

## **Service Specification**

**Any Qualified Provider Framework Agreement for Home Care and  
Domiciliary Care Services**

**1 April 2024 to 31 March 2026  
with the option of 1 extension up to a maximum of 12 months**



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## 1. CONTEXT

### Overview

- 1.1. This Service Specification stipulates the required Service and standards of support. The specification is an integral part of the contractual arrangement and provides details of the access criteria, outcomes and performance standards by which the quality and effectiveness of the Service will be measured.
- 1.2. Westmorland & Furness Council (hereafter referred to as the Council) is committed to continue to improve home care and support services for adults with the ambition of achieving positive outcomes for all Users of the Service.

### Values

- 1.3. The Council's vision is for Westmorland & Furness to be 'a great place to live, work and thrive'.

The Council's values are:

- Collaborative
- Ambitious
- Responsible
- Inclusive
- Needs-led
- Outcomes focused
- Ecologically aware

All care and support will:

- 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 should include forming local partnerships with families and friends, and in the statutory, independent, voluntary and community sectors.

- 1.4. **Providers are required 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 Council to promote a healthy workforce, prevent disease transmission and increase resilience across the care sector workforce and local communities.

### Service User feedback

- 1.5. This Specification has been written to take account of the feedback received from Service Users and their families. Providers are required to be responsive to Service Users, as detailed in the co-production section of this Specification.

## **2. STATUTORY AND REGULATORY DUTIES**

- 2.1. 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, and 2022
  - d) CQC
  - e) Adult Social Care Outcomes Framework
  - f) The National Minimum Standards for Domiciliary Care
  - g) The Domiciliary Care Agencies Regulations 2002
  - h) Mental Capacity Act 2005 (Deprivation of Liberty Safeguards)
  - i) Equality Act 2010
  - j) Human Rights Act 1998
  - k) Autism Act 2009
  - l) Deprivation of Liberty Safeguards
  - m) Manual Handling Operations Regulations
  - n) Service Users' individual assessed needs and outcomes and any subsequent assessment, Care and Support Plan or review documentation
  - o) Any future legislative changes or changes to National Minimum Standards that determine the standard of care to be delivered.
- 2.2. The Provider will deliver the Services in compliance with the Care Act 2014 at all times. Further the Provider will 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.
- 2.3. 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).
- 2.4. The Provider is required to know and keep up to date with best practice in relation to the delivery of home care services.

### **3. SERVICE AIMS**

- 3.1. A key Service aim is to support the Council's priorities identified in the Council Plan <https://www.westmorlandandfurness.gov.uk/your-council/council-documents/council-plan#priorities>.
- 3.2. The vision for the Service is to 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.

#### 4. **SERVICE REQUIREMENTS**

##### **Minimum Provider Requirements**

- 4.1. Providers who have a CQC rating of 'Inadequate' will not be accepted onto the Framework.

##### **Cumbria based operating Office**

- 4.2. Providers shall deliver the contracted home care service from an accessible full-time office which is based within a 25 miles radius of the county of Cumbria. The office must not be a residential address.

##### **On-boarding**

- 4.3. Once the Provider has completed the accreditation and enrolment process (to be appointed to the Framework) , the Provider will be required to complete an on-boarding process before they may bid for packages of care.

##### **Client Groups**

- 4.4. 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
- learning disability
- dementia
- physical disability
- sensory disability
- substance misuse
- end of life related needs
- and other people eligible for a service

##### **Service availability**

- 4.5. The Provider will ensure that the Service is available every day of the year operating from **07.00 hours to 23.00 hours.**

- 4.6. On occasions Providers may be requested to deliver care or waking night support between 23:00 and 0:00 hours, depending on the individual needs of a Service User (for example, to provide tracheostomy and ventilatory support). This will be discussed at the on-boarding meeting.

##### **Service eligibility**

- 4.7. The Service Users will 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.
  - ordinarily resident and living in Westmorland & Furness, and identified by the Council as being eligible to receive part or all of the Services

##### **Accessing the Service**

- 4.8. The Service will 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 within the Council, as notified to the Provider from time to time by the Council; or



- b) The Urgent Care Team
- c) Any other person authorised by the Council.

4.9. The Council will 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.

4.10. Each Service User's SPO and Support Plan will 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.

#### **Support Plan**

4.11. The Provider is required to develop a Support Plan with the Service User (and their family or Nominated Representative where necessary). The Service User should contribute to the Plan, which should take into account their personal preferences.

4.12. The Support Plan will provide in detail how the outcomes specified in the Support Plan will be met.

4.13. Whilst developing the Support Plan, the Provider will ensure that:

- a) the plan focusses on individual Service User strengths and directs support to prevent escalation. Providers must link with local community based services;
- b) the plan must take into account the personal preferences of the Service User (e.g. food and beverages, daily routines, activities)
- c) the plan is person centred and outcome focused and supports the Service User to be independent. The Service User must be in control of their own support.
- d) Support should be strengths based, promoting 'ability' not 'disability';
- e) Works with the individual to support their individual cultural needs and beliefs;
- f) the views and preferences of the Service User are taken into account and reflected appropriately;
- g) the Service User is easily able to find key contact details;
- h) the Service User knows how to raise a safeguarding concern;
- i) 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.
- j) they provide a full range of activities to meet the outcomes specified;

- k) any activities are flexible in order to meet the changing needs of a Service User on a day to day basis;
  - l) nutrition and hydration are adequately dealt with;
  - m) support with medication is carried out as stated on the SPO;
  - n) it is formulated in a manner that simultaneously seeks to manage any risks in the delivery of the Services;
  - o) it is responsive to contingency planning for the Service User as future need arises in working with the Council as requested; and
  - p) they consider the best use of resources.
- 4.14. The Provider will ensure that the Support Plan produced is signed by the Service User or their Nominated Representative and that the Service User is provided with a copy.
- 4.15. The Provider will work with the Council on Promoting Independence Reviews as identified in the Support Plan.
- 4.16. The Provider will have robust procedures for and will 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.
- 4.17. The Support Plan will be reviewed at least every 12 months.

#### **Care Visits and Support Tasks**

- 4.18. Typical care that Service Users receive includes, but is not limited to:
- support with personal care;
    - moving about
    - getting out of bed
    - washing
    - dressing
    - support with other essential daily living activities as required.
  - support to access and maintain
    - emotional health and wellbeing
    - physical health and wellbeing
    - nutrition and hydration
    - medication (medication support)
    - toileting/hygiene
    - safe habitable home environment
    - access to digital and assistive technology
    - maintain family and other personal relationships
    - engage in work, training or education
    - social and recreational activities stipulated in the Support Plan
    - assisting with shopping, including accompanying to the shops
    - attendance at day services and any appointments to support the Service Users health and wellbeing
    - 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
  - other preventative treatments or schemes.
- 4.19. The Provider will use the Technology and/or another system as directed by the Council.
- 4.20. 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.
- 4.21. Visit times will be negotiated and agreed with the Service User at commencement of the package.
- 4.22. Visit times may be changed at the request of and in agreement with the Service User.
- 4.23. The Provider will ensure that support is delivered at the time agreed with the Service User as set out in the Support Plan. The Provider will 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.
- 4.24. The Provider will 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.
- 4.25. Visits made 30 minutes before/after the agreed time will be defined as an early or late call for monitoring purposes.
- 4.26. Non-attendance or visits made 90 minutes before/after the agreed time will be defined as missed visits for monitoring purposes.
- 4.27. 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

#### **Urgent Notifications**

- 4.28. With the occurrence of any of the following, the Provider will 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 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.
- 4.29. Following the occurrence of one of the matters listed above, the Provider will:
- 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.
- 4.30. The telephone number to be used to contact the Urgent Care Team (outside normal office hours) is 01228 526690.
- 4.31. 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 will be responsible for ensuring they are aware of and can easily access any updated number.
- 4.32. The Provider will 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

### **Communication**

- 4.33. 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.
- 4.34. 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) Inform the identified commissioning lead immediately if they receive a CQC rating of Inadequate.
  - g) Where an existing provider is down-rated to 'Inadequate', the Provider must email an action plan to the identified commissioning lead within 5 working days, to assure that existing packages of care are safe.
  - h) If the Provider receives a CQC rating of 'requires improvement' or 'inadequate' the Provider will email an improvement plan to the identified commissioning lead within 5 working days of CQC notification.
  - i) 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
  - j) Work collaboratively with Assessing Professionals, Service Users and their representatives to resolve issues and prevent care packages from being handed back. The Provider must also refer to the Business Continuity and Business Failure sections of this Specification.
  - k) Foster and maintain positive relationships with the Council including Commissioners, Brokers, 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.
  - l) 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.
- 4.35. 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.

#### **Information to Service Users**

- 4.36. The Provider will ensure Service Users and their Carers or Nominated Representative, are kept fully informed on issues relating to their care and support at all times.
- 4.37. 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) Safeguarding and how to raise a safeguarding concern
  - e) How to raise, complaints, comments and compliments

### **Flexible and person centred services**

- 4.38. 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.
- 4.39. The Provider will deliver Services which are person centred and work flexibly to address the needs of individual Service Users to ensure outcomes of Support Plans are met.
- 4.40. The Provider will 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

### **Promoting Independence**

The Provider will:

- 4.41. Work with Service Users to set individualised goals and targets, to enable them to manage their own care wherever possible. Individuals receiving care services must be supported to have greater control over their lives and supported to remain as independent as possible in their own homes.
- 4.42. Support adults to achieve their individual potential, maintain their resilience, health and independence and improve their quality of life. The Service will arrange to deliver support in accordance with the commissioned care plan to meet the eligible person's needs.
- 4.43. Work with the Council on Promoting Independence Reviews as identified in the Support Plan.
- 4.44. Work with Individual Service Users to support digital and assistive technologies to enhance care packages and to promote independence for individual Service Users.
- 4.45. Have robust procedures for and will carry out reviews of the Service being delivered as Service User's individual needs change and must notify the Council's front line staff of any significant change in levels of need.

### **Support Service Users' wellbeing**

- 4.46. 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
- 4.47. Where the Care Worker discovers that a Service User is absent from their home, or the Provider is unable to gain access to the home (for any reason) they are required to notify the SPA with immediate effect.

### **Safeguarding and Mental Capacity procedures**

- 4.48. 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.
- 4.49. 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.
- 4.50. 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.
- 4.51. 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.
- 4.52. The Provider will clearly display in formats accessible to all Service Users, staff and visitors what they should do to report any suspected abuse.
- 4.53. Preventative practice will be in place to support safeguarding, including employment, management and security of the environment.
- 4.54. 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.
- 4.55. 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.
- 4.56. 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.
- 4.57. The Registered Manager will attend specific and appropriate Manager’s safeguarding training to enable them to provide leadership and oversight.
- 4.58. The Provider will ensure that systems are in place protect Adults at Risk in accordance with the legal requirements of the Mental Capacity Act (2005).
- 4.59. The management practices of the Provider ensure controls will be instigated to protect victims of alleged abuse/neglect from alleged perpetrators during investigations.
- 4.60. The Provider will ensure whistle-blowers are protected from adverse treatment.

### **Co-production**

- 4.61. The Council is committed to co-production and Providers will be a key partner.

- 4.62. Providers will support the Council so users of the Service have a say in the services that they receive and the support that they need.
- 4.63. Providers are required to ask Service Users, their families and representatives to complete a short, anonymised survey (which will be made available to Providers during the on-boarding process) to rate the quality of care delivered, at least every 6 months.
- 4.64. Providers will ensure the Service Users and their families have a voice in the development and running of the Service and Providers will produce evidence of co-production and subsequent service improvements at contract monitoring visits and the annual service review. Anonymised results must be made available to the Council.
- 4.65. The Council is committed to working closely with people who use home care services. The following requirements have been developed in line with feedback received in July 2023 from Service Users, their carers and families and are key measures of success in terms of service delivery. Providers must support Service Users to:
- Contribute to their care plan and have control over their care
  - Be independent in their own home
  - Build resilience and maintain their wellbeing at home
  - Feel safe and remain active for as long as possible
  - Give regular feedback.

In addition, Providers must:

- Treat Service Users and their carers and families with dignity and respect
- Treat each Service User as an individual
- Focus on strengths, not incapacity
- Deliver consistent high quality care
- Ensure continuity of carers
- Arrive on time as planned and inform Service Users and the Council in advance of any unplanned changes to their care
- Use fully trained staff.



## **5. STAFFING REQUIREMENTS**

### **Recruitment and selection**

- 5.1. The provider must meet all CQC standards in relation to recruitment and selections.
- 5.2. The Provider will ensure that their staff recruitment and selection procedure as a minimum:
- 5.3. 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.
- 5.4. Staff and volunteers will go through a full recruitment process including completion of an application form which provides complete employment history, and addresses any gaps in employment history.
- 5.5. Ensure staff who are required to obtain permission to work in the United Kingdom either directly or through an agency 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.
- 5.6. When recruiting staff and volunteers, the Provider will ensure that at least two appropriate written references are taken up one of which must be from the individual's last employer, and will 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 demonstrate that all attempts have been undertaken to ensure a safe and robust system of recruitment. A written policy and procedure will be in place to reflect this practice.
- 5.7. Ensure that all staff and volunteers have a current Disclosure and Barring Service check at the appropriate level in accordance with the Safeguarding Vulnerable Groups Act 2006 requirements.

### **Induction, training and supervision**

- 5.8. A manager will be appointed that is registered with the CQC or has applied to be registered with the Commission within three months of commencement of employment. 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.
- 5.9. Staff supporting the Service in a caring role will meet CQC minimum training standards.
- 5.10. Upon appointment all care staff must as a minimum successfully complete the following before delivering unsupervised care:
  - Induction training (including Code of Conduct)
  - Care Certificate
  - Manual handling training
  - Safeguarding training
  - Medication Policy training
  - All competency checks

5.11. All care staff must complete a 6 months' probation period

5.12. Care staff must complete the following mandatory competencies annually:

- IPC work book and questions
- Manual Handling in house training and competent checks.
- Medication competent checks annually signed off by a supervisor doing observations
- Safeguarding passport annual training in house by a supervisor.
- Emergency first aid training
- Food Safety training
- Oral health training
- Equality and diversity training
- Mental Capacity Act
- Appropriate record keeping
- Data Protection and information security

5.13. The Provider must ensure that all staff access learning and development opportunities which enable them to meet the needs of all those using the Service. The learning requirements of staff should therefore go beyond the level of induction and include (but not limited to):

- Dementia care
- Continence care
- Communication
- Skin care
- Combating loneliness and isolation
- Dignity in care
- Safeguarding adults
- LGBTQ+ awareness
- The Mental Capacity Act 2005 and consequent deprivation of liberty safeguards
- End of life care
- Challenging behaviour
- Falls prevention
- Working with carers
- Strokes
- Assistive technology
- Faith and cultural awareness
- The Equality Act 2010

- 5.14. Providers must ensure that care staff have training to support Service Users who may be at risk of experiencing poor outcomes due to inequalities in access to and provision of services.
- 5.15. In order to provide personalised support, Providers must ensure that staff receive a personalised training plan which takes into account local culture, behaviours and beliefs and should include regional food and dishes, dialects, colloquialisms, customs and celebrations.
- 5.16. 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.
- 5.17. Staff attend regular supervision at a minimum of every 3 months, which should be recorded and evidenced. The staff member and supervisor should each have a copy of the supervision record.

#### **Specific staff attributes**

- 5.18. Staff must have the personal qualities and caring attitudes which enable them to relate well to Service Users and carers, and possess the required skills in spoken English, written literacy and numeracy to do the tasks required for caring for and supporting Service Users.
- 5.19. 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 Council.
- 5.20. 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.

#### **Inclusivity and diversity**

- 5.21. There is no restriction as to the sex, gender or ethnic group of home care support staff. The Council expects all care staff to be treated with kindness and respect and will not tolerate abuse of staff.

#### **Agency staff**

- 5.22. 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.

#### **Personnel files**

- 5.23. Providers will 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, evidence of training and competency.
- 5.24. The Provider will 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.

### **Planning and Management**

- 5.25. The Provider is responsible for planning work rotas to ensure that sufficient time is allowed for Staff to travel in between calls.
- 5.26. The Provider must comply their responsibilities in relation to the Working Time Directive.
- 5.27. The Provider will ensure care staff do not work excessive hours and that shift patterns allow care staff to take adequate rest breaks.
- 5.28. Providers will take reasonable steps to understand whether staff are employed by another employer.
- 5.29. The Provider will ensure there is appropriate managerial and supervisory capacity to manage all packages of care. The Provider will provide evidence of this for contract monitoring purposes to the Council upon request.
- 5.30. The Provider will have appropriate 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.
- 5.31. The Provider will match the requirements of the Service User with the most suitable Staff and ensure there is continuity in relation to the Staff who provides the Service to each Service User.
- 5.32. The Provider will ensure a continuity of approach between day and night Service Delivery.
- 5.33. The Provider will advise the SPA team (or out of working hours, 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.
- 5.34. The Provider will conduct regular reviews of staffing levels and resources especially at times of increased demand to include winter pressures, bank holidays and school holidays.

### **Provider monitoring and procedures**

- 5.35. The Provider will implement and maintain a robust and auditable system to enable the Council to monitor the performance of the Provider. The Provider will supply the Council with accurate data regarding the actual delivery of ordered hours to the Service User(s). The Council may use this data for the purpose of charging or providing statements to Service Users and for payment or reconciliation of payment to Providers.
- 5.36. The Provider will have clear and robust procedures for dealing with emergencies. The Provider will 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.
- 5.37. The Provider will ensure that all Staff are issued with a 'Code of Conduct' which 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 Council's (GSCC) code of practice for social care workers.

- 5.38. Providers will notify the Adult Safeguarding team immediately if any member of Staff who, subsequent to his/her commencement of employment as a member of Staff, receives a criminal conviction or whose previous convictions become known to the Provider (or any employee of a sub-contractor involved in the provision of the Services).
- 5.39. The Council acting reasonably will be entitled to require the Provider to remove immediately from the provision of the Service a named member of Staff. The Provider will have the right to make representations to the Council concerning such person. After taking any representations into account, the Council will be entitled to confirm, revoke or vary its decision.
- 5.40. The Provider will 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.

#### **Partnership working**

- 5.41. The Provider will work in partnership with all Service Users, social care and health practitioners and family/friends that are important to Service Users.
- 5.42. The Council acknowledges Providers as equal stakeholders in the planning, delivery and monitoring of care and requires Providers to participate in in multi-disciplinary and partnership meetings when necessary.
- 5.43. Providers will be required to develop strong partnerships and interdependencies with other Providers delivering Home Care.
- 5.44. Providers must be able to anticipate and respond effectively to emerging priorities and be prepared to work collaboratively with the Council, both North East and North Cumbria ICB and Lancashire and South Cumbria ICB and other local partners to deliver service improvements and drive positive transformation of care services.
- 5.45. The Provider will attend local meetings and forums as requested by the Council such as for contingency planning arrangements for winter resilience.
- 5.46. Provider will co-operate with the Council where contingency plans require a joint response to interruptions, including reasonable requests for information.
- 5.47. The Provider will be innovative and creative in developing partnerships with potential sources of support for Service Users including Carers, family and friends and their local and wider communities; and in the statutory, independent, voluntary and community sector organisations, for example GP surgeries, local hospices, District Nurses, physiotherapists.

#### **Business Continuity**

- 5.48. Where the Provider is temporarily unable to deliver care or needs to temporarily cancel planned care, for example due to extreme weather conditions or unexpected staff illness, the Provider must:
  - a) make every effort to adjust their rotas to maintain service delivery;

- b) report to the Council SPA contact as a priority (same day / next working day).
- 5.49. Where the Provider identifies emergency or temporary one off increases in care required to meet a specific urgent need, the Provider must report to the Council SPA contact as a priority (same day / next working day). An authorised Assessor will review the case and details of the change will be recorded for invoicing and payment purposes.
- 5.50. Providers are required to have robust business continuity plans which cover 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:
- a) cover periods of increased demand, activity, absence, illness, recruitment pressures, inclement weather and any other operating risk;
  - b) Ensure continuity of support to individual Service Users.

#### **Business Failure**

- 5.51. The Provider will notify the Council SPA as a priority where they are at risk of “Business Failure” (meaning an event such as the appointment of an administrator, the appointment of a receiver or an administrative receiver). The Provider will cooperate fully with all parties identified by Council.
- 5.52. The Provider will notify the Council where there is a risk of “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. The Provider will cooperate fully all parties identified by Council.

#### **Social Value**

- 5.53. The Provider must ensure that travel is kept to a minimum within the zone(s) in which they operate, so reducing the carbon footprint.
- 5.54. The Provider must consider employment needs within their local community when recruiting and selecting staff and as such must give consideration to how their recruitment processes support the local economy.
- 5.55. The Council encourages Providers to pay the real Living Wage.
- 5.56. The Provider is encouraged to adopt work practices which improve staff wellbeing, support staff to maintain good health (both mental and physical) and reduce absenteeism due to ill health.

## **6. REFERRAL PATHWAY & ALLOCATION OF CARE HOURS REQUIREMENTS**

### **Referrals**

- 6.1. Providers may bid for packages of care via the Council's brokerage system. The Council will evaluate bids within 24 hours of the opportunity being advertised. If no suitable offers are received within this timeframe, the Council will evaluate subsequent offers in the order they have been received.
- 6.2. Once a Provider has been allocated a care package, the Council will forward appropriate information to enable the provider to develop their own holistic, person centred care plan to meet the individual's preferences and care needs.
- 6.3. The Provider will liaise with other stakeholders, e.g. GP surgery, hospital discharge services, Brokerage, ASC, District Nurses to support timing assessments and the safe discharge of Service Users from Hospital, to develop the individual's care plan.

### **Key Contacts**

- 6.4. The Council will confirm relevant key contact information for each individual package of care.

### **Response Times & Prioritisation**

- 6.5. Once a Provider has been allocated a care package, they are required to meet response times in relation to delivery as indicated by the Council's portal system.

### **Allocation of Care Hours**

- 6.6. The Council will:
  - 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 information from the Service User's Care Plan 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.
- 6.7. The Provider will:
  - 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 packages 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.

- 6.8. Care packages / hours will be offered to Providers appointed to the Framework and who have completed the on-boarding process. The Council reserves the right to source care hours via an alternative care Provider/s in the event that:
- The Service User exercises choice over their Provider (as defined by the Care Act 2014)
  - Provider/s cannot meet the identified needs
  - A care package cannot be allocated by the Provider/s within essential timeframes
  - Operational necessity to meet statutory requirements.
- 6.9. If a Provider has not delivered any care packages within a 6-month period, the Council will require the Provider to submit additional documentation to give assurance that provisions are in place to deliver a high quality service which meets the conditions of this Specification.

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

- 6.10. The Provider may request an increase / decrease / cancellation in commissioned care hours by contacting the SPA.
- 6.11. However, the Provider should always discuss any proposed changes to planned care with 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, in discussion with the Service User and their family or representative. 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.
- 6.12. Where the Care Worker discovers that a Service User is absent from their home or the Provider is unable to gain access to the home (for any reason) they are required to notify the SPA with immediate effect.

#### **Hospitalisation**

- 6.13. Where a Service User is admitted to hospital, the Council may continue to pay the Provider for a period of up to 2 weeks while the Service User remains in hospital. This may be extended, in which case the Provider is required to work flexibly to support the Council to manage individual Service User circumstances.
- 6.14. The Provider will be required to invoice the Council for the hospitalisation payment.
- 6.15. The Provider will be required to support the hospital discharge process and participate in any care reviews.
- 6.16. The Provider will work in partnership with health and social care professionals to support the Service User to return home.
- 6.17. During the hospitalisation period, the Provider will work flexibly with the Council to address other priorities, including unmet need. This may include but is not limited to: temporarily reallocating resource elsewhere, undertaking assessment of the Service User prior to discharge from hospital, undertaking tasks in preparation for discharge e.g. shopping.
- 6.18. Where a Service User is discharged from hospital within 2 weeks of admission, the Council will notify the Provider when the care package is due to restart. The Provider will guarantee to restart the existing care package within 24 hours of the Service User being discharged.



The Council may recover hospitalisation payments made to the Provider where the Provider does not restart the package of care within 24 hours of the discharge.

- 6.19. If the Service User has identified additional needs following hospitalisation, the Provider will work with the Council to meet those needs.
- 6.20. Where an assessment identifies increased support, the Provider will continue to deliver the original care package until a new package is recommissioned.
- 6.21. Where an assessment identifies a reduction in support, the Provider will continue to deliver the original care package until a new package is recommissioned.
- 6.22. Where a care package is handed back, the Provider will work with the Council to ensure a smooth transition. The requirements and timeline for transition will be determined on a case by case basis.
- 6.23. The Council may give notice to the Provider that they will not make a hospitalisation payment.
- 6.24. If the Service User is admitted to hospital as a result of a serious incident meaning that they will remain for longer than 2 weeks, the Council will not make a hospitalisation payment. The provider may make a request to the SPA to transfer the resource to meet identified need elsewhere.

## **7. QUALITY ASSURANCE & CONTRACT MANAGEMENT REQUIREMENTS**

- 7.1. The Council reserves the right to use a range of resources to manage and understand the quality and standards of commissioned services including: Provider compliance with professional standards, Provider self-audit, performance information and outcomes measures.

### **Contract Management**

- 7.2. The Council will monitor the performance of this Contract through:
- a) **Key Performance Indicators (KPIs)** as set out in Schedule 7. The Provider will provide such data and information as requested by the Council to assist with the monitoring of these KPIs;
  - b) **Management Information data** as requested by the Council
  - c) **Performance visits** by the Council's Officers;
  - d) **Service User outcomes**, which will be monitored through:
    - i. Service User questionnaires (at least every 6 months);
    - ii. care management reviews; and
    - iii. an evaluation of responses to questions asked in spot check visits to Service Users' homes.
  - e) Measurement by officers of the Council to support the achievement of statutory requirements, including but not limited to the Adult Social Care Outcomes Framework (ASCOF). This may include 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.

### **Annual Service Review Day**

- 7.3. All Providers will be required to attend an Annual Service Review Day as part of the continuous improvement process.

### **Quality Assurance by Self-Audit**

- 7.4. The Council requires the Provider to 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.

- 7.5. The Council requires the Provider to have:

- a) Policies and practice which reflect current legislation and statutory guidance
- b) Clear governance and accountability structures
- c) Clear financial management systems
- d) Risk analysis, business continuity planning and exit strategies
- e) Effective resource management

- 7.6. The Provider will undertake the following monthly audits as a minimum requirement:-

- Care records, Support 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.

The Council may require access to the Provider's audits and records to identify trends and training issues. Where the Council identifies issues or concerns, the Council will require the Provider to develop an action plan and to report on progress to achieve improved outcomes.

### **Policies and Procedures**

7.7. Providers will have as a minimum the following policies and procedures and the point the Service commences:

- a) Health & Safety Policy
- b) Safeguarding Vulnerable Adults Policy
- c) Equality & Diversity Policy
- d) Anti-bribery Policy
- e) Modern Slavery & Human Trafficking Policy
- f) Privacy, Confidentiality & Consent Policy
- g) Data Protection Policy
- h) Information Sharing Policy
- i) Financial Management and Control Policy
- j) Whistleblowing Policy
- k) Compliment, Compliments & Complaints procedures

### **Comments, compliments and Complaints**

7.8. Providers will ensure that a Comments, Compliments and Complaints Procedure is in place, which offer the complainant the opportunity to discuss their complain tin person with those responsible for dealing with it; and requires that the Provider responds to any complaints received in a prompt, efficient and courteous manner.

### **Care Quality Commission**

7.9. The Provider will be registered with the CQC at all times and will comply with any resulting requirements or regulations. Providers who are not rated 'Outstanding' or 'Good' will be required to provide assurance that services are safe.

7.10. The Provider will inform the identified commissioning lead immediately if they receive a CQC rating of Inadequate. The Council may choose to not allocate any new packages of care to Providers who are rated inadequate.

7.11. Where an existing provider is down-rated to 'Inadequate', the Provider must forward an action plan to the identified commissioning lead within 5 working days, to assure that existing packages of care are safe.

7.12. If the Provider receives a CQC rating of 'requires improvement' or 'inadequate' the Provider will provide an improvement plan to the identified commissioning lead within 5 working days of CQC notification.

7.13. The Provider will employ a CQC Registered Care Manager, who can appropriately support services, in line with CQC requirements.

7.14. The Provider will 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.

The Provider will supply the Council with details of any notices issued to them by the CQC within five Working Days and will provide the Council with copies of any regulatory reports or reviews as soon as practicable following receipt by the Provider, regardless of whether they have been released to the public.

7.15. The Provider will 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>

#### **Adult Social Care Framework**

7.16. The Provider will 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.

7.17. The Provider is required to act in a way which is in line with the principles set out in 'Think Local Act Personal'.

#### **NICE Guidelines**

7.18. The Provider will comply with the NICE Guidelines and will incorporate these into their processes and practices. Adherence to NICE guidelines and quality standards will be monitored by the Council.

## 8. KEY PERFORMANCE INDICATORS

### Requirement 1 - Staffing and Training

KPI #	KPI	Target	Evidence
1.	<p>Before staff deliver care unsupervised care staff must as a minimum successfully complete the:</p> <ul style="list-style-type: none"> <li>• Induction training (including Code of Conduct)</li> <li>• Care Certificate</li> <li>• Manual handling training</li> <li>• Safeguarding training</li> <li>• Medication Policy training</li> <li>• All competency checks</li> </ul>	100%	Random dip sample of files (including training logs and competency assessments)
2.	Care staff must complete the mandatory competencies detailed in Specification, annually and receive a personalised training plan which takes into account local culture, behaviours and beliefs.	100%	Random dip sample of files (including training logs and competency assessments)
3.	Regular and appropriate supervision should be available to every support worker, which should include a 1:1 at a minimum of every 3 months, which should be recorded and evidenced.	100%	Random dip sample of files (including training logs and competency assessments)
4.	The Manager is registered with the CQC or has applied to be registered with the Commission within three months of commencement of employment. 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.	100%	Random dip sample of files (including training logs and competency assessments)

### Requirement 2 – Meeting needs and outcomes

KPI #	KPI	Target	Evidence
5.	Each Service User has a personalised Support Plan that they (or their family or Nominated Representative) has contributed and signed.	100% of Service Users	Feedback from Service Users or their Nominated Representative
6.	Each Service User's ongoing health and social care needs are recorded and maintained in their Support Plan	100% of Service Users	Feedback from Service Users or their Nominated Representative
7.	Service Users report that the needs and outcomes specified in their Support Plan have been met.	100% of Service Users	Feedback from Service Users or their Nominated Representative

### Requirement 3 – Delivery and continuity of care

KPI #	KPI	Target	Evidence
8.	All care visits are delivered within 45 minutes of the scheduled call (excluding calls refused or cancelled by Service Users)	100%	Random dip sample of files  Feedback from Service Users

### Requirement 4 – Service users are safe and protected from harm

KPI #	KPI	Target	Evidence
9.	Care staff are aware of all aspects of Safeguarding so Service Users are safe and protected from avoidable harm	All Safeguarding issues are reported	Providers will notify the Council of all serious incidents  Providers will notify the Council of all Safeguarding incidents  Random dip sample of files  Feedback from Service Users

### Requirement 5 – Providers co-produce services

KPI #	KPI	Target	Evidence
10.	Providers deliver a Service which is responsive to feedback and embeds continuous learning	Providers ask 100% Service Users, their families and representatives to complete a short survey to rate the quality of care delivered, at least every 6 months.	Survey results forwarded to Council Commissioners on a quarterly basis, with evidence to show continuous learning

## **APPENDIX 1 - 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 will monitor and review progress towards identified goals and outcomes in partnership with the Service User. Each review will 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 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.

**Waking Night:** the Care Worker is awake for the entire visit at the Service User's house as they will require attention throughout the night