

SECTION B PART 1 - SERVICE SPECIFICATIONS

Service Specification No.	
Service	Support at Home Service (Domiciliary Care & Supported Living)
Commissioner Lead	
Provider Lead	
Period	
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

Support at Home provides care and support for people living in their own homes and is independently regulated by the Care Quality Commission (CQC) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009

The CQC '**Essential Standards of Quality and Safety**' underpin the requirements and quality standards within this specification. The Commissioner requires the Provider to deliver services in accordance with the registration requirements of the CQC, complying with all relevant regulations and best practice guidelines.

The aim of this specification is to ensure the provision of high quality, safe services that meet the quality outcomes and safeguarding responsibilities of the Commissioner.

2. Scope

2.1 Aims and objectives of service.

2.1.1 Vision for Adult Social and Health Care in Lancashire and South Cumbria

The vision is to make a positive difference to the lives of adults in Lancashire and South Cumbria with care and support needs, and their Carers. This will be achieved by the 7 key outcome targets from The White Paper "Our Health, Our Care, Our Say".

Improved health and emotional well-being - Services will promote and facilitate the health and emotional well-being of Service Users who will use the service.

Increased choice and control - Service Users, and their Carers, have access to choice and control of high quality services, which are responsive to individual needs and preferences.

Improved quality of life - Services will promote independence, and support Service Users to live a fulfilled life making the most of their capacity and potential.

Freedom from discrimination and harassment - Service Users have equal access to services without hindrance from discrimination or prejudice; they feel safe and are safeguarded from harm.

Maintaining personal dignity and respect - Services will be sensitive to personal beliefs and preferences and will respect confidentiality, and will promote and preserve dignity at all times.

Making a positive contribution - Service Users are encouraged to participate fully in their community and feel that their contribution is valued equally with other people.

Economic well-being - Service Users are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this.

The Commissioner requires services where personalisation and person centred planning are robustly embedded, and which put the Service User and their Carers at the heart of all decision making.

The vision will be delivered through effective joint working across partner agencies in the statutory, independent, the voluntary and community sectors.

2.1.2 Guiding Principles

The Commissioner aims to promote improved health, independence and inclusion through the provision of care and support services which enable vulnerable adults to achieve as full and independent a life as possible.

There are a number of guiding principles that underpin this specification:

The Service User will be supported and enabled to have choice and control over who and how their support is provided.

Quality will relate to Service User experience and outcomes

Quality will be measured against performance standards within this contract

The Commissioner and the Provider will communicate with each other clearly and regularly

The Commissioner and the Provider will work in partnership with internal and external partners to assure quality.

The quality monitoring process will be robust and transparent.

Service Users will be accorded the dignity and respect which underlies their value as unique individuals within the context of their past and present life and throughout care and support provision.

2.1.3 Aims of the Service

The Provider will, in the delivery of the Service, assist the User to achieve the primary aims of this service which are:-

To support individuals in their own community for as long as they are able and wish to do so.

To enable and assist Service Users to live as independently as possible within the community, in their own homes, for as long as possible by adopting an 'enabling approach' rather than a 'doing for' approach.

To ensure the safety and welfare of Service Users is promoted at all times.

To promote and support the use of Aids to Daily Living including the use of Assistive Technology to support independence and reduce risks to safety.

To encourage Service Users to express their own personal aspirations on the way they wish to live their lives and on the outcomes they would like to achieve.

To enable individuals to exercise choice and control within available resources.

To be sensitive to and supportive to the needs of Carers – working in partnership with them to promote the well-being of the Service User.

To give Service Users the opportunity, assistance and confidence to maintain or regain daily living skills they may have lost as a consequence of, for example, poor mental/physical health, disability or sensory impairment.

To provide a flexible and responsive service which is sensitive to Service User preferences and is delivered in a way that is appropriate to the Service User's ethnic and cultural background.

To deliver care and support at all times with compassion and empathy in a respectful and non-judgemental way.

To avoid and or prevent an inappropriate admission to an acute setting

To facilitate timely discharge from an acute setting.

To prevent and or delay admission to a long term 24 hour residential or nursing care setting

2.2 Service description/care pathway

2.2.1 Scope of this Specification

- i. Service Users shall be:
 - 18 years or over
 - Registered with a LSC CCG registered GP Practice
 - assessed as meeting the Commissioner's eligibility criteria.
- ii. The Service will include:
 - Personal Care
 - Food and Nutrition
 - Telecare Response
 - Practical Support
 - Support with managing finances
 - Social Support
 - Health Care

2.2.2 Service Availability

The Provider shall ensure that the Service will be available every day of the year, 7 days per week operating from **07.00 hours to 23.00 hours**

The Provider shall have sufficient staff and management resources available to deliver and manage the service during the above hours.

Where required, based on the Service User's assessed needs, the Provider shall offer a waking night or sleeping night service between the hours of 23.00 and 07.00.

2.2.3 Service Capacity

The Provider shall conduct regular reviews of staffing levels and resources especially at times of increased demand to include winter pressures, bank holidays and school holidays. The Provider must be able to demonstrate flexibility in deploying staff across geographical areas and hours of service at all times.

The Provider shall ensure there is continuity in relation to the Staff who provide the service to each Service User.

The Provider is responsible for planning work rotas and shall ensure that sufficient time is allowed for Staff to travel in between calls.. Managerial/ supervisory capacity must be such as to enable the overall management of the service logistically.

The Provider must be able to evidence that sufficient travelling time has been given to Staff to enable them to carry out their duties without causing delay to the next Service User call or subsequent calls

2.2.3 The Range of Provision for the Support at Home Service

Support will be delivered in a way that promotes and maintains independence and the Provider shall encourage Service Users to develop and/or retain their independence via this service.

The Provider is required to provide the following range of provision within the Support at Home Service which can include, but is not restricted to, the following range of activities:

a) Personal Care

- Assisting the Service User to get up or go to bed.
- Assisting the Service User in moving and transferring as required e.g. moving to a sitting position in bed, transferring from bed to wheelchair, transferring from bed to commode/toilet, transferring from chair to bed.
(As per moving and handling procedures / training)
- Washing, showering, bathing, including cleaning as a result of incontinence.
- Oral hygiene – tooth and denture care
- Dressing and undressing, including fitting callipers and surgical aids (e.g. specialised corsetry, trusses) and prostheses.
- Assisting user in changing catheter bags.
- Assisting user with toileting taking into account Health and Safety legislation.
- Preparation for attendance at appointments.
- Laundry washing as a result of continence, cleaning and safe disposal of waste.
- Contributing to social rehabilitation or teaching programmes described within Support Delivery Plans (such as promotion of independent living).
- Care of pressure areas to reduce the risk of pressure sores and infection

N.B Personal Care must not include any form of Nursing Care, for example,

- Giving intravenous/intramuscular injections
- Changing catheters
- Giving enemas or suppositories
- Any form of 'invasive', aseptic, or similar treatment

b) Food and Nutrition

- Menu planning as part of planned programme to promote independence
- Preparation of food including hot meals and dealing with dietary needs, including health-related needs (e.g. diabetes)

- Assistance with feeding or drinking
- Advance preparation of snacks and drinks
- Management of food stores/fridge etc as part of planned programme to promote independence
- Encourage independence in food preparation
- Monitoring of Service Users at risk of malnutrition and/or dehydration

c) Practical Support

- Assisting with preparation of shopping lists including management of household stores.
- Ordering / collecting of prescriptions
- encouraging daily living skills / social skills
- Monitoring Service User well-being
- Assisting with personal correspondence
- Disposal of special clinical waste as identified by the Health Authority through approved collection systems
- Based on the Service User's ISO and Support Delivery Plan either supporting and enabling the Service User, or in certain circumstances carrying out on their behalf:
 - domestic cleaning
 - Bed making and changing
 - Emptying and cleaning commode
 - Laundry
 - Fire lighting and managing solid fuel and management of central and other heating systems
 - Dealing with household refuse
 - Shopping

d) Financial Support

- Explaining financial transactions to Service Users
- Assisting with handling money, pension collection, payment of bills etc in accordance with the Providers Financial procedures.

e) Social Support

- Accompanying the Service user to go shopping
- Support to participate in social / leisure/ cultural activities
- Support to maintain social networks and personal relationships
- Support to access education / training / employment
- Support to maintain hobbies or interests

f) Health Care

The responsibility for the health care remains at all times with the Health Professional. The Health Professional will exercise this responsibility through completion of the Training Record for Health Related Tasks as **per Appendix 1** and ongoing monitoring/supervision of those Service Users receiving care/support. The Provider must be clear where the boundaries lie between the Service and Nursing Care and must not undertake Health tasks outside of the Specification.

As part of their training Staff will be advised how to contact the Care manager or Health Care team if any changes to the Service User are noticed

- Assisting with Service User's health needs
- basic simple dressings
- Skin care and pressure sore relief - monitoring of skin care and application of a range of skin treatments*
- Specialist catheter care (supapubic), stoma care and bowel care

- toe nail care, subject to approval by an agreed relevant professional
- transfers under supervision – assistance with complex moving, handling and transfers
- supervision and administration of medication including installation of ear, nose and eye drops
- assistance with compression hosiery
- specialist assistance for older people with significant levels of dementia
- Percutaneous endoscopic Gastrostomy Feeding – mouthcare
- care of the dying
- complex nutritional needs – skilled assistance with eating and fluid intake
- assistance with Health led re-ablement
- other similar tasks as defined in the Service User Support Delivery Plan
- tracheotomy care

** Where creams are used for the purpose of preventing the reoccurrence of a pre-existing condition or where there is a high risk of a condition occurring then this will be undertaken as a health task. The support will be delivered under the supervision of a health professional in accordance with the Care Plan.*

2.2.4 The Service

OUTCOME 1

Improved health and emotional well being:

Services will promote and facilitate the health and emotional well-being of Service Users who use the service.

a) Assessment And Support Delivery Planning Process

The Assessment and Support Delivery Planning process is 'person centred' and 'outcome focused' so that Service Users have a strong sense of being 'in control' of their own services. This means that the Care manager will specify the outcomes the Service User wishes to achieve.

The Provider, in consultation and agreement with the Service User, shall determine the activities to meet the outcomes.

The traditional 'task and time' model may still apply in certain situations. This will be agreed on an individual case basis.

When required and specifically requested, the Provider will ensure Staff work as part of a team with other professionals, e.g. physiotherapists, District Nurses, G.P.s, etc, and with Service Users' Carers

b) Out of Hours

In order to enable contact with the Provider for out of hours service referrals the Provider shall provide the Commissioner with an emergency contact telephone number or numbers which can be used between 0700-0900 hours and 1700-2300 hours during weekdays, and 0700–2300 hours at weekends and Bank Holidays.

The Provider will have staff available to respond to Out of Hours service referrals during the periods 0700-0900 hours and 17.00–23.00 hours weekdays and 0700–2300 hours at weekends and Bank Holidays.

It is the Provider's responsibility to ensure that the Commissioner is always able to contact the Provider by telephone between 7am and 11pm every day of the year, either via their office or by emergency contact telephone numbers.

The Provider shall make provision to ensure that where a Service User's needs requires the Service to commence within a few hours of the Provider receiving the referral, that the Provider is resourced to do this.

c) Risk Assessment

Recorded risk assessments on tasks, environments, manual handling and the risks to the Service User maintaining their independence, must be carried out by the Provider prior to the commencement of any Service. In the case of referrals received out of hours and services commencing quickly, the Provider must ensure that Staff initially assigned to provide the care and support have been suitably trained and assessed as competent to identify and assess risk, pending the completion of a full risk assessment which must be completed as soon as possible after care and support has commenced.

The Provider risk assessment will consider the potential risks to Service Users and Staff in delivering the support package and must contain a balance that accounts for a Service User's personal choices and freedoms. The Provider shall ensure all Service Users have a written risk assessment within 7 days from commencement of Service held on their files that will be reviewed on a minimum six monthly basis by the Provider

d) Medication Administration

- i. The Provider shall comply with the Home Care Support for Medicine Management in the Community Guidance at Appendix 3 or subsequent Medicine Management Guidance, replacing or re-enacting the same.
- ii. The Provider's policies and procedures on medication must protect Service Users and assist them to maintain responsibility for their own medication wherever possible.
- iii. Staff shall receive training in the policy, procedures and the administering of medication as part of their induction.
- iv. The Provider will have a formal procedure to assess whether Staff are sufficiently competent in medication administration before being assigned to a task where this is required.
- v. The Service User's Support Delivery Plan and will document the following:
 - The nature and extent of support and/or assistance the Service User needs to manage their medication
 - Details of arrangements for medication collection and storage in the Service User's home and access arrangements by Staff, Service User.
- vi. The Provider shall ensure that Staff have all the documentation required for medication support and/or assistance for the Service User
- vii. Where sufficient documentation is not provided the Provider shall refer back to the Commissioner. If in doubt the Provider shall contact the Commissioner for written clarification.

e) Infection Prevention and Control

The Provider shall ensure compliance with Code of Practice on the prevention and control of infections, under The Health and Social Care Act 2008.

f) Nutrition And Hydration Awareness

- i. The Provider shall ensure that any Support Delivery Plan adequately covers nutrition and hydration
- ii. The Provider shall ensure that all Staff have an awareness of good practice in the area of nutrition and hydration. This will include awareness of how poor nutrition and hydration can impact upon a Service User's health and well being.
- iii. The Provider shall ensure that where Staff are involved in food preparation they are required to have basic food preparation skills and able to support Service Users to follow a healthy balanced diet that is relevant to them as an individual, taking account of their wishes and preferences.
- iv. Staff will provide support and encouragement to Service Users with eating and drinking where necessary.
- v. The Provider shall ensure that where the Support Delivery Plan includes the preparation of a meal Staff are allocated sufficient time to carry out this task.

OUTCOME 2

Increased choice and control:

Service Users, and their carers, have access to choice and control of good quality services, which are responsive to individual needs and preferences.

g) Person Centred Care Planning and Review

- i. For non-urgent referrals the Provider shall within 2 days of receipt of a referral assess the situation within the funding and/or estimated hours agreed by the Commissioner to meet the outcomes and set up an initial visit with Service User. If the Provider feels that the funding, and/or hours allocated are insufficient or excessive to meet the outcomes they shall refer the matter back to the appropriate Commissioner for authorisation. The Provider and the Commissioner will work to the principle of providing the minimum amount of service required to meet the outcomes specified.
- ii. The Commissioner will provide an Individual Service Order (ISO) (Schedule xxx), and Support Plan for each referral: The ISO and Support Plan will include:
 - Key Contacts
 - GP Details
 - Risk factors
 - Outcomes to be achieved
- iii. Service Users requiring defined health related tasks will have been assessed by an appropriate Health Professional and the health related tasks detailed on the Individual Service Order.
- iv. The Provider shall ensure that Referrals are authorised by the Commissioner or, for referrals made during evenings or weekends, via the Out of Hours Service or other formally agreed process. For services involving health care tasks referrals can also be made by an appropriate Health Professional
- v. The Provider shall ensure that they are able to commence within 24 hours of referral or notice of re-commencement. Under urgent circumstances the Provider may be required to start within three hours of referral
- vi. The Provider shall develop a Support Delivery Plan with the Service User detailing how they will meet the outcomes outlined in the Support Delivery Plan. The Provider is required to take account of best use of resources and work with

the Commissioner to meet Service User outcomes cost-effectively. In developing the Support Delivery Plan the Provider will support the Service User to consider a range of services to meet their needs including use of Assistive Technology.

- vii. The Provider shall ensure that in formulating the Support Delivery Plan with the Service User, the views of the Service User will be the start point and the plan based on their view about how the outcomes can be met. This will include seeking personal preferences on all aspects of care and support.
- viii. The Provider shall provide a full range of activities to meet the outcomes specified for each Service User and ensure these activities are flexible to meet the changing needs of the Service User on a day-to-day basis.
- ix. The Provider shall work within the principles and guidance of the Mental Capacity Act 2005, and work with others who can interpret and represent the Service User's views where Service Users lack the capacity to make their views known.
- x. The Provider shall agree with the Service User the most appropriate time for each visit according to the Service User's needs and wishes and ensure visits are planned to take place as close to those times as possible (within 30 minutes either way of agreed time)
- xi. The Provider Support Delivery Plan shall be signed by the Service User (or their representative where there is lack of capacity) and the Service User shall be provided with a copy.

h) Review Process

- i. The Care manager will usually carry out a Support Delivery Plan Review when care/support has been in place for 6 weeks or sooner if stated on the ISO or in response to a Service User's changing needs and thereafter at least six monthly
- ii. The Care Manager can call for a Care Plan review at any other time
- iii. Following a Care Plan review, or at any other time when changes to the service provided for a Service User are required, those changes must be authorised by the Care Manager, or someone acting on their behalf, and re-ordered on a new Individual Service Order. The Provider shall ensure that they receive the new ISO before changing delivery of the Service
- iv. The Provider and any other interested party can request a Care Plan Review.
- v. Once a Support Delivery Plan Review is called by the Care Manager, if requested, the Provider must attend any Review meeting to consider the current needs of the Service User.
- vi. Following a Support Delivery Plan Review where any change in a Service User's circumstances necessitates a variation in the Service the Provider and Care Manager may agree such variation. Any agreed variation will be effective from an agreed date and shall be confirmed with a re-issued ISO. Where the variation has a cost implication the Commissioner and Provider will agree on any adjustment in the Contract Price and record it on the ISO.
- vii. The Provider shall ensure that Staff have all the documentation required before implementing changes in Service following a Review.
- viii. Where sufficient documentation is not provided the Provider shall refer back to the Commissioner. If in doubt the Provider shall contact the Commissioner for written clarification
- ix.
- x. The Provider will complete a person-centred review of the Service User's Support Plan at least every six months to ensure the Service provided continues to meet the needs of the Service User and the desired outcomes are being achieved. The Service User will be fully involved in the reviewing process. If following review or notification by the SU that their circumstances have changed to a degree in the reasonable opinion of the Provider the SU requires an increase or decrease in level of support the Provider shall contact the Commissioner.

The Commissioner will require the Provider to attend or at least inform reviews/ reassessments/ multi-agency forums as necessary.

OUTCOME 3

Improved quality of life

will promote independence, and support Service Users to live a fulfilled life making the most of their capacity and potential

i) Service Reliability

- xii. The Provider will be expected to have in place systems to accurately record the time spent in a Service User's home and provide validated and transparent data on the actual care/support provided.

The Provider shall:

- xiii. Ensure calls are delivered at the agreed time **or, as an exception**, deliver the call within 30 minutes of the agreed time and have systems in place to inform the Service User of any delay if the Provider fails to deliver call at the agreed time.
- xiv. Notify the Service User if Staff are going to arrive more than 30 minutes after the time agreed in the Support Delivery Plan.
- xv. Notify the Service User, in advance wherever possible, if there is to be a change in the usual Staff member(s).
- xvi. Ensure that when alternative Staff are assigned to a Service User they have been briefed on, and have received appropriate training to deliver, the care and support required to meet the Service User's needs and intended outcomes.
- xvii. Ensure that the Service User will receive up to date information from the Provider regarding times of visits and name(s) of Staff who will be visiting. The Provider will ensure that the information is received by the Service User in a timely manner.
- xviii. In the event that there is evidence of missed or late calls, i.e. calls not made at all, or calls delivered more than 30 minutes after the agreed time, the Commissioner may at its discretion carry out an investigation
- xix. The Provider shall co-operate and assist the Commissioner in this investigation
- xx. Should the Commissioner determine, following such an investigation, that the Provider is failing to comply with its obligations under this Agreement this shall constitute a persistent failure to provide the Services to the standard required under the terms and conditions of this Agreement
- xxi. In the event that a call is missed for a Service User identified as critical then **the Provider must notify the Commissioner immediately.**

j) Involvement of Service Users

- i. The Provider shall ensure that Service Users, their Carers or advocates, are kept fully informed on issues relating to their care and support at all times
- ii. The Provider shall ensure the Service is provided in a sensitive way that is not based on the Provider's assumptions. The Provider will acknowledge and listen to the Service User and, where appropriate, their Carer or other advocate.
- iii. The Provider must be able to evidence to the Commissioner in any monitoring process active engagement, consultation and decision making by Service Users (and their Carers where appropriate)
- iv. The Provider must have and be able to demonstrate awareness of translation and interpretation arrangements available and how to access them in order to meet the foreign language, British Sign Language, Braille and easy read needs of Service Users.

OUTCOME 4

Feeling safe, Secure and free from discrimination or Harassment: Service Users have equal access to services without hindrance from discrimination or prejudice; they feel safe and are safeguarded from harm.

2.2.5 Safeguarding Adults

a) Protection from Abuse and Risk of Abuse

- i. Insofar as they contain obligations on Providers of domiciliary care services, the Provider must comply with The Lancashire or Cumbria multi-agency policy guidance and procedures for the safeguarding of adults, details of which are available on request, as are adopted during the currency of the Agreement. The Provider must also comply at all times with the Safeguarding Vulnerable Groups Act 2006
- ii. At the commencement of the Contract the Provider shall ensure that all Staff have received training on the Lancashire or Cumbria County Council Safeguarding Adults Multi Agency Policy and Procedures. This training must be delivered in accordance with individuals' job role and responsibilities.
- iii. The Provider shall ensure that any new Staff will have this training delivered as part of their induction programme.
- iv. The Provider is required to participate in any Safeguarding Adult investigations as directed by the Investigating Manager within the Contract. This can include attendance at Strategy and Planning & Monitoring meetings and any Review meetings. Where the Provider's Disciplinary procedures are deemed to be the appropriate route to deal with the alleged perpetrator ongoing feedback to the Investigating Care Manager is required.
- v. The Provider must demonstrate a proactive approach to Safeguarding Adults and Safeguarding Children. This will be evidenced through a range of robust policies and procedures that minimize the potential for abuse, and embed understanding and responsibility throughout.

b) Risk Management

- i. The Provider shall ensure that Staff have all the information required regarding any potential risks in delivering the Service.
- ii. Where sufficient documentation is not provided the Provider shall refer back to the Commissioner. If in doubt the Provider shall contact the Commissioner for written clarification.
- iii. The Provider shall undertake recorded risk assessments and formulate Support Plans to manage risks in the performance of the Service.
- iv. The Provider shall ensure all Service Users have a written risk assessment within 7 days from commencement of Service held on their files that will be reviewed on a minimum six monthly basis by the Provider
- v. The Provider shall ensure that all its risk assessments and Support Delivery Plans to manage risk are made available to the Care Manager or Health Professional as required.
- vi. The Provider shall ensure that all Staff are made aware of identified risks, risk management strategies and procedures for Service Users that they are working with.
- vii. The Provider shall ensure that all Staff comply with recorded risk management strategies and procedures for Service Users that they are working with.
- viii. Staff shall not give medical consent to treatment on a Service User's behalf.
- ix. Staff shall contact the Commissioner where they identify that Service User is at significant risk of poor nutrition or dehydration.
- x. The Provider shall ensure that there are appropriate arrangements for gaining access to Service User homes. The Provider shall ensure the security numbers of key safes will be kept confidential and only disclosed to Staff who have a

- legitimate reason for holding the code. The Provider will have a written policy around the confidentiality of key safe codes and Staff holding keys.
- xi. The Provider shall only hold Service Users' household keys in exceptional circumstances such as a sudden deterioration in health until alternative access arrangements can be arranged. This arrangement must be with the explicit written consent of the Service User in conjunction with their Carer and agreed by the Commissioner.
 - xii. Staff must not under any circumstances enter a Service User's property when they are in hospital, or otherwise away from the premises without the explicit permission of the Service User, Carer or Commissioner. This permission should be in writing where possible.
 - xiii. In the event that there is a loss of keys by Staff the Provider is liable to reimburse the Service User for any associated cost incurred by the loss of keys.

c) Behaviour That Challenges Services

- i. The Provider shall have a policy and procedures in place for Service Users whose behaviour is challenging, and ensure that these are complied with by all Staff. The Provider shall ensure that Staff are made aware of these as part of their induction. It is anticipated that case-by-case training will be required for certain Service Users
- ii. Where Service Users may present behaviour that challenges it is essential that a risk assessment is undertaken, which forms part of the Support Delivery Plan, to be able to evaluate the potential for harm to Service Users and staff. This will be done in partnership with the Commissioner and other relevant agencies, and will take into account information in the Service User's ISO and/or Support Plan.
- iii. The Provider shall ensure that Staff have an understanding of each Service User's emotional and physical needs and be aware of warning signs and "trigger" points, which result in particular behaviour. Staff are required to have skills in anticipating, diverting or diffusing challenging incidents. Staff will have appropriate listening skills and be familiar with strategies which enable them to minimize challenging behaviour.
- iv. The Provider must maintain detailed records that evidence when any de-escalation techniques or interventions have been used

c) Urgent Notifications

- i. The Provider shall notify the Commissioner by telephone **on the same day**, (and confirm in writing), if any of the following occur:
- ii. Significant events that affect the well-being of the Service User such as accident, personal injury, death of partner or close family relative.
- iii. Any safeguarding concern that arises
- iv. A sudden deterioration in a Service User's condition necessitating the need for an urgent review
- v. Any unusual or unexpected challenging behaviour by the Service User whether verbal, physical or sexual
- vi. If the Service User has an unplanned emergency admission to hospital
- vii. If there are circumstances where a Service User appears in need of medical attention but refuses to seek help.
- viii. Deterioration of a Service User's condition over a longer period necessitating the need for a review, e.g. questionable mental capacity, diminishing mobility etc.
- ix. If the Service User or Carer refuses to grant access or receive the planned service.
- x. The Provider shall ensure that if Staff are unable to gain access to the Service User's room there are clear procedures for staff to follow. Non access shall be

reported as a missed call in all situations and referred immediately to the Commissioner.

2.2.6 Workforce Management: Policies and Procedures

a) Recruitment and Selection

- i. The Provider must follow employment procedures in accordance with the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, CQC Guidance about Compliance: Essential Standards of Quality and Safety March 2010, and the 'Disclosure and Barring Service (DBS) checks for providers registered under the Health and Social Care Act 2008' CQC Guidance July 2011, or subsequent legislation, regulations or CQC Guidance amending, replacing or re-enacting the same.
- ii. Should the Provider have reason to refer a member of Staff to the Independent Safeguarding Agency (ISA) then they must comply with the ISA reporting procedures.
- iii. The Provider shall ensure that only Staff that are directly employed by the Provider (or sub-contracted staff in accordance with clause 9.2 Assignment and Sub-Letting in the Terms and Conditions) are used to deliver Services to the Commissioner's Service Users.
- iv. The Provider shall ensure that identification is carried by Staff at all times and must show:
 - A photograph of the Staff member
 - The name and signature of the Staff member
 - The name of the Provider and a telephone number that can be used to verify this information.
 - Expiry Date
- v. The Provider must comply with the requirements of any equalities legislation and keep themselves up to date on any subsequent amendments to equality legislation
- vi. The Provider will employ sufficient numbers of suitably qualified Staff to enable it to carry out the service and continue to meet demand.
- vii. The Provider shall ensure that all Staff will have written terms of conditions of employment and a job description

b) Supervision and Appraisal

- i. The Provider shall ensure that all Staff receive planned and structured supervision and appraisal as outlined in the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.
- ii. The Provider shall ensure that supervision procedures include the requirement for supervisory staff to undertake observed practice of staff on a regular basis.

c) Disciplinary Procedures

- i. The Provider shall ensure that there are robust disciplinary procedures in place that will safeguard vulnerable adults.
- ii. The Provider will ensure that Staff records show that appropriate action is taken where a member of Staff has breached and/or not followed policies and procedures.

d) Confidential Reporting / Whistle Blowing

The Provider must operate a policy on confidential reporting and whistle blowing.

e) Policies And Procedures

- i. The Provider shall ensure that there are policies and procedures in place with a person-centred emphasis, which promote feedback of Service User experience, and which ensure safe and appropriate working practices.
- ii. The Provider shall ensure that all policies and procedures are reviewed on a timescale that is appropriate to the content of the policy.

f) Staff Training

- i. The Provider must comply with training requirements in accordance with the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010
- ii. The Provider shall ensure that:
- iii. All care and support is delivered by competent, appropriately trained and supported staff.
- iv. There is a Training Policy and a Training Programme, which demonstrate an ongoing commitment to support training opportunities and maintenance of professional knowledge and competence.
- v. All Staff receive Induction Training to meet Skills for Care Common Induction Standards.
- vi. Evidence is available showing that Staff delivering any health care tasks have completed the appropriate training as set out in Appendix 3 NHS Cumbria Standards required for training and execution of health care tasks within Support at Home services.
- vii. Staff participate and complete any additional specific health care training identified as necessary by a Health Professional.
- viii. The responsibility for health care remains at all times with the Health Professional. The Health Professional will exercise this responsibility through completion of the Training Record for Health Related Tasks as per Appendix 3 and ongoing monitoring/supervision of those Service Users receiving care/support. The Provider shall ensure that Health Professional overview is in place and the Training Record is completed before health care tasks are delivered.
- ix. Where Staff have completed additional health care training to carry out health related tasks for a specific Service User a record is kept by the Provider using the template at Appendix 3
- x. Staff working in stressful or demanding situations receive appropriate support and guidance.
- xi. The learning and development needs of Staff are identified based on the needs of Service Users and the skills needed from staff to ensure that the service meets Essential Standards of Quality and Safety.
- xii. Staff have a learning and development plan in place from the point of induction based upon the needs identified and how those needs will be met.
- xiii. The Staff learning and development programme takes account of the working patterns of Staff.
- xiv. Where learning and development is delivered by a trainer, that person has demonstrated that they are competent to do so and, where an accreditation scheme applies, are accredited to act as a trainer for the course being provided.
- xv. Accurate and up to date training records are maintained and made available to the Commissioner on request for quality monitoring purposes.

OUTCOME 5

Maintaining personal dignity and respect:

Services will be sensitive to personal beliefs and preferences and will respect confidentiality, helping to preserve dignity at all times.

a) Dignity Standards

- i. Providers will foster a culture to promote dignity. The Commissioner expects that high quality services that respect people's dignity and the Provider shall:
 - have a zero tolerance of all forms of abuse
 - support people with the same respect you would want for yourself or a member of your family.
 - treat each person as an individual by offering a personalised service.
 - enable people to maintain the maximum possible level of independence, choice and control.
 - listen and support people to express their needs and wants.
 - respect people's right to privacy.
 - ensure people feel able to complain without fear of retribution.
 - engage with family members and relative carers as care partners
 - assist people to maintain confidence and a positive self-esteem.
 - act to alleviate people's loneliness and isolation.

b) Providing Palliative and End of Life Care (Eolc)

- i. The Provider shall ensure that Service Users who are approaching the end of their life will have their care, treatment and support needs met as set out in their Support Plan.
- ii. The Provider shall work in partnership with other agencies to promote the principles of end of life care as set out in CQC essential standards (2010) which identify that Service Users, should wherever possible:-
 - ***be involved in the assessment and planning for their end of life care and are able to make choices and decisions about their preferred options, particularly those relating to pain management***
 - have systems in place to ensure further assessments by specialist palliative care services and other specialists where needed
 - have information relating to death and dying available to them, their families or those close to them
 - have arrangements made for them and in addition their family and friends to minimise unnecessary disruption to their care, treatment, support and accommodation.
 - be able to have those people who are important to them with them at the end of their life.
 - have a dignified death. Staff must be respectful of their need for privacy, dignity and comfort.
 - be assured that their body and possessions are handled in accordance with their wishes as expressed on their Support Plan or any other available documentation. Staff must respect the Service User's values and beliefs.
- iii. In order to achieve these objectives the Provider shall:
 - Operate within a multi agency provision in line with the principles of National End of Life Care Strategy and Local CCG End of Life Pathway.
 - Be aware of and support the principles of the EoLC tools in use in Lancashire & South Cumbria; Gold Standards Framework (GSF) or Keep Improving the Experience (KITE); Preferred Priorities for Care (PPC).
 - Ensure that Staff have received training which links with the National EoLC core competencies.
 - Ensure that Staff are able to recognise/identify and appropriately communicate any changes which indicate that a Service User is moving along the pathway and therefore their EoLC needs will need to be reviewed/re-assessed.
 - Ensure that Service Users are able to discuss their needs and preferences with Staff who are competent and confident in having those

discussions whilst also being aware of their own limitations and when to refer on to other services for additional support.

- Ensure the needs of Carers are recognised and included in the overall approach to care delivery.
- Support staff to take a sensitive approach in this area of work

c) Customer Care

The Provider will ensure that all Staff are issued with a 'Code of Conduct' that describes the standards of professional conduct and practice required of them. The Standards within the 'Code of Conduct' must adhere to the standards contained within the General Social Care Councils (GSCC) code of practice for social care workers and /or other relevant professional guidance.

d) Continuity of Care

- i. The Provider shall match the requirements of the Service User with the most suitable staff.
- ii. The Provider shall make it a clear and acceptable aspect of staff tasks to support Service Users in fulfilling their emotional and social needs.
- iii. The Provider will ensure there is continuity in relation to the staff members who provide the service to each Service User. Staff will only be changed for justifiable reasons.

OUTCOME 6

Making a positive contribution:

Service Users who use the Service are encouraged to participate fully in their community and feel that their contribution is valued equally with other people.

- iv. The Provider shall assist the Service User to live as independently as possible in their community.
- v. In accordance with the Service User's Support Delivery Plan and to meet identified needs and outcomes the Provider shall ensure that:
- vi. the Service User continues to be part of the community around them
- vii. the Service User is supported to engage in their local community networks
- viii. the Service User is supported to identify areas of interest that they are able to pursue.
- ix. the Service User is supported to explore opportunities for following up their personal interests and identify ways to incorporate them into everyday life

OUTCOME 7

Economic wellbeing:

Service Users are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this.

e) Economic Wellbeing

- i. In accordance with the Service User's Care Plan and to meet identified needs and outcomes the Provider shall ensure that Service Users:
- ii. are well informed and supported through advice and support
- iii. are in control of their resources so that they can make choices
- iv. be signposted to Employment Development Schemes with contracted Providers
- v. be supported to access a range of employment opportunities based on their individual needs and aspirations
- vi. signposted to the relevant agencies to avoid financial difficulties

f) Financial Protection

- i. The Provider shall have a Financial Protection Policy and Procedure in place.
- ii. The Provider shall ensure that Staff exercise due care in handling Service Users' money. Any money handled by Staff due to support with the collection of benefits, purchase of shopping or payment of bills must be accounted for with the Service User at the time. A record signed and dated by Staff must be kept to account to the Service User and or their Carer.

2.2.7 Quality Assurance

a) Monitoring

- i. The Commissioner will regularly monitor the performance of this Contract and the Provider will be required to provide all reasonable assistance to the Officer(s) of the Commissioner during the monitoring process.
- ii. The Commissioner reserves the right to directly obtain the views of Service Users regarding the performance of the Provider.
- iii. The Commissioner reserves the right to directly obtain the views of Provider staff and to observe the Service provided at the point of delivery without giving notice.
- iv. The Provider shall maintain an internal quality assurance system to ensure that the Service is of the required standard and quality. The system shall include standard setting, monitoring management and review processes. The Provider shall give the Commissioner clear evidence of its quality assurance system.
- v. The Provider shall keep records that ensure they can demonstrate their performance under this Contract. Records will show resource inputs, organisational processes and outcomes related to the Service and Service Users.
- vi. The Provider shall carry out periodic surveys of Service User level of satisfaction. This will be done at least annually and results are to be shared with the Commissioner as part of the quality monitoring process.
- vii. The assessment of Provider performance will be a continuous process but will be formally assessed through:
 - Performance Audits completed by the Commissioner's Contracts and Compliance team
 - Performance will also be assessed by the Commissioner against Service User outcomes, which will be monitored through
- viii. Case Manager Reviews
- ix. An evaluation of responses to questions asked in spot check visits to Service Users' homes.
- x. When an Officer of the Commissioner generates a performance audit report regarding the Provider's performance, a copy will be given to the Provider.

b) Care Quality Commission

- i. The Provider must be registered with the Care Quality Commission and comply with Essential Standards of Quality and Safety across all its regulated activities as set out in the Care Quality Commission (Registration) Regulations 2009 and

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 to include any subsequent legislation amending, replacing or re-enacting the same for the life of this contract.

- ii. The Provider shall comply at all times with the requirements and regulations of the Care Quality Commission (CQC). The Provider shall supply to the Commissioner details of any notices issued to them by CQC.
- iii. The Provider will make available to the Commissioner, upon receipt, copies of any Regulatory reports or reviews including those that have not yet been released to the public.

c) Sharing of Quality Data

- i. NHS CCG's and Local Authorities in Lancashire and South Cumbria and the Care Quality Commission have open and transparent dealings with each other, which will result in routine sharing of information about the standard of care and support of the Provider.
NHS CCG's and Local Authorities may also share appropriate information regarding the standard of the Support at Home service being provided with other internal and external partner agencies that have an interest in improving the quality of care.

d) Complaints and Compliments

- i. The Provider shall have a complaints policy that conforms to the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. A copy of the Provider policy shall be made available on request.
- ii. The Provider shall give a copy of their complaints procedure to each Service User or their relative or Carer, in a format appropriate to the Service User's communication needs. The Provider shall display in public areas publicity about the right to complain.
- iii. The Provider shall make clear that Service Users can complain directly to them, to the Commissioner, or contact CQC. Telephone numbers and addresses for each of these shall be included in the procedure.
- iv. The Provider shall ensure that their employees fully understand the complaints procedure and their responsibility to promote the right to complain.
- v. Where Service Users lack capacity or might struggle to make a complaint without support, the Provider shall signpost potential complainants to an appropriate advocacy service.
- vi. The Provider shall respond to any complaints received in a prompt, efficient and courteous manner.
- vii. The Provider will respond in a positive way to feedback and use to improve services.
- viii. As part of the resolution of complaints, the Provider shall offer the complainant the opportunity to discuss their complaint in person with those responsible for dealing with it. An appropriate timescale must be negotiated.
- ix. The Provider shall maintain a log of complaints, concerns, compliments and suggestions, which will be available to the Commissioner at any time, showing:
 - The date the complaint/concern/compliment/suggestion is received
 - The name and address of the Service User and / or complainant
 - The equality profile of the Service User
 - The nature of the complaint/concern/compliment or suggestion
 - Outcome of any investigation into a complaint/concern
 - Details of any action taken to improve services
- x. Where a Service User has complained directly to the Provider, the Provider must make it clear that a complaint can be referred to, either the Commissioner, CQC or the Local Government Ombudsman if the Service User is dissatisfied with the outcome of the Provider's investigation.
- xi. The Provider shall make available to the Commissioner, on request, a summary of the number and type of complaints and their resulting outcomes and/or the log of complaints.

2.3 Population covered

This service is for adults resident in Lancashire and South Cumbria and registered with GP.

2.4 Any acceptance and exclusion criteria

Service Users shall be:

- 18 years or over
- ordinarily resident and living within the boundary of Lancashire and South Cumbria CCG's.
- assessed as meeting the Commissioner's eligibility criteria.

2.5 Interdependencies with other services

The Provider will be expected to work collaboratively with other NHS and non-NHS providers and with the Commissioner to ensure continuity of care across pathways and services.

3. Applicable Service Standards

3.1 Applicable national standards eg NICE, Royal College

3.1.1 Legislation

The Provider shall be aware of the following legislation as it shapes the service they provide and they must ensure that, where applicable, their organisation has in place policies and procedures and practices to meet these legislative requirements. The Provider must be prepared to provide evidence of this and their use as part of the monitoring processes associated with this specification.

It is the responsibility of the Provider to ensure that they comply with any new legislation that impacts on the service, even if not contained on the list.

- The National Health Service and Community Care Act, 1990, Section 4
- The Disabled Persons (Services, Consultation and Representation) Act 1986.
- The Disability Discrimination Act 1995 (*as amended by the Special Educational Needs & Disability Act 2001*)
- The Chronically Sick and Disabled Persons Act 1970.
- The National Health Service and Community Care Act, 1990
- The National Assistance Act 1948, Section 30
- The Carers (Recognition and Services) Act 1995
- The Equality Act 2010
- The Health & Social Care Act 2008 (*replacing Care Standards Act 2000*)
- European directive on lifting and manual handling 1992
- COSHH regulations 1988
- Food Safety Act 1990
- Data Protection Act 1998
- Human Rights Act 1998
- Carers and Disabled Children Act 2000
- Employment Rights Act 1996
- The Health & Safety at Work Act 1979
- Community Care (Delayed Discharges) Act 2003
- Medicines Act 1968
- Mental Capacity Act 2005

4. Key Service Outcomes

4.1 OUTCOME 1 - Improved health and emotional well being:

Services will promote and facilitate the health and emotional well-being of Service Users who use the service.

4.2 OUTCOME 2 - Increased choice and control:

Service Users, and their carers, have access to choice and control of good quality services, which are responsive to individual needs and preferences.

4.3 OUTCOME 3 - Improved quality of life

Services will promote independence, and support Service Users to live a fulfilled life making the most of their capacity and potential

4.4. OUTCOME 4 - Feeling safe, Secure and free from discrimination or Harassment:

Service Users have equal access to services without hindrance from discrimination or prejudice; they feel safe and are safeguarded from harm.

4.5 OUTCOME 5 - Maintaining personal dignity and respect:

Services will be sensitive to personal beliefs and preferences and will respect confidentiality, helping to preserve dignity at all times.

4.6 OUTCOME 6 - Making a positive contribution:

Service Users who use the Service are encouraged to participate fully in their community and feel that their contribution is valued equally with other people.

OUTCOME 7 - Economic wellbeing:

Service Users are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this.

6. Individual Service User Placement

All brokerage and contracting for Individual Patient Activity for Domiciliary Care packages will take place using the ADAM Dynamic Purchasing system (DPS). This will require all providers to register and enrol with the ADAM system and to monitor this as a live brokerage portal for Lancashire and South Cumbria. IPA placement agreements and invoicing will all go through this one system.

7. Data Security & Protection Toolkit

All CQC registered providers are being strongly encouraged to be Data Security and Protection Toolkit (DSPT) compliant and those who require NHS Mail access (receiving NHS Continuing Healthcare funding) will be required to be DSPT compliant from June 2021. The process to achieve compliance has been simplified significantly for the care sector, so I encourage you to look into this at your earliest opportunity if you need to update or start the process of compliance.

8. Quality Monitoring

Following the successful enrolment to the ADAM DPS system and a period to familiarise with the DPS system providers will then be required to return quarterly monitoring reports using the ADAM quality tool. This tool has a set of questions that will indicate to Commissioners how well each provider is achieving across a range of outcomes. These will be followed up with monitoring calls and visits as required by MLCSU Contract and Quality

9.COVID-19

The COVID -19 pandemic has resulted in a change in our society that has no clear end. The vaccination programme will reduce the impact of COVID however it will not eradicate it completely. It is therefore essential that all providers continue to use PPE in a safe way at all times and that staff are provided with the relevant training and guidance to allow themselves and the people they support to remain safe from COVID at all times. Monitoring of PPE use, handwashing, donning and doffing will all need to take place to ensure standards do not reduce.

All providers wil be expected to ensure their staff follow up to date Government and local guidance relating to COVID Infection control and PPE.

SIGNED by

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Print name

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Signature

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Title

**for
and on behalf of**

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Name of Provider

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Date