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

Tender Reference: XXXX

PART D1
Service Specification for Residential Care Home Placements

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

Contents

1. Introduction

1.1.1 This specification is for residential care home placements for the London Boroughs/CCGs of Enfield, Haringey, Camden and Islington

1.2 The boroughs are seeking to procure a diverse range of residential care home placements via a Dynamic Purchasing System (DPS) to achieve:

a) An approved list of CQC regulated residential care home placements to support service users (SUs) who require residential provision; *and*
b) Best value for the boroughs, taking into consideration cost and quality of service.

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

- Older People (aged 65 plus)
- Dementia (aged 18 plus)
- 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

1.4 Self-funders may be signposted to residential care 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

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

In this Specification:

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

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;

any reference to the "residential 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;

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.

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

2.1 Residential care homes will:

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

PLANNED ADMISSIONS

2.3 Undertake planned pre-admission by suitably qualified staff undertaking the assessments within 72-hours of accepting a referral from the boroughs. The provider to undertake a full assessment within 48 hours of admission.

EMERGENCY ADMISSIONS

2.4 Respond to emergency / urgent referrals made by the boroughs on a case by case basis. The response times required will range from 1hr 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.

2.5 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.

2.6 Ensure the care and support provided in residential homes includes at a minimum: washing, dressing, feeding (where required), preparation of meals, drinks and snacks, toileting, administration of medication, access to the community / services, maintaining contact with family and friends, observing cultural and religious practices and providing appropriate activities.

2.7 Staff will 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 will be administered in accordance with best practice and relevant national and local guidance

2.8 Access appropriate equipment and / or assistive technology to support SUs to enhance their quality of life.

2.9 Wherever possible, support gender matching for personal care to SUs, and where possible, provide a mix of staff that reflects the cultural background of the SU group.

2.10 Support SUs to attain or retain appropriate skills to maximise their independence. Homes will develop plans with SUs to look at what they want to achieve, and how they will be supported to meet their goals. There will be a culture of 'doing with' rather than 'doing for' embedded in the service

2.11 Ensure placements are provided on a single occupancy basis, unless a shared room is requested by a couple. The home will also provide 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.

2.12 Access to drinks and light snack facilities will be available at all times. This includes encouraging and supporting service users to reduce risk of dehydration and associated health risks.

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

2.14 Provide accommodation under a licence agreement and the home will not move a SU from the room they occupy, unless agreed with that SU, or representative of the funding authority. 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.

2.15 Create an environment that actively contributes to the health, wellbeing and independence of each SU who lives there; and in a culture which promotes privacy, dignity, choice and control.

2.16 Ensure accurate records and risk assessments are maintained on a day to day basis to evidence service delivery, outcomes and activities are completed, and to evidence the ongoing level of need or change in need.

2.17 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

2.18 Support SUs arrange and attend medical or emergency appointments as required, providing escort(s) where necessary. The cost of conveying SUs to said appointments should not be charged to the Council.

2.19 Create an environment that meets needs in the least restrictive way – identifying the need to make an application for Deprivation of Liberty (DOLs) should an individual be restricted from leaving the home independently, lack the capacity to consent to their support or be restricted in other ways in their best interests.

2.20 Ensure all relevant information for each SU is available in accessible format or a format which is specific to that individual.

2.21 Support working age adults, as appropriate, to access employment or voluntary opportunities in their local community. Homes should also look for opportunities for SUs to be employed within the service directly, such as completing cleaning, building maintenance or gardening maintenance tasks to contribute to their skills development and employability. SUs (regardless of age) should be supported to be involved in volunteering activities if this is an activity they wish to undertake

2.22 SUs in receipt of residential care will receive a weekly personal expenses allowance. Where it is identified that a SU requires support to budget their personal expenses allowance, then the home will provide assistance. The home will ensure any support provided is fully documented and auditable. This should include a weekly income and expenditure sheet for each SU, have appropriate authorisations and reconciliation concluded weekly. The receipts and weekly expenditure sheets should be made available for inspection by the SU, their family and the funding borough as requested.

2.23 Promote a culture of positive risk taking with respect to the management of finances, where SUs are empowered to have as much control and choice as possible over their personal allowance and other personal funds.

2.24 If it is identified that there is a change in a SUs care and support needs, then the home will notify the boroughs as soon as possible

3. Regulated activities for residential care homes

3.1 Residential care homes will hold the following CQC registration:

- Accommodation for persons who require nursing or personal care/support

3.2 Residential homes will also 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

4.1 CLAUSE NOT USED

5. Quality assurance

5.1 Residential homes will ensure:

5.2 Robust quality assurance processes are in place. Homes will ensure local systems are compliant with both national quality standards and best practice guidance.

5.3 All staff employed at the home (either directly or indirectly via an agency) will be aware of the homes quality monitoring processes and procedures

5.4 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.

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

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

5.7 Staff are organised so that they work as a team to deliver a high quality service; and will work with each borough and their corresponding NHS CCG (where appropriate) to establish systems that promote continuous improvement in the quality of care

5.8 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 the home has been required to improve its standards by an inspection or regulatory body

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

5.10 Inform the boroughs at the earliest opportunity in any change of Registered Manager

5.11 Attend the boroughs respective Registered Managers or Care Provider Forum's

5.12 Announced and unannounced quality audits of care shall be undertaken by authorised officers from the boroughs (and local CCGs as and where appropriate). Residential 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

5.13 Accountable care home staff attend care quality monitoring meetings to discuss the monitoring outcomes as required

5.14 Note that the boroughs' reserve the right to confidentially canvas the views of SUs, and their families or representatives who they have placed at the home.

5.15 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

5.16 Following the initial placement review SU care and support 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 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. Providers should ensure and be able to evidence that service users, family members and, where appropriate, advocates are involved in these reviews.

5.17 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 sensitive to individual needs and preferences
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

5.18 As appropriate have named care home staff who will act as:

a) Safeguarding and dignity in Care Champions
b) Dementia Care Champions
c) End of Life Care Champions
d) Communication Champions
e) Infection Control and Medicines Management Champions
f) Accessing Learning, Education and Employment Champions

5.16 Within 6-months of joining the DPS – residential care homes will ensure all non-qualified 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 – residential care homes will sign-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

5.18 Within 6-months of joining the DPS – residential care homes supporting people with learning disabilities will sign up to the he 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

5.19 Further advice and guidance can be found at www.careimprovementworks.org.uk

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

6 Personal information and confidentiality

6.1 Residential 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 the 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 Residential homes will ensure:

a) Each SU has a written Service User Plan that addresses / meets assessed need, is outcome focused and person centred, rather than task based and sets out how the Service Provider will meet the goals outlined in the support plan
b) Plans include any associated risk and / or health plans
c) Where appropriate plans include an end of life plan developed with the individual, their significant others, and where appropriate health staff
d) Service User 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 families as partners in planning, developing and reviewing their Service User Plans and this is evidenced in planning documentation
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 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 where the SU has substantial difficulty in understanding the care and support planning process.
Service User 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. Where a service user has substantial difficulty in engaging in a review and they do not have an advocate or a family member to support them, the provider will contact the boroughs to arrange for an advocate as appropriate.

8 Equalities

8.1 Residential 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) will be discriminated against
e) Employ staff who have the necessary knowledge, skills and expertise to meet the care needs of any SUs placed with them
f) Where SUs first language is not English arrangements should be made for interpretation services
g) Ensure all staff can communicate fluently and clearly in English for both written and verbal activities
h) Consult with SUs or give them a reasonable opportunity to express their views on matters that affect their lives, this may include using communication and language aids

i) Provide appropriate information, advice, and guidance
j) Ensure appropriate action is taken where SUs direct discriminatory behaviour toward staff, SUs or others
k) Recognise rights and 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 in particular to SUs who are deaf/blind
m) Be acquainted and compliant with any special requirements associated with diet and food preparation, toilet and washing, hair care, dress, religious and spiritual needs and customs associated with illness and death
n) Support the needs of SUs from specific ethnic, religious or cultural groups will be stated in their individual care and support plans.

9 Capacity and choice

9.1 Residential 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 care 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 Residential homes will:

a) Have named specialist activity co-ordinators e.g. supported by named staff members or voluntary sector volunteers to undertake the role and ensure that a variety of activities are available and timetabled, seven days a week,

b) Provide meaningful, appropriate activities that maximise and sustain quality of life and assists in preventing service user needs deteriorating on a daily basis. Service users should be offered choice appropriate to need.
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, sport, leisure and cultural facilities appropriate to their preferences and abilities
f) Provide activities that improve health, promote wellbeing and enhance quality of life
g) Where appropriate, support SUs access learning, training and / or employment opportunities

11 A skilled workforce

11.1 Residential homes will ensure that they recruit and retain an adequately qualified and trained workforce to ensure CQC compliance and the delivery of high quality services.

11.2 Residential 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 Residential homes should make use of 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 services: http://www.skillsforcare.org.uk/Document-library/Standards/Care-Act/workforce-capacity-planning-model-september-2014.pdf

11.4 Residential homes will ensure:

a) Adequate staffing ratios are maintained at all times to support the homes bed capacity; assessed care needs; and SU and employee safety
b) Staff (will as appropriate to the applicable SU group) have experience and skills in working with SUs should include (but not to be limited to):

- profound and / or severe disabilities
- end of life care needs
- long-term health conditions
- enduring mental health needs
- forensic history
- dementia (including behaviour that challenges)
- learning disabilities (including autism)
- sensory impairment (including people who are deaf/blind)
- with behaviour that challenges'
- complex care needs (non-challenging)

- at risk of falling
- personal care needs
- complex transfers, moving and handling

c) Staff are trained/skilled in supporting SUs maintain independence
d) All staff understand and deliver SU outcomes in accordance with the persons care and support plan

11.5 Where appropriate residential homes will ensure that staff demonstrate:

a) Skills and knowledge in the common principles of supporting SUs with dementia
b) Skills and Knowledge in supporting SUs with Autism
c) Skills and Knowledge in supporting SUs with a sensory impairment (including SUs who are deaf/blind)
d) Skills, knowledge and an understanding of end of life care
e) Skills and knowledge of working within a CPA approach; and an understanding of the step-down and recovery model within mental health
f) A working knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS) and 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
g) Competency and training in managing behaviour that challenges, Positive Behaviour Support and Safe Intervention
h) Skills and knowledge in medicines management and infection control
i) A clear understanding of safeguarding adults processes
j) Recognise and manage risks effectively whilst maximising independence
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.

11.6 Residential care home staff (including temporary staff and volunteers) who have regular contact with SUs shall only be employed following the 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

11.7 Sufficient checks must be undertaken to ensure that staff are eligible to work in the UK and are compliant with UK Border Law including UK Borders Act 2007 and the Borders, Citizenship Act 2009

11.8 Staff engaged by residential care homes will be issued with written employment information which will include (but not be limited to):

a) staff code of conduct or equivalent
b) health and safety
c) clear and concise job descriptions
d) employment contracts
e) quality and training standards to be attained
f) training policy and provision

g) code of practice
h) complaints procedure
i) grievance / disciplinary procedures
j) whistle blowing policy
k) confidentiality, dignity and respect declaration
l) safeguarding and DOLs procedures
m) Local Provider Concerns Policy and Dignity in Care

11.9 Staff rotas are to be clear, concise and appropriate to meet assessed needs and ensure delivery of services and SU safety. They should be displayed prominently allowing all staff access. The rota should allow each permanent employee an opportunity to plan their personal and working lives, notwithstanding the need for flexibility that will be required to ensure adequate cover to the home

11.10 Staff rotas will be clear, concise and appropriate to meet the care and support needs of SUs and ensure the effective delivery of services and SU safety. They will be displayed prominently in the home 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 service users, 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.

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

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

a) personal care and manual handling
b) pressure care management
c) nutrition and feeding techniques (including dysphagia management)
d) Food hygiene
e) dementia care
f) medicines management
g) infection control
h) end of life care (including communication and dealing with bereavement and loss
i) positive behaviour management and safe intervention
j) safeguarding and risk management
k) DOLS, MCA, MH Act and S117 duties, Care Act duties
l) key nursing home quality standards and legislation relevant to providing nursing, care and support to service users
m) whistleblowing
n) prevent duties
o) recording
p) care planning and risk assessments

11.13 Staff supervision/appraisal will provided at least six times a year.

11.14 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.

11.15 Volunteers will be assessed 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

11.16 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 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.

11.17 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

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

11.18 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 Residential homes will ensure that there are written operational policies and procedures for the guidance of all staff involved in the care of SUs. The policies shall be in accordance with all regulatory and national standard requirements.

12.2 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) SUs group and / or condition 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 Eating and Nutritional Care Guidance (2013)
f) Wellbeing in accordance with NICE quality standards
g) Feeding techniques (including peg feeding and risk of choking)
h) Do not attempt resuscitation (DNAR) procedures
i) Choice and control (and positive risk taking)
j) Care and support planning
k) Management of behaviour that challenges
l) Positive and proactive interventions
m) Restrictive practice guidance
n) Complaints policy
o) Safeguarding / Deprivation of Liberty Safeguards (including Radicalisation and Prevent Duties)
p) Whistle blowing for staff, service users, families
q) Duty of candour
r) Record keeping
s) Business Continuity Plan
t) Health & Safety procedures in accordance with HSE Guidance for Care Homes
u) Pain Management policy
v) Operational process around eviction
w) Quality Assurance and Service Continuity operational policy – to ensure practice/provision is appropriately checked and audited to maintain consistency and address issues

13. Healthcare

13.1 Residential homes will ensure:

a) Within 7-days of a placement commencing SUs will be registered with a GP based within the receiving CCG area.
b) SUs permanently registered with a local GP will also have full access to local dental, pharmaceutical, audiology, chiropody, optician and receive services and care from hospitals and community health services according to their need
c) Compliance with NICE guidelines in managing a specific condition
d) SUs receive medical consultation in their own room
e) Establish what medicines a SU has been prescribed prior to admission to the home
f) Participate in CCG medicines management or health plan audits as requested
g) Implement infection control measures during the administration of medicines
h) 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, CCG and Public Health England (PHE) utilising national guidance https://www.gov.uk/government/publications/infection-prevention-and-control-in-care-homes-information-resource-published

i) Undertake ‘deep cleaning’ on a regular basis and maintain regular cleaning rotas (evidencing when cleaning has taken place)
j) Undertake monthly audits of medication administration charts, medication stocks, liaising with the SUs and their GP to avoid duplication
k) Encourage and promote self-administering of medication
l) Use electronic alerts, reminders, posters and facilities which aid staff and SUs to follow the correct procedures for managing medicines
m) Arrangements for the safe disposal of medication waste
n) All staff having contact with blood/bodily fluids are offered immunisation against Hepatitis B.
o) If the home feels that a hospital admission may be required they will contact the GP or out of hours service in the first instance except where an emergency admission is required
p) When a SU requires a hospital admission, that the hospital receives all the relevant information, in writing, regarding the SU upon admission. The home will also:

- Inform the next of kin or representative and GP as soon as possible
- Inform the funding borough within 24 hours
- Maintain contact with the hospital throughout the SUs admission
- Personal belongings and valuables will be securely stored during hospital admission.
- Information about dietary needs, family carers and medication needs should be provided to LAS staff
- Ensure prompt and safe transfer to hospital (and home again) procedures are in place.
- Care homes to have a record of whether a service user has a living will

13.2 Residential homes will have an obligation to secure Continuing Healthcare (CHC) funding for SUs admitted to a residential placement where they identify in line with the CHC Checklist that a SU is eligible for CHC funding 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 identifies events that should never be permitted to occur; some of which are relevant to a residential care home setting and include:

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 occurring is minimisedhttps://www.england.nhs.uk/patientsafety/never-events

14. End of life care

14.1 Residential homes will:

a) Ensure there is a named 'End of Life' champion who can be aware of local End of Life protocols and influence improvements by undertaking audits at least annually on significant incidents and deaths to inform service improvement.
b) Work towards the gold standard for end of life care

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 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 Quality Standards for End of Life Care to ensure high quality end of life care; and comply with Mental Capacity Act 2005 requirements, 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 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, 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 SU 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's 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

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) Ensure that the SUs die with dignity and in a manner and setting of their choice

r) 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

s) 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

t) Include end of life care as part of wider SU and family engagement to inform service development and improvement

u) 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.

15. Business continuity planning

15.1 Residential homes will:

15.2 Develop and maintain 'business continuity plans' in place outlining the actions they will undertake in the event of a business failure or major service interruption. Homes will make available their business failure continuity plans upon request.

15.3 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.)

15.4 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.

15.5 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 Residential homes will ensure that they have robust safeguarding adults' procedures in place and ensure that all 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 Residential 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 are 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 Residential homes located outside a borough area will notify the funding borough of any incidents and safeguarding concerns involving service users placed by them.

17. Engaging service users, families and representatives

17.1 Residential homes will regularly engage with SUs, families and representatives via meetings, reviews, surveys, focus groups, family forums. The purpose of this engagement is to:

- Capture SU and carer experience / satisfaction
- Validate outcomes are being met
- Continuously improve services through consultation
- Pick up on potential risks and safeguarding issues
- Stop the re-occurrence of issues / complaints

17.2 It is the homes responsibility to organise and evidence this engagement and its output to the boroughs

18. Outcomes

18.1 Providers should endeavour to support service users to achieve outcomes as identified in their support plans and in line with the Care Act definitions of wellbeing – http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/eligibility/how-is-wellbeing-understood.asp

18.2 Providers should record progress towards goals in regular reviews and notify boroughs where clients are not able to achieve outcomes set.

18.3 Providers should make this information available on request.

19. Performance management and monitoring returns

19.1 The following points outline how residential care homes should monitor and evaluate their services (all information to be made available to the reviewing authority upon request):

a) The Service
- 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 surveys
- Number 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 health associated infection / UTIs
- Number SU falls
- 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 staff to SUs
- Staff training beyond minimum standards

e) Concerns, Complaints and Compliments
- SU and carer satisfaction rates
- Number complaints / compliments
- Evidence of complaints investigation and continuous improvement to service delivery as a result of the 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 Evidence of care and support needs being reviewed in a timely manner
- 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 & 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)

18.2 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.
18.3 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

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

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

Skills for Care www.skillsforcare.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

West London Alliance www.westlondonalliance.org