Tender for Admission to the Dynamic Purchasing System (DPS) for Care Home Placements

Tender Reference: XXXX

PART D2
Service Specification for Nursing Care Home Placements

All tender documents and submissions will be treated as strictly private and confidential

Contents

1. Introduction

1.1 This specification is for nursing homes placements for the London Boroughs/CCGs of Enfield, Haringey, Camden and Islington

1.2 The boroughs wish to procure a diverse range of nursing home placements via a Dynamic Purchasing System (DPS) to achieve:

a) An approved list of regulated nursing home suppliers to support Service Users (SUs) who require nursing care provision; *and*
b) Best value for the boroughs, taking into consideration price and quality.

1.3 In order to be considered for the award of a Service Agreement under the DPS nursing homes must offer permanent, short-stay or respite placements within the banded rates set-out in the Pricing Schedule for the one or more of the following adult SU groups (including but not limited to):

- Older People (aged 65+)
- People with Dementia (aged 18+)
- Mental Ill-health
- Forensic History
- Physical Disabilities
- Learning Disabilities
- Autism
- Korsakoffs Syndrome
- End of Life Care
- Sensory Impairment (including Deaf/Blind)
- Neurological Conditions e.g. MS, MND, Parkinson's
- Acquired brain injury

1.5 Self-funders may be signposted to nursing homes on the DPS by the boroughs in line with their Care Act 2014 duties – it is acknowledged by the boroughs that these placements may not be offered within the banded prices set out in the Pricing Schedule

1.6 Details pertaining to the call-off arrangements, borough payment methods, and the conditions for terminating placements are set out in the in Supplier Agreement and/or the relevant Service Agreement (as appropriate).

1.6.1 At the point of establishment of the DPS, the scope of the Services covered by this nursing care home Specification does not cover the provision of Services to a Service User that is eligible for NHS Continuing Health Care ("**CHC**"). Haringey reserves the right to amend this Specification without the agreement of the Supplier to include such Services (including to address situations where the Customer to a

Service Agreement is a Clinical Commissioning Group) or in such other way as Haringey considers appropriate provided that any amendment to this Specification that is made in this way may only take effect in relation to a Service Agreement/referral that is awarded after the date that the Specification is amended. For the avoidance of doubt, any amendment to this Specification that takes effect part way through a Service Agreement/referral may only be made by agreement in accordance with the provisions set out in clause 29 of the Supplier Agreement.

1.7 In this Specification:

1.7.1 any reference to a "nursing home placement" is, when the context so requires, another name for a Service Agreement as referred to in the Supplier Agreement;

1.7.2 any reference to a "borough" or "authority" is, when the context so requires, another name for a Customer as referred to in the Supplier Agreement;

1.7.3 any reference to the "nursing home", "care home", "home" or "provider" is, when the context so requires, another name for the Service Provider as referred to in the Supplier Agreement;

1.8 Any reference in this specification to any rights of a borough is without prejudice to the rights of a borough as set out elsewhere in the relevant Service Agreement.

1.9 In the event that this Specification applies to a Service Agreement by a Third Party Customer, that Third Party Customer may supplement or amend elements of this Specification to take account of the specific Service requirements and/or circumstances that relate to that Third Party Customer. Any such change to the Specification shall be identified in the Requirement issued by the Third Party Customer in accordance with clause 4 of the Supplier Agreement.

2. Service specific requirements

Nursing homes will:

2.1 Provide services in an identified location, 24/7 and 365-days per year

2.2 Undertake planned pre-admission by suitably qualified staff undertaking the assessments within 72-hours of accepting a referral from the boroughs.

2.3 Respond to emergency / urgent referrals made by the boroughs on a case by case basis. The response times required will range from 1-hr to 24-hrs of a request being made; and will typically be in response to the actual or imminent breakdown of a SUs existing care and support arrangements including hospital discharge.

2.4 Support the boroughs (and local CCGs) in the delivery of effective and accessible 7-day services, which will include assessing and admitting SUs 7-days per week including weekends.

2.5 Ensure adequate numbers of nurses, health care assistants and ancillary staff are available at all times to meet the nursing, care and support, and ancillary needs of SUs placed at the home.

2.6 provide care and support for SUs whose primary needs require 24/7 access to registered nurses. SUs in nursing homes will receive Funded Nursing Care (FNC) from the responsible CCG.

Please Note – SUs in receipt of NHS funded Continuing Healthcare are excluded from this specification.

2.7 Registered nursing care will include direct nursing tasks as well as the planning, supervision, monitoring and evaluation of nursing / healthcare tasks to meet SU need and in order to recognise a preventable or reversible medical condition.

2.8 Provide safe, high quality care that meets the individual health and social care needs of SUs. Homes will ensure that appropriate onward referrals are made to specialist services in the event of any significant change in the service user's condition.

2.9 In addition to the core tasks such as personal care i.e. washing, dressing, feeding, toileting, administration of medicines, support to access community services, maintaining contact with family and friends, preparation of meals, drinks and snacks, providing appropriate social activities – will ensure they provide the following nursing care services (but not be limited to):

(a) Continence Care – nursing homes will provide effective bladder and bowel management support for all SUs (male and female) including catheter and stoma care and the management of incontinence and constipation. Homes will ensure that there are appropriate onward referrals to GP, Community Urology, Colorectal services where required. Homes are responsible for the provision of all other equipment, with the exception of those provided through prescription i.e. catheter and stoma supplies

(b) Tissue Viability – nursing homes are responsible for the risk assessment, prevention and management of pressure areas and pressure wounds. When required, homes will make referrals to the Tissue Viability service using local referral process and criteria. Where Grade 3 or 4 pressure wounds occur, nursing homes should seek to complete a cause analysis (RCA) and submit this to the appropriate NHS Clinical Commissioning Group.

(c) End of Life Care – nursing homes will act in accordance with the end of life requirements set out in this specification. Homes must ensure that staff will have the knowledge and skills to deliver effective palliative care and symptom management at the end of life. This includes up to date training on the use of

syringe drivers. Homes must ensure that at least one senior nurse within the home is an End of Life Care Champion

(d) Dementia Care (including behaviour that challenges) – nursing homes will ensure staff have appropriate skills and competencies to support SUs with cognitive impairment, and that the care environment is appropriate to meet the needs of these SUs. Service user psychological and emotional needs should be assessed and onward referral made to the GP or specialist services where appropriate.

(e) Mobility – nursing homes are responsible for the assessment, ongoing monitoring and management of service users with contractures or movement restrictions, and onward referrals to GP or relevant community services where additional support is required.

(f) Nutrition Management – nursing homes are responsible for ensuring that nutritional risks are identified and effectively managed. SUs should be screened for nutritional risk on a regular basis, including monitoring of their weight. Where screening identifies a service user is at risk due to weight loss or is nutritionally compromised, then an appropriate nutrition assessment and action plan should be instituted. Onward referral to GP, dieticians or SALT teams should be made where appropriate. Where applicable nursing homes will ensure that SUs with a PEG or Nasogastric feeding tube in situ and SUs with Dysphagia are managed and supported safely and receive adequate nutrition.

(g) Bowel and bladder management

(h) Medicines management – nursing homes are responsible for ensuring the safety of administration of medicines, for example, intravenous antibiotics

(i) Out of Hospital / Step-down Care – where appropriate and resourced to do nursing homes will offer short-term out of hospital step-down placements to SUs who may require a short period of nursing care prior to returning home.

2.10 Registered nurses will maintain their registration with the appropriate registration body. Homes should undertake appropriate checks to ensure that applicant nurses are registered with the Nursing and Midwifery Council (NMC); and undertake annual checks throughout their employment. Further guidance on nursing practice and registration can be found at: www.nmc.org.uk

2.11 Staff must adhere to the homes medicines management policies and procedures, for obtaining supplies of medicines, receipt, recording (on MAR sheets and care plans), storage (including controlled drugs and refrigerated items), handling, administration and disposal of medicines in accordance with National Institute for Clinical Excellence (NICE) Quality Standards. Medication is to be administered in accordance with best practice and relevant national and local guidance

2.12 Will create an environment that actively contributes to the health, wellbeing, and independence of each SU who lives there; and create a culture which promotes respect for privacy, dignity in care and promotes the choice and control of SUs over their support.

2.13 Ensure placements are provided on a single occupancy basis, unless a shared room is requested by a couple. The home will also provide access to telephone, television, internet and radio facilities; and provide accessible communal areas and facilities which offer an appropriate environment for SUs, such as, quiet areas, smoking and non-smoking areas

2.14 Access to drink and light snack facilities will be available at all times. This includes encouraging and supporting them to reduce risk of dehydration and associated health risks.

2.15 Meals will be provided at appropriate times of the day, be properly served and must meet cultural preferences, dietary requirements of individual SUs.

2.16 Provide accommodation under a licence agreement and permanent SUs will have the right to supply or purchase their own furniture as they choose in addition to or as an alternative to what is provided.

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2.17 Where possible, support gender matching for personal care, and where possible, provide a mix of staff that reflects the cultural backgrounds of the SU group.

2.18 Work towards supporting service users' to retain and / or re-gain appropriate skills to maximise their independence. Homes will, where appropriate, work with SUs to define their aspirations for the future and assist them to develop a plan to meet their goals.

2.19 Support SUs develop their social skills in order to develop and maintain relationships with friends and family; and proactively support SUs maintain contact with their friends and family through visits, telephone, email or internet (e.g. Skype) as appropriate.

2.20 Proactively work with health and care professionals, advocates, friends, family and/or the individual's identified representative to resolve any ongoing issues or to support and address ongoing health and social care needs.

2.21 Support SUs to arrange and attend medical appointments and / or emergency medical appointments as required. The cost of conveyance to said appointments will not be charged to the Council.

2.22 Create an environment that meets individual need in the least restrictive way and / or identifying the need to make an application for Deprivation of Liberty (DOLs) if required.

2.23 Not move a SU from the room they usually occupy, unless agreed with the SU, their family / representative and the funding borough.

2.24 Ensure all equipment; particularly those associated with meeting nursing needs such as mobility equipment, hoists, re-positioning equipment, and pressure mattresses are maintained and managed according to health and safety regulations and instructions.

3. Regulated activities for nursing homes

3.1 Nursing homes (as a minimum) will hold the following CQC registration:

- Accommodation for persons who require nursing or personal care/support
- Treatment of disease, disorder or injury

3.2 Nursing homes will comply with all care home essential quality standards and regulatory requirements (including but not limited to) Care Quality Commission (Registration) regulations; Health & Safety (HSE) care home requirements; NHS England 'never event' requirements; and NICE and Public Health England (PHE) care home quality standards

4. Clause not used

5. Quality assurance

Nursing homes will ensure:

5.1 Robust quality assurance processes are in place and compliant with local and national standards and best practice.

5.2 All nurses and healthcare staff employed will be aware of the homes quality monitoring processes and procedures.

5.3 An escalation policy is in place that outlines a process for staff when they have concerns about service users or when an incident has occurred.

5.4 Full co-operation with section 42 enquiries regarding access to SUs and relevant documentation when required.

5.5 Boroughs (social workers and commissioning) are informed of any incidents.

5.6 Nurses and healthcare staff are organised so that they work as a team to deliver a high quality service; and will work with the boroughs and their corresponding NHS CCG to establish systems that promote continuous improvement in the quality of care

5.7 To share with the boroughs all inspection reports produced by the Care Quality Commission or other regulatory body; and furthermore notify the boroughs (within 48-hours) where a home has been required to improve its standards by an inspection or regulatory body

5.8 Forward copies of all improvement notices from an internal audit, the CQC or other inspection body. These will also be available to SUs, families or representatives on request

5.9 Inform the boroughs at the earliest opportunity of any change of Registered Manager

5.10 Attend the boroughs and CCG's Registered Managers or Care Provider Forums

5.11 Announced and unannounced quality audits of care shall be undertaken by authorised officers from the boroughs (and local CCGs where appropriate). Nursing homes will at all times facilitate and support the boroughs to undertake an audit. Any shortfall in the level of service provision shall be reported to the registered manager in person / writing and appropriate actions taken by the home to rectify any failures within a specified timescale

5.12 Accountable nursing home staff will attend quality monitoring meetings to discuss the monitoring outcomes as required by the boroughs.

5.13 The boroughs reserve the right to confidentially canvas the views of SUs and their families or representatives, who they have placed at the home

5.14 Inform the boroughs immediately of (and provide details of how) they will deal with the following:

a) Any action taken or proposed to be taken against the home, its registered manager or staff
b) Any proposals / plans to transfer the management or provision of services to another home or provider; cease or change or curtail significantly the services provided
c) Any proposed or actual cancellation of the homes registration by the CQC
d) Any circumstance in which the homes safeguarding adults procedures have been invoked
e) Notify major building work extensions
f) Financial difficulties experienced by the home

5.15 Following the initial placement review care and support plans should be reviewed on a 6-montly basis to ensure their needs can continue to be met within the home. In circumstances where the home feels they can no longer meet the needs of the SU, then they shall notify the relevant participating borough with immediate effect giving the rationale for no longer being able to care for a SU. Where the circumstances have changed and SU needs are less, then a review will be undertaken with a view to appropriately reduce the care service provided or change the care setting.

5.16 Ensure SUs:

a) Have the right to enjoy the privacy of their own rooms
b) Feel that their dignity and privacy is respected and safeguarded
c) Services are delivered compassionately
d) Personal environments are maintained to the service users own standards
e) Religious and cultural beliefs are respected
f) There is diversity and choice around meals, snacks, activities etc.
g) Staff assist personal care with discretion in a way that the person's dignity is maintained with staff taking direction from service users, wherever possible
h) Know that information relating to them is kept confidential and only shared on a need to know basis
i) Are actively engaged in their care and support planning where possible

5.17 They have named nurses and / or care staff who will act as:
a) Safeguarding and dignity in Care Champions
b) Dementia Care Champions
c) End of Life Care Champions
d) Infection Control and Medicines Management Champions

5.16 Within 6-months of joining the DPS – nursing homes will ensure all non-qualified care staff induction includes attaining the Care Certificate: www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx

5.17 Within 6-months of joining the DPS – nursing homes supporting people with learning disabilities will sign up to the Driving Up Quality Code. Signing up to the code is a commitment to driving up quality in services for people with learning disabilities: www.drivingupquality.org.uk

5.18 Within 6-months of joining the DPS – nursing homes will have signed-up to the Social Care Commitment, the social care sector's promise to provide people who need support with high quality services: www.thesocialcarecommitment.org.uk

5.19 Best practice guidance can be found at: www.careimprovementworks.org.uk

5.20 NICE quality standards can be found at: www.nice.org.uk/guidance

5.21 Public Health England updates and guidance can be found at: www.gov.uk/government/organisations/public-health-england

6 Personal information and confidentiality

6.1 Nursing homes will:

a) Ensure all staff receive training and guidance in respect to managing personal information and confidentiality

b) Implement appropriate measures to protect against accidental loss, destruction, damage, alteration or disclosure of personal data, as defined in the Data Protection Act 1998.
c) Maintain written policies and procedures with regards to privacy, confidentiality and data security in accordance with the Data Protection Act 1998
d) Report breaches or suspected breaches to boroughs
e) Have procedures are in place to deal with Subject of Access and Freedom of Information (FOI) requests

7 Care and support planning

7.1 Nursing homes will ensure:

a) Each SU has a written Service User Plan that meets assessed need, is outcome focused and person centred (rather than task based) and sets out how the goals identified in a SU's support plan will be met
b) Plans will include associated risk and / or health plans
c) Where appropriate plans will include an end of life plan developed with the SU, their families, and where appropriate, health professionals
d) Care and support plans are available in the SUs preferred language or in easy read / pictures as required
e) SUs are supported to achieve their full potential
f) That staff include SUs (and relevant family) as partners in planning, developing and reviewing their care and support plans
g) Staff have an awareness of the role religion, culture and spirituality plays in the life of individuals and their families
h) Care and activity planning takes into account cultural and religious needs
i) SUs are enabled to maintain contact with their family, friends and communities
j) Communication aids such as interpreters, language or communication cards are available to facilitate understanding and participation.
k) Advocates are engaged where SUs have no family or independent support to act on their behalf and where the SU has substantial difficulty in understanding the care and support planning process.
l) Care and support plans are reviewed every 6 months by the provider or when there is a change in need or when requested by a SU or their family. The provider will ensure that the SU has an advocate present if they require one and will proactively take steps to assess whether an SU requires an advocate.

8 Equalities

8.1 Without prejudice to clause 16 of the Supplier Agreement (as incorporated into each Services Agreement) Nursing homes will:

a) Operate within an equal opportunities framework
b) Provide care and support services irrespective of a SUs gender, race, religion, sexual orientation or chosen lifestyle
c) At all times work with cultural sensitivity

d) Ensure that no SU or employee is discriminated against
e) Employ staff who have the necessary knowledge, skills and expertise to meet the care and support needs of SUs placed in the home
f) Where a SUs first language is not English arrangements should be made for interpretation services as and when required
g) Ensure all staff can communicate fluently and clearly in English – both written and verbal
h) Consult with SUs or give them a reasonable opportunity to express their views on matters that affect their lives, which may include using communication and language aids
i) Provide appropriate information, advice, and guidance
j) Ensure appropriate action is taken where SUs discriminatory behaviour toward staff or SUs (or others)
k) Recognise the SUs right to a lifestyle which maintains personal independence, safeguards privacy, and offers genuine choice
l) Ensure services, care planning and information and advice is provided in ways which are accessible to SUs who are in particular sensory impaired or deaf/blind
m) Be acquainted and compliant with any special requirements associated with diet and food preparation, personal care, religious and spiritual needs, and any customs associated with illness and death
n) Support in regard to SUs specific ethnic, religious or cultural needs will be stated in their individual care and support plans.

9 Capacity and choice

9.1 Nursing homes will ensure:

a) SUs are treated as having capacity to make their own decisions in accordance with the Mental Capacity Act 2005 (including Deprivation of Liberty safeguards) and the Care Act 2014
b) SUs have the opportunity to express their needs and choices through their preferred means of communication
c) Care and support plans cover choice and capacity
d) Facilitate the involvement of SUs, family or representatives to enable them to make informed choices
e) Are informed and enabled to influence the way in which care is provided in a flexible and appropriate way
f) Services are responsive to individual need and preferences
g) SUs feel confident that nurses and other healthcare staff support their choices regarding all aspects of daily living
h) SUs are listened to when complaining about or complimenting services and/or provided with an advocate if it has been identified via review that they need one
i) SUs are encouraged and supported to take greater control in the Care and Support Planning process
j) Care homes support positive risk taking

k) Residential homes to notify the local authority if there are concerns related to service users capacity

10 Service user activities

10.1 Nursing homes will:

a) Have named specialist activity co-ordinators e.g. supported by named staff members or volunteers to ensure that a variety of meaningful and social activities are available and timetabled seven days a week
b) Provide activities that prevent SU needs deteriorating
c) Encourage visits to SUs by family, friends, befriending schemes and / or through the recruitment of volunteers
d) Organise activities and events inside and outside of the home
e) Encourage SUs to access community and cultural facilities appropriate to their preferences and abilities
f) Provide activities that improve health, promote wellbeing and enhance quality of life

11 A skilled workforce

11.1 Nursing homes will ensure they recruit and retain an adequately qualified and trained workforce to deliver high quality services to meet the nursing, care and support needs of SUs placed at the home.

11.2 Nursing homes will register and submit regular workforce data online to the National Minimum Data Set for Social Care (NMDS-SC). The dataset provides local and regional workforce profiles for social care, including key data on workforce demographics, pay and training: www.nmds-sc-online.org.uk

11.3 Nursing homes will ensure that all nurses are appropriately qualified and registered with their professional body i.e. registered and compliant with the Nursing & Midwife Council (NMC) code of conduct, registration and revalidation processes.

11.4 Nursing homes should utilise Workforce Capacity Planning Tools to determine whether or not they have the right mix and numbers of workers with the right skills and knowledge to effectively provide its services: http://www.skillsforcare.org.uk/Document-library/Standards/Care-Act/workforce-capacity-planning-model-september-2014.pdf

11.5 Nursing homes will ensure adequate staffing ratios are maintained at all times to support the homes bed capacity; assessed care and nursing needs; and SU and employee safety

11.6 As appropriate homes will ensure that staff demonstrate (but not limited to):

a) Skills and knowledge in medicines management and infection control

b) Skills and knowledge reflecting the common principles of supporting people with dementia
c) Skills and Knowledge in supporting people with Autism
d) Skills and Knowledge in supporting people with a sensory impairment (including people who are deaf/blind)
e) Skills, knowledge and an understanding of end of life care
f) Skills and knowledge of working within a CPA approach; and an understanding of the step-down and recovery model within mental health services
g) A working knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS) and staff have the knowledge and skills to determine if a SU is likely being deprived of their liberty and seek for an application for a DoLs order to be made.
h) Competency and training in managing behaviour that challenges, Positive Behaviour Support and Safe Intervention
i) A clear understanding of safeguarding adults processes
j) Recognise and manage risks effectively, whilst maximising independence through encouraging and facilitating positive risk taking
k) An aptitude to continuous learning and personal development
l) Staff to communicate appropriately with service users and have a good command of English both verbal and written

11.7 Nursing home staff (including temporary staff and volunteers) who have regular contact with SUs will only be employed following satisfactory completion of an enhanced Disclosure and Barring Service (DBS) check (or other vetting requirement that government may introduce in the lifetime of the DPS)

11.8 Sufficient checks are undertaken to ensure that staff are eligible to work in the UK and are compliant with UK Border Law

11.9 Staff engaged will be issued with written employment information which will include (but not be limited to):

a) clear and concise job descriptions
b) employment contracts
c) quality and training standards to be attained
d) training policy and provision
e) code of practice
f) complaints procedure
g) grievance / disciplinary procedures
h) whistle blowing policy
i) confidentiality, dignity and respect declaration
j) safeguarding and DOLs procedures
k) Local Provider Concerns Policy and Dignity in Care

11.10 Staff rotas must be clear, concise and appropriate to meet the nursing, care and support needs of SUs and ensure the effective delivery of services and SU safety. They will be displayed prominently allowing all staff access and ensure there is adequate time for handover between staff to ensure continuity of care?

11.11 An induction programme is to be in place for all staff or volunteers that provides an understanding of the needs of SUs, a positive view of their potential, details of working practices and standards of the home. As previously outlined the home will ensure that all non-qualified staff induction includes attainment of the Care Certificate:www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx

11.12 Temporary agency staff shall receive suitable induction with additional "on the job" support from permanent staff

11.13 Basic training will also cover the homes procedures regarding (but not limited to):

a) health and safety
b) staff code of conduct or equivalent
c) nursing care, personal care and manual handling
d) Food hygiene
e) pressure care management
f) nutrition and feeding techniques (including dysphagia management)
g) dementia care
h) medicines management and infection control
i) end of life care (including communication and dealing with bereavement and loss
j) positive behaviour management and safe intervention
k) safeguarding and risk management
l) DOLS, MCA, MH Act and S117 duties, Care Act duties
m) key nursing home quality standards and legislation relevant to providing nursing, care and support to SUs
n) whistleblowing
o) prevent / radicalisation duties
p) Basic first aid and life support

11.14 Staff supervision/appraisal will provided at least six times a year. Registered nurses shall receive appropriate clinical supervision from suitably qualified senior nurse.

11.15 Staff will be encouraged to take part in continuous professional or vocational development and as such individual training records and training schedules are to be maintained.

11.16 Volunteers will be assessed (in terms of their suitability) by obtaining a completed application form and references. Volunteers shall be subject to the same scrutiny and support given to paid staff. Volunteers shall receive suitable induction and training. Each volunteer shall be given a clear, written description of their role and an identified member of staff who would be able to offer them support on a regular basis to enable them to make a valued contribution to the home. This member of staff shall additionally have the responsibility for making other staff aware of the contribution expected from the particular volunteer

11.17 Complaints concerning improper conduct by staff or volunteers are to be reported immediately and where appropriate the home should initiate a safeguarding alert to

the relevant participating borough whether the allegations have been substantiated or not. Where a crime is suspected or has been committed then the homes staff are to notify the Police as soon as it is possible to do so.

11.18 Safeguarding alerts and / or notifying the Police shall include (but not be limited to):

- Fraud and theft
- Neglect
- Abuse (including verbal abuse, radicalisation etc.)
- Sexual harassment

Please Note - the reporting of an incident does not prevent any potential formal or criminal proceedings taking place.

11.19 Improper conduct shall include any actions in breach of a boroughs' staff code of conduct e.g. inducement to place a SU at the home *or* conspiring to defraud or disadvantage a SU placed at the home

12. Operational policies and procedures

12.1 Nursing homes will ensure that there are written operational policies for the guidance of all staff involved in the care of SUs. The policies shall be in accordance with all regulatory and national quality standard requirements. The policies and procedures shall include (but not be limited to):

a) Staff code of conduct
b) Medicines Management in accordance with NICE quality standards
c) Service user group specific guidance
d) Infection control in accordance with the 'Prevention and Control of Infection in Care Homes' PHE Guidance and compliance with the code of practice on the prevention and control of infections commonly referred to as the 'Hygiene Code'.
e) Nutrition in accordance with the Eating and Nutritional Care Guidance
f) Wellbeing in accordance with NICE quality standards
g) Feeding techniques (including peg feeding and risk of choking)
h) Pressure care management
i) Do not attempt resuscitation (DNAR) procedures
j) Choice and control (and positive risk taking)
k) Care and support planning
l) Management of behaviour that challenges
m) Positive and proactive interventions
n) Restrictive practice guidance
o) Receipt of gifts by staff:
p) Complaints policy
q) Safeguarding / Deprivation of Liberty Safeguards (including Radicalisation and Prevent Duties)
r) Whistle blowing for staff, service users, families
s) Business Continuity Plan

t) Duty of Candour
u) Record Keeping
v) Health & Safety procedures in accordance with HSE Guidance for Care Homes
w) Pain Management Policy
x) Operational process around eviction

13. Healthcare

13.1 Nursing homes will:

a) Within 7-days of admission ensure SUs are registered with a GP based within the receiving CCG area.
b) Ensure SUs have full access to local other health services such as nursing, dental, pharmaceutical, audiology, chiropody, optician and receive services and care from hospitals and community health services according to their need
c) Ensure SUs receive medical consultations in their own room
d) Establish what medicines a SU has been prescribed prior to admission
e) Encourage and promote self-administering of medication
f) Implement infection control measures throughout the nursing home utilising national guidance: https://www.gov.uk/government/publications/infection-prevention-and-control-in-care-homes-information-resource-published
g) Implement infection prevention measures – including implementation of hand washing audits. Procedures should include the reporting an outbreak or suspected outbreak of infection to the funding authorities, local CCG and Public Health England (PHE)
h) Undertake monthly audits of medication administration charts, medication stocks, liaising with the service user and their GP to avoid duplication
i) Participate in local CCG medicines management and health plan audits as requested
j) Use electronic alerts, reminders, posters and facilities which aid staff and service users to follow the correct procedures for managing medicines
k) Arrangements for the safe disposal of medication waste
l) Ensure evidence-based procedures are in place for the management of urinary and supra-pubic indwelling catheters - including guidance on escalation of concerns regarding indwelling urinary devices
m) Comply with NICE guidance re: managing specific health conditions
n) Ensure staff who have contact with blood/bodily fluids are offered immunisation against Hepatitis B.
o) If the nursing home feels that a hospital admission may be required that they contact the GP or out of hours service in the first instance except where an emergency admission is required
p) Ensure that they have clear admission and readmission procedures in place to support a service users safe and prompt transfer from placement to hospital (and back again)
q) When a SU requires a hospital admission, the hospital receives all the relevant information (in writing) regarding the service user upon their admission.
r) In the event of a hospital admission the nursing home will:

- inform the next of kin as soon as is practicably possible
- inform the GP within 24 hours
- inform the funding authority within 24 hours
- maintain contact with the hospital and SU throughout the admission
- secure all personal belongings and valuables during the hospital admission
- not use the SUs room for other purposes during the period of admission

s) Care homes to have a record of whether a service user has a living will

13.2 Nursing homes will have an obligation to secure Funded Nursing Care (FNC) or Continuing Healthcare (CHC) for SUs admitted to a nursing placement – from the NHS – by making a referral to the responsible Clinical Commissioning Group (CCG). The home will inform the relevant borough of the outcome of any reviews undertaken by the host / responsible CCG.

13.3 NHS England has identified events that should never be permitted to occur; some of which are relevant to a nursing care home setting (referred to as 'never events') and include (but are not limited to):

a) Failure to install functional collapsible shower or curtain rails in locations where suicide is an identified risk
b) Deliberate and accidental falls from poorly restricted windows, or where the restrictor is easy to overcome
c) Chest or neck entrapment in bedrails, bedframe and/or mattress
d) Scalding by water used for washing/bathing
e) Providers are required to be aware of these risks and implement recommended procedures to ensure the risk of these events occurring is minimised https://www.england.nhs.uk/patientsafety/never-events

14. End of life care

14.1 Nursing homes will:

a) Ensure there is a named 'End of Life' Champion nurse who will be aware of key End of Life protocols and influence improvements by undertaking audits at least annually on significant incidents and deaths to inform service improvement.
b) Deliver effective palliative care and symptom management at the end of life, including administration of medication via a syringe driver where appropriate.

c) Support formal and recognised end of life care pathways. This will include early and sensitive consideration of end of life issues with SUs, such as advanced care planning, shared End of Life documentation, consideration of Continuing

Healthcare pathway, onward referral for specialist advice, provision of holistic assessment, care planning and care delivery in accordance with the SUs wishes.

d) Will ensure appropriate referral and ongoing liaison with GP a nearest relative, specialist palliative care services and funding borough as required.

e) Maintain appropriate levels of nurses and care staff to support effective end of life care and meet individual need

f) Maintain a policy on managing death and dying in accordance with NICE Standards for End of Life Care to ensure high quality end of life care; and comply with Mental Capacity Act 2005, making use of key guidance including common core principles & competences and other resources:
https://www.skillsforcare.org.uk/Skills/End-of-life-care

g) Ensure that nurses and care staff are trained on end of life care including communication skills and dealing with bereavement and loss

h) As early as possible identify SUs approaching the end of their life, a inform the funding borough/CCG, and seek multidisciplinary support including palliative care services

i) Liaise with Palliative Care Support Teams in accordance with local End of Life protocols to minimise transfers to alternative settings and actively work to achieve a SUs preferred place of death rather than referring to hospital during the last few days of life.

j) Use locally agreed End of Life documentation to record advanced decisions including Do Not Attempt Resuscitation (DNAR) Procedure and support users and families to consider advance decisions such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), and encourage registration on the local Electronic Palliative Care Co-ordination system

k) Be familiar with DNACPR forms and ensure that all staff are aware of their existence for an individual SUs where that it is the case

l) Maintain an end of life care register that is used to identify when a SU is entering the 'end of life' phase

m) Ensure that families are involved as much as the SU wishes and that everyone is encouraged to have conversations around individual preferences, including place of death and interventions; and that all such conversations are appropriately recorded in personal records and Support Plan in order to record their end of life choices and preferences

n) Ensure discussions are approached sensitively, at the appropriate time and that discussions include: physical, psychological, social, spiritual and cultural needs and preferences

o) Ensure that sensitive communication takes place between staff and the dying person, and those identified as important to them; and ensure that the service users die with dignity and in a manner and setting of their choice

p) Ensure SUs can access appropriate prescriptions for support and symptom management from primary care, which may be needed regularly or as and when

q) Implement Advanced Support Plans for end of life care support needs and ensure that there is no variance to this plan without clinical guidance from GP or palliative specialist

r) Ensure that a plan of care, includes food and drink, symptom control and psychological, social, cultural and spiritual support, is agreed, co-ordinated and delivered with compassion; and include end of life care as part of wider SU and family engagement to inform service development and improvement

s) Work proactively with all health and social care professionals involved as required and participate in CCG and / or social care 'end of life' care audits as requested.

14.2 The nursing home placement shall terminate immediately on the death of the Service User. This section 14.2 is without prejudice to the rights of termination under the Supplier Agreement. In the event that a care package is terminated pursuant to this section 14.2 the provisions of clause 31.5 of the Supplier Agreement shall apply.

15. Business continuity planning

Without prejudice to clause 26 of the Supplier Agreement nursing homes will**:**

15.1 Inform the boroughs at the earliest opportunity if the home, organisation or parent company is at risk of any form of provider failure (e.g. financial failure, infection failure, premises failure etc.)

15.2 Keep an up-to-date register of all SUs placed at the home and make the register available as requested. The register will maintain basic placement information on all SUs placed at the service – including details of self-funders and names of funding boroughs / authorities and make this information available to the host borough and CCG to support them in discharging their market oversight duties.

15.3 Ensure process are in place to routinely review the business continuity plan and quality assure practice to maintain service continuity

16. Safeguarding adults and untoward incidents

16.1 Nursing homes will ensure that robust safeguarding adult procedures in place and ensure that all nurses, staff and / or volunteers are fully aware of their role and responsibilities.

16.2 The homes local policies and procedures will comply with and reflect with the Pan-London Multi-Agency Adult Safeguarding Policy and Procedures: http://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/

16.3 Nursing homes will notify the boroughs and as appropriate regulatory / professional bodies such as the CQC, Public Health, HSE, DBS and the NMC etc. of any untoward incidents that occur and the outcome of their investigation.

Untoward incidents include but not limited to:

a) Serious crime or violence to SUs, staff or members of the public
b) Serious threats to SUs, staff or members of the public
c) A fatality at the service that is not from natural causes
d) An allegation of abuse or an adult protection inquiry involving at the home
e) An allegation of theft
f) Serious injury to a SU or member of staff
g) A suicide attempt
h) SUs going missing
i) A significant threat to health and safety or premises management incidents that lead to serious disruption for service users, including fire, flood or power failure.

16.4 Nursing homes outside a borough area will notify the participating borough of any incidents and safeguarding concerns involving SUs placed by the boroughs.

17. Engagement with service users, families and representatives

17.1 Nursing homes will engage with SUs, families and representatives via 1:1 meetings, care reviews, surveys, focus groups, family meetings, SU forums etc.

17.2 The purpose of the engagement will:

a) Capture SU and family experiences / satisfaction
b) Validate that outcomes are being met
c) Continuously improve services through consultation
d) Pick up on potential risks and safeguarding issues
e) Prevent the re-occurrence of issues / complaints

17.3 It is the nursing homes responsibility to organise and evidence engagement (and outcomes) to the boroughs

18. Performance management and monitoring returns

18.1 The following indicators outline how nursing homes should monitor and evaluate their services (all information to be made available to the reviewing authority upon request):

a) The Services
- Recording of activities and occurrences is accurate, timely, and includes qualitative information
- SU information is reviewed regularly to improve services
- Information is held on number of SUs placed at the home
- Quality admission assessment, support / health plans, and risk assessments
- Number of incidents / accidents
- Number and reasons (and outcomes) for any hospital admissions
- Number emergency attendances resulting in hospital admission
- Number of re-admissions to hospital
- Number of ambulance call's
- Outcome of user/family experience via satisfaction surveysNumber referred to health or social care points and to what services e.g. tissue viability, continence services etc.
- Number of hand washing audits undertaken (and outcomes)
- Number SUs with Grade 3 or above pressure ulcers and multiple grade 2
- Number SUs with health associated infection HCAI
- Number SU falls
- Number SUs with UTIs
- Number SUs with VTE (Venous thromboembolism)
- Number recorded medication errors
- Number medication reviews by GP

b) End of Life Care (EOL)
- Number SU with EOL plan in place
- Number SUs who have 'died in place of choice'
- Number SUs placed on EOL register

c) Vacancies and Referrals
- Number of vacancies
- Number of referrals received and accepted
- Numbers of referrals not accepted (and reason)
- Sources of referrals

d) Staffing
- Information on size and structure of team
- Ratio of permanent to temporary staff and full-time to part-time staff
- Ratio of qualified nurses to non-qualified care staff
- % of nurses as total workforce working (day)
- % of nurses as total workforce working (night)

- Ratio of staff to SUs
- Staff training beyond minimum standards

e) Concerns, Complaints and Compliments
   - SU and carer satisfaction rates
   - Number complaints / compliments
   - Evidence of robust complaints investigation and continuous improvement to the delivery of the service as a result of a complaint outcome
   - Number safeguarding alerts raised and response plans actioned

f) Care and Support
   - Clearly demonstrate delivery of care against an individual's support plan
   - Care and support needs are reviewed in a timely manner
   - Evidence of support delivery
   - Evidence of goal setting with SUs in care and support plans
   - Number SUs engaged in life skills activities
   - Number SUs who have gained / maintained independence skills
   - Evidence of use of Telecare to support SU independence

g) Supporting Choice and Control
   - Support plans demonstrate SUs supported to undertake regular activities and tasks, including exercising choice
   - Evidence SUs supported to do things for themselves (where they can)
   - Pro-active management of health e.g. annual check-ups, responsiveness to acute conditions and / or episodes of ill-health
   - Number SU annual health checks completed
   - Positive relationships developed with community/external services to improve SU outcomes (and reputation of the care setting)

Homes will be required to keep records of all the above performance activity. The local authority can request sight of all or some of these performance indicators at any point in time.

Monitoring returns outlining the performance activity as listed above should be submitted to the purchasing borough on a two –yearly cycle.

Appendix 1 – Useful Links

Care Certificate www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx

Care Improvement Network www.careimprovementworks.org.uk

Care Quality Commission (CQC) www.cqc.org.uk

Dementia Care http://www.nice.org.uk/Guidance/CG42

Dignity in Care www.dignityincare.org.uk

Driving-Up Quality in Learning Disability Services www.drivingupquality.org.uk

End of Life Care https://www.skillsforcare.org.uk/Skills/End-of-life-care

Infection Control and Prevention
https://www.gov.uk/government/publications/infection-prevention-and-control-in-care-homes-information-resource-published

NHS Continuing Healthcare
http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/nhs-continuing-care.aspx

NHS England – Patient Safety https://www.england.nhs.uk/patientsafety/never-events

NHS England – Transforming Care https://www.england.nhs.uk/learningdisabilities/

National Institute for Health and Care Excellence (NICE) www.nice.org.uk/guidance

National Minimum Data Set Social Care (NMDS-SC) www.nmds-sc-online.org.uk

Nursing & Midwife Council (NMC) www.nmc.org.uk

Pan-London Multi-Agency Adult Safeguarding Policy and Procedures
http://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/

Public Health England www.gov.uk/government/organisations/public-health-england

Royal College of Speech & Language Therapists
http://www.rcslt.org/news/good_comm_standards

Skills for Care www.skillsforcare.org.uk

Skills for Health www.skillsforhealth.org.uk

Social Care Commitment www.thesocialcarecommitment.org.uk

Social Care Institute for Excellence (SCiE) www.scie.org.uk

Think Local Act Personal www.thinklocalactpersonal.org.uk