.

### **10.2. Response Times & Prioritisation**

- 10.2.1. Response times in relation to delivery of the Person Centred Home Care are separated into 3 delivery requirements depending on the nature and urgency of assessed need/s:
  - Critical, same day – Lowest number of referrals expected in this category, require most urgent responses for example less than 3 hours as agreed with the referrer (include end of life pathway and other very urgent cases).
  - Urgent, 48 hours or less - Moderate numbers of referrals expected in this category
  - Planned Standard, 7 days or less – highest proportion of referrals expected in this category

### **10.3. Allocation of Care Hours**

- 10.3.1. The Allocation of Care Hours is outlined in Schedule 1 and Schedule 4 of the Framework Agreement.
- 10.3.2. Cumbria County Council shall:
  - Allocate critical cases (for example; end of life care) swiftly
  - Provide details about the location (post code area), level of rurality, number of hours, number of carers required, priority level – Critical/Urgent/Planned of care packages / hours for allocation

- Provide a Care Plan for the Service User detailing the type and frequency of care required including relevant and proportionate information with the Care Provider
- Work collaboratively with Providers to overcome obstacles to picking up care packages/hours for example; travel time, parking, allocated time, complex or challenging behaviours etc.

10.3.3. The Provider shall:

- Allocate critical cases (for example; end of life care) swiftly, by liaising with the Council
- Promptly allocate referrals for care packages / hours in the allocated zone/s.
- Provide responses in relation to all advertised care jobs via the Website, prioritising critical and urgent cases
- Maintain frequent and regular contacts with the Council indicating service capacity levels
- Share relevant and proportionate info with the Council about the delivery of individual care services
- Work collaboratively with the Council and other Providers to meet the needs of Service Users, overcome obstacles to picking up care packages/hours for example; capacity pressures, travel time, parking, allocated time, complex or challenging behaviours etc.

10.3.4. Care packages / hours will be offered to appointed Provider/s for allocation. The Council reserves the right to source care hours via an alternative care Provider/s in the event that Provider/s cannot meet the identified needs or a care package cannot be allocated by the Provider/s within essential timeframes.

#### **10.4. Increases / Decreases / Cancellations of Allocated Care Hours**

10.4.1. The Provider may request an increase / decrease / cancellation in commissioned care hours.

10.4.2. However, the Provider should always discuss any proposed changes to planned care with the Service User and their family/representative first, before requesting a change via the relevant Social Work Team. On such occasions, it may be necessary for an authorised assessor to carry out a review of the person's need/s. The Provider should request written confirmation before implementing a change to the care package, except in situations where there is an urgent need for care.

### **11. CONTRACT FINANCE AND PAYMENTS**

For Payment and Invoicing details, please refer to the Schedule 5.

## **12. APPENDICES AND SCHEDULES**

### **Appendix A – Adult Social Care Outcomes Framework (ASCOF)**



Adult Social Care  
Outcomes Framework

### **Appendix B – Care Act 2014**



Appendix B - Care  
Act.docx

### **Appendix C – Individual Service Funds (ISFs)**



Appendix C -  
Individual Service Fun

### **Appendix D – Quality Improvement Process**



Appendix D -  
Cumbria Quality and