

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	2/1
<b>Service</b>	<b>Provision of 24 hour specialist Nursing or Residential Care for people with specialist needs relating to dementia</b>
<b>Commissioner Lead</b>	Toni Smith – Head of Continuing Healthcare
<b>Provider Lead</b>	
<b>Period</b>	1 <sup>st</sup> April 2020 – 31 <sup>st</sup> March 2021
<b>Date of Review</b>	November 2020

#### 1. Population Needs

##### 1.1 National/local context and evidence base

1.1.2 NHS Continuing Care involves a package of care that is arranged and wholly funded by the NHS. Criteria for eligibility are set out in the National Framework for NHS Continuing Health Care, (revised Oct 2018. [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)).

1.1.3 North Kirklees Clinical Commissioning Group (CCG) (*the Commissioner*) and Greater Huddersfield Clinical Commissioning Group wishes to commission a service that can provide consistently high quality, specialist care and treatment to adults aged 18 years and over with complex behavioural needs related to dementia.

1.1.4 North Kirklees and Greater Huddersfield CCGs' currently do not have a community placement in the local area to meet the needs of those Service Users who have complex behavioural needs related to dementia. This gap in local provision results in a requirement for out of area placements or enhanced observation levels in a local care home setting that does not address the function, nor alter the behavioural pattern.

1.1.5 It is expected that the service will be able to provide high- level complex care to those requiring the following.

- long term care
- 'step up' support to prevent admission to hospital

- short term symptom management support
- respite

1.1.6 The provider is expected to demonstrate skill and expertise in the following areas:

- Dementia Care
- Person – Centred Care and building meaningful relationships
- Reminiscence
- Dementia Care Mapping
- Communication and behaviour
- Legal aspects for caring for someone with Dementia.

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	√
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	√
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	√
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	√
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	√

### 2.2 Local defined outcomes

2.2.1 The Commissioner expects the Provider to deliver services to all Service Users living in the community facility in accordance with the standards and quality requirements contained within this Contract and in line with local quality requirements

The key service outcomes below are based on the NHS Outcomes Framework<sup>1</sup> and Adult Social Care Outcomes Framework<sup>2</sup>.

<sup>1</sup> NHS Outcomes Framework 2016 to 2017. Available at:

<https://www.gov.uk/government/publications/nhs-outcomes-framework-2016-to-2017>

- People with care and support needs have an enhanced quality of life.
- People have a positive experience of care and support.
- People are helped to recover from episodes of ill health or following injury.
- People are treated and cared for in a safe environment and protected from avoidable harm
- People are treated to minimise pain, discomfort and anxiety, whilst maximising quality of life
- Health-related quality of life for people with long-term conditions
- Enhancing quality of life for people with mental illness
- Enhancing quality of life for people with dementia
- Reducing time spent in hospital by people with long-term conditions
- Proportion of people feeling supported to manage their condition
- Patient safety incidents reported
- Proportion of people who use services to have control over their daily life

### 2.3 Key Service Outcomes

- To provide care that is delivered by staff who are appropriately trained and with an appropriate level of understanding of the needs of that Service User
- To provide care that is person centred and embraces personalisation ensuring a holistic view is taken around their broader circumstances and needs
- To provide care with compassion and with an understanding of people's backgrounds and preferences
- To treat Service Users with dignity and respect and to encourage them to be independent
- To ensure the Service User and representatives are involved in the planning and review of care and they are supported to make decisions and choices about their care and support
- To ensure Service Users who are unable to participate in decision-making have access to an advocate
- To assist the Service User to achieve and maintain optimum physical health status minimising admissions into hospital
- To ensure the Service Users health and wellbeing is consistently monitored and the necessary referrals to allied health care professionals are made in response to their changing needs
- To improve the satisfaction levels of Service Users and their families in the care that they are receiving
- To reduce the stress experienced by the Service Users families by assisting

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<sup>2</sup> The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions- Available at: <https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-handbook-of-definitions>

in the care of their loved one

- Work with key professionals to reduce the incidence of challenging behaviour, but also provide a setting where staffs have the appropriate skill and experience to address this.

## 2.4 General overview

2.4.1 The Provider will deliver services from a fixed bed base, which offers flexibility to meet the needs of those identified Service Users who require care interventions, treatment and support as a consequence of their complex behavioural needs related to dementia.

2.4.2 It is expected that the service will be able to provide high-level complex care to those requiring the following:

- ✓ long term care.
- ✓ 'step up' support to prevent admission to hospital, (potentially via a short stay arrangement following agreement from the Commissioner)
- ✓ short term symptom management support
- ✓ respite

2.4.3 Those Service Users identified as eligible for NHS CHC or a contribution from the CCG will have been identified by the CCG as requiring one of the above services.

2.4.4 Provision and delivery of care will be through a team-based approach, inclusive of RGN/ RMN, and care staff with demonstrable experience of working with individuals with a dementia via a person centred approach.

2.4.5 The Provider will ensure that it has a clearly identified pathway for referral to other professionals that maybe required to provide input to the provision and delivery of care e.g. Mental Health services, Psychologists, Occupational Therapy etc.

2.4.6 There is an expectation that some Service Users will require a transition to other services appropriate to their identified needs

## 2.5 Principles of Care

The following principles of good practice should be incorporated into day to day policy:

- 1) Service Users have the same human value and rights as anyone else and will be treated with the same dignity and respect as any other citizen.
- 2) Care will be based on an individual person-centred assessment taking a holistic account of their broader circumstances and needs.
- 3) Care will be provided in a way that maximises their potential, independence and inclusion.
- 4) Service Users will as far as possible participate in decisions affecting their daily lives.

- 5) Service Users who are unable to participate in decision making will have access to an advocate.
- 6) Carers will be appropriately involved in planning the care of their relative and will have their needs assessed and taken into account.
- 7) Functional Analysis or formulation is a fundamental aspect of working with individuals with a diagnosis of dementia with behavioural, psychological and/or emotional needs.

### **3. Scope**

#### **3.1 Aims and objectives of service**

The Provider will support the overall strategic aims of the CCG to ensure that the population of NHS NKCCG and NHS GHCCG has the best possible healthcare outcomes by commissioning high quality, equitable and integrated services.

- 1) To provide a skilled and experienced service to adults with complex behavioural needs related to dementia living in a 24 hour care setting
- 2) To ensure that the Provider has a consistent level of appropriately skilled and competent care workers, commensurate with the requirements of the specification to meet the physical, mental, emotional, cognitive and cultural care needs of the Service User.
- 3) To improve the organisation and co-ordination of care provision to benefit individuals to reduce, or remove the risk of unnecessary hospital admissions, or out of area placements.
- 4) To provide a central point of communication about care provision for professionals, patients their families and carers
- 5) To improve continuity of care through a co-ordinated approach to provision
- 6) To effectively manage resources to ensure appropriate risk management, equity of available services, equity of access to services and value for money
- 7) To provide information and signposting to services to professionals and Service Users and carers
- 8) The Provider will demonstrate skill and expertise via completion of accredited training programmes

#### **3.2 Service description/care pathway**

3.2.1 Prior to each placement a detailed assessment will be carried out by the Provider to ensure that the needs of the Service User and existing Service Users can be met. If the Service User has a physical nursing need the assessment must be carried out by a qualified nurse, ideally the clinical lead.

3.2.2 The Provider must ensure that Service Users and family/carers have clarity about what the community facility provides prior to admission. If a Service User is eligible for NHS Continuing Care, funding will cover every aspect of the Service

User's care provision as assessed by the CCG. The Service User will also have full access to all NHS Services and must register with a local General Practitioner. There should be no extra charge for NHS Services if an individual is identified as having a clinical requirement for that Service. This includes primary care services such as podiatry, dietician, Speech and Language Therapy, Community Mental Health teams.

### 3.2.3 Service provision will include the following:

- The Provider will establish and record how support will be specifically delivered in accordance with the Service User's needs and wishes.
- The Provider will ensure that all care team members are given an appropriate and adequate briefing regarding the Service User's needs and specific details of the way in which they are to be met.
- Care team members must provide the service specified in the Personalised Care Plan.
- The Provider must be able to demonstrate that a robust planning mechanism is established to ensure continuity of service where a regular care team member is absent due to sickness, holiday, etc.
- The Provider must respect confidential information gained in the course of professional practice and ensure that no such information is passed on to anyone who does not have a right to that information.
- The Provider must ensure that Services are delivered promptly, taking into account the dignity of the Service User at all times.
- The Provider must ensure that staffing requirements and skill mix are identified and planned based on the individual needs of the Service Users at any given time.
- The Provider must ensure that all staff has appropriate skills and training in order to meet the needs of the client groups.
- The Provider must ensure Service Users have up to date personalised care plans and risk assessments that reflect their current needs.
- Emergency Care Planning and/or Advanced Care Planning should be in place where appropriate.
- The Provider must ensure that all clinical staff have current registration and have evidence of up to date clinical practice.
- The Provider must ensure that all clinical staff have regular clinical supervision sessions.
- The Provider must ensure that it has an appropriate governance structure in place at all levels of the organisation to ensure the delivery of high quality care and early detection of any issues or risks.
- The Provider has a responsibility to alert the Commissioner if there are any concerns identified that may have an impact on the standards of care delivered.

3.2.4 The Provider will notify the Commissioner immediately when a Service User is admitted to hospital and will keep the commissioner updated as to the progress of the Service User. After a period of 28 days the Provider will make a request to the

Commissioner in relation to the continuation of the individual placement. The Commissioner will advise the Provider whether or not the placement should continue or provide notice that the placement is terminated.

3.2.5 In the event that a Service User dies the Commissioner will pay for Services for up to 3 days after the date of the Service User's death.

3.2.6 The Provider shall deliver all commissioned care to meet the assessed needs of the Service User taking into account their gender, age, race, ethnicity, culture, sexuality and ability/disability in accordance with the requirements detailed within the Care Plan. Providers shall take all reasonable steps to match Care Staff to the assessed equality and diversity needs of the Service User, where applicable.

3.2.7 The Provider will consider the specific needs of protected groups in relation to the service provided, making special arrangements where necessary. All protected characteristics will be considered and adjustments made.

3.2.8 The Provider will have systems/procedures/policies in place to monitor referrals and service users and will report this to the commissioner. The provider will evidence actions undertaken to address any preventable inequalities of experience or outcomes, where these become apparent. The Provider must ensure they are, where appropriate providing equitable services to all Service Users.

3.2.9 The Provider will ensure that information about the service is provided to all individuals using the service and their carers/family, in appropriately accessible formats, this includes how to register a complaint. This information should reflect the diversity of the local community.

3.2.9.1 The Provider shall ensure that Care Workers are provided with appropriate items of Personal Protective Equipment (PPE) to promote good infection control standards and to comply with health and safety requirements of the tasks they will be expected to perform under this Specification. This may include but is not limited to disposable gloves and aprons.

All members of the Multi- disciplinary Team will be required to wear ID badges at all times.

The Provider will ensure engagement and utilisation of the Voluntary Sector where appropriate

As part of the implementation of the requirements of this specification, the Provider shall ensure due consideration has been given to the requirement under the General Data Protection Regulation/Data Protection Act 2018 to undertake a Data Protection Impact Assessment (DPIA) where the processing of personal identifiable data is likely to result in a high risk to the rights and freedoms of individuals.

### **3.3 Personalised Care Plans**

The essential component in meeting the needs of the Service User is the

Personalised Care Plan developed by the Provider.

3.3.1 The Provider will have systems and policies in place to ensure that it is responsive to the individual needs of its service users and will demonstrate it makes all reasonable adjustments to ensure that its services are accessible, appropriate and flexible.

3.3.2 The Provider will consider the specific needs of protected groups in relation to the service provided, making specific arrangements where necessary, such as interpreters.

3.3.3 All protected characteristics will be considered and adjustments made, but particular attention will be to people who may have additional communication requirements. Providers will comply with the NHS Accessible Information Standard.

3.3.4 The provider will produce accessible materials and signposting information to publicise and promote the service as required. The information will include a clear description of how the service operates, how it fits with other services, what to expect from the service (in terms of processes and outcomes) and how to register a compliment/complaint.

3.3.5 The Provider will ensure that information about the service is provided to all individuals using the service and potential service users and their carers/family, in appropriately accessible formats. This information should reflect the diversity of the local community.

3.3.6 The Provider shall ensure that care is provided in partnership with Service Users and Carers, respecting their diverse needs, preferences and choices and in partnership with others, (especially the NHS) whose Services impact on well-being.

3.3.7 It is the role and responsibility of the Commissioner's Continuing Care Team to provide the referral and any other information held. This will include any pertinent information to enable the Provider to deliver a more tailored care package to meet the Service User's need.

3.3.8 The Provider will ensure that the client has an Personalised Care Plan which will outline how the Service User needs will be met and should include but not be limited to the following:

- Risk Management
- Mental Health
- Person – Centred Care
- Emotional and psychological wellbeing
- Capacity and Consent
- Nutrition
- Falls prevention
- Manual handling
- Medication (Symptom Control/ Management)
- Continence
- Altered States of Consciousness
- Tissue viability
- Spiritual/cultural



- Behavioural management, where applicable
- Safeguarding
- Palliative care
- Equipment needs

3.3.3 All nurses must maintain a high standard of record keeping in line with Nursing and Midwifery Council (NMC) Code.

3.3.4 Prior to admission it is expected that the Provider will carry out a thorough pre-admission assessment which identifies individual needs and risks in order to ensure safe care planning on admission. NB. Where a resident is admitted to hospital for an in-patient stay it is expected that the Provider re-assesses their needs prior to their return to the care home.

3.3.5 On admission to the care home as part of the initial assessment and development of the care plan, a body map should be completed, recording any marks, tears to the skin or any pressure sores. The body map should be reviewed regularly during care plan reviews and in the event of any incidents and kept updated. Any findings must be recorded in the Service User's Personalised Care Plan with relevant supporting information.

3.3.6 The personalised care plan sets out in detail the action that will be taken by the Provider to meet the assessed needs, including specialist needs and communication requirements and identifies areas of flexibility to enable the Service User, where appropriate to maximise their potential and maintain independence in the care home.

3.3.7 The care plan is drawn up with the cooperation of the Service User, and if appropriate, their relatives or any other professionals and agencies that may be involved in their care. Changes to the care plan shall be recorded accordingly and shared with the CHC Team. The care plan will clearly outline any necessary escalation processes, and the limitation of the Provider's role, including contact details of more senior clinical decision makers in response to deterioration or change in need.

3.3.8 Care Plans should be developed with Service Users and families/carers to:

- reflect the Service User's physical, social, psychological and emotional needs. The Care Plans should provide evidence that it is regularly reviewed with the Service User and Carer and adapted to reflect any change in the Service User's needs.
- Care Plans should reflect the needs and wishes of the individual, facilitating choice and delivering a Service that respects the privacy and dignity of the Service User at all times. This may require consideration of previously articulated wishes and wants, or advance directives.
- Care Plans should clearly identify requirements in relation to the Mental Capacity Act (2005) and requirement for capacity assessments and best interest decision – making.

3.3.9 Care Plans should be updated and reflect the current health needs of the individual with clearly defined actions to meet these needs. It is expected that the Care Plan format will clearly identify the process of assessment, planning, implementing and evaluating care. This record should enable any nurse/carer to identify a Service User's needs and provide the appropriate care required.

3.3.9.1 Care Plans should identify any nursing needs and actions with clear timescales for tasks, e.g. assessment of physical health and subsequent impact on mental or behavioural state, formulation or functional analysis of behavioural presentation, risk assessment and management, observation levels.

In a nursing home it is recommended that the named nurse takes responsibility for care planning for their allocated Service Users to ensure that all Care Plans are completed to reflect best practice.

3.3.9.3 In a care home the registered manager/clinical lead should take responsibility for ensuring the standard of care plans and coordination of overall care provision.

3.3.9.4 The Provider shall ensure that adequate time is allowed and a clear handover system is in place at the change of shifts for nursing staff or care staff to communicate relevant information regarding the care of Service Users.

3.3.9.5 The Provider shall ensure that in the event of a Service User being transferred to another care setting they are accompanied by a copy of the up to date body map and all relevant transfer documentation.

3.3.9.6 The Care Plan is supported by any other relevant documentation that is designed to assist the Provider in establishing the right level of care required by the Service User

3.3.9.7 A copy of the care plan will remain with the provider and also emailed through to the CHC Team using the secure email address provided, as soon as possible and no later than 48 hours after care provision has commenced.

### **3.4 Risk Assessments**

Risk Assessments and management plans must be reviewed on a regular basis and whenever the Service User's circumstances change, such as following a period of hospitalisation or change in medication regime. All professionals involved in the provision of care to the Service User may be involved in that review as circumstances dictate. Actions for Staff to take should they identify a new risk

A copy of all Risk Assessments shall be retained by the Provider in the Service Users individualised Support Plan and also sent to the respective CHC Team, using the secure email address provided.

A comprehensive plan to manage or mitigate any risks identified. The plan should provide detail of the action carers should take if the Service User or their representatives become aggressive, abusive or cause harm or self-harm, in order to minimise the risk and to the Service User, staff and anyone visiting the home

### **3.5 Placement Review**

Care plans shall be reviewed on a regular basis and whenever the Service User's circumstances change, such as following a period of hospitalisation or change in medication regime.

The Provider and the Commissioner shall liaise closely at all times throughout the duration of the placement, and it is the Commissioner's responsibility to ensure that a formal review is undertaken at appropriate intervals under the National Framework for Continuing Care.

The Provider shall cooperate with the CHC Team to undertake Continuing Healthcare reviews, which may be undertaken jointly with the Local Authority and include involvement of the individual, patient representative and other professionals involved in the Service User's care

### **3.6 Staffing Arrangements**

3.6.1 The Provider shall have an effective recruitment and selection policy and appropriate procedures in place that identify the most appropriate person for their organisation. This must encompass strategies and processes that promote equal opportunity, equality and diversity to attract and retain a high quality, competent multi-disciplinary workforce in adequate numbers to meet the needs of the Service.

3.6.2 In accordance with the new Protection from Freedoms Act 2012, the Provider shall ensure that they undertake the necessary security measures prior to recruiting a new member of staff. This shall include, as a minimum, the Disclosure and Barring Service. No employee is to be allowed to deliver care under the Contract unless they have a satisfactory check returned to the Provider. Should the check identify an issue with the employee, the Provider is responsible for undertaking a risk assessment and recording the results of that assessment within the employee's personal file (or acceptable equivalent location).

3.6.3 The Provider is responsible for alerting the Commissioner to any risks identified with an employee who has a criminal offence that may reasonably be expected to compromise their ability to work with potentially vulnerable adults. The Commissioner reserves the right to refuse to allow such an employee to deliver care under this Contract.

3.6.4. The Provider shall ensure that there is a staff mix that reflects the needs of the patient and the levels of experience of the Staff. This includes the provision of a Registered Manager who is aware of, and meets the requirements of, the duties and responsibilities of a Registered Manager under the aforesaid standards. This may also require the oversight of a registered nurse or other registered practitioner.

3.6.5 The Provider shall ensure that Staff receives the appropriate amount and levels of training commensurate with the care they are to deliver. This shall include any mandatory and statutory training (e.g. Equality and Diversity; Manual Handling training), and, may also include any Service User-specific training that is relevant to the assessed need of the Service User and within the boundaries of Staff's

competencies. All instances of training shall be recorded by the Provider and made available on request to the Commissioner.

3.6.6 The Provider shall assign to the Services sufficient qualified and trained staff to provide and supervise the Services at all times. The staff shall have the skills, competence and expertise necessary to deliver the Services. Sufficient reserves will be available to provide cover for holidays, sickness and absence.

3.6.7 The Provider will be expected to demonstrate how they are able to provide and maintain holistic care provision through their recruitment processes.

3.6.8 The Provider will determine the number and skill mix of staff required on a day to day basis taking into account the number of Service Users living in the home and the level and type of need and the layout of the home.

3.6.9 The Provider shall have an identified Clinical Lead who shall be responsible for ensuring the delivery of high quality, safe and effective care, ensuring the maintenance of professional standards and the supervision of qualified staff.

3.6.1.1 Where there are Service Users with complex physical and mental health care needs, the clinical lead will take lead responsibility for ensuring the assessment, planning, management and delivery of the care provided meets the needs of the individual.

3.6.1.2 The Provider shall ensure that all nurses participate in the supervision and mentoring of care staff and delegation of appropriate workload in order to deliver a satisfactory level of care.

3.6.1.3 The Provider will support staff in accordance with CQC requirements but will also take into account that extra support may be required for both staff and management depending on the needs of the Service Users.

3.6.1.4 Evidence of effective case management will be required with escalation procedures and risk assessments in place which are fully understood by every member of staff involved in care provision.

3.6.1.5 Nurses must at all times act in a competent manner that adheres to the professional codes of conduct as determined by the NMC. All nurses must have current and up to date registration/ revalidation with the NMC.

3.6.1.6 The Provider shall have in place appropriate contingency arrangements to ensure that they are reasonably able to continue to deliver care in the event of planned or unplanned increases in workload, staff absences and adverse weather conditions.

3.6.1.7 It is recommended that where possible the Provider operates a three shift system rather than 12 hour shifts. In the event that staff do work 12 hour shifts, staff must not work more than three concurrently.

3.6.1.8 The Provider shall have specific protocols and procedures in place that recognise the needs of EOL Service Users and their families. Where there is an

official signed Do Not Attempt Resuscitation (DNAR) Decision for the Service User being cared for, the Provider shall ensure that its Staff are aware of its existence and that they have been trained to react accordingly.

3.6.1.9 The Provider shall ensure that appropriate contact details will enable the Service User families to make contact at all times

### **3.7 Population covered**

Individuals aged 18 years or over who are registered with either a North Kirklees GP or Greater Huddersfield GP (subject to “Who Pays?” guidance).

### **3.8 Any acceptance and exclusion criteria and thresholds**

Service users who do not meet the Continuing Healthcare or Funded Nursing Care criteria are not included in this provision

### **3.8 Interdependence with other services/providers**

3.8.1 The care delivered by the Provider depends on good working relationships with numerous agencies, which may include the following, although this is not an exhaustive list:

- The Commissioners' Continuing Healthcare Team
- Kirklees Local Authority
- NHS community healthcare teams
- General practitioners and primary care teams
- 3rd sector organisations
- Private sector organisations
- Service Users and their families/representatives.
- West Yorkshire Safeguarding
- Expertise from other medical specialities (neurology, stroke services, respiratory, neuropsychiatry, stroke services, cardiovascular services)
- Specialist Mental Health Services
- Equipment Services
- Acute Healthcare services

3.8.2 In order to protect the identity and interests of the Service User under the care of the Provider, the preferred method of correspondence regarding the Service User, between Commissioner and Provider, is via secure email.

3.8.3 On occasions where it is expedient and appropriate to correspond via electronic methods (email), if the Provider does not have a secure email address

then any reference to the Service User made using the following protocol: the Service User's initials and the CCG's unique database reference number.

3.8.4 The Provider shall cooperate with any other agencies who may be involved in the day to day care of the Service User, being mindful that their staff may be expected to work alongside any other nominated person/ professional. There may be instances where the Provider has to work closely and collaborate with other agencies, for example, in order to assess Service Users changing needs.

3.8.5 The Provider will ensure that any equipment loaned via the Equipment Service for a Service User is returned in a timely manner.

### **3.9 Service Model**

#### **Care Environment, Amenities and Activities**

- Services will be provided in a smoke free environment in line with the Health Act 2006.
- Consideration to the principles of a supportive physical environment for this client group should be evident.
- There will be wheelchair/disabled access and sufficient space to accommodate Service Users' walking aids.
- A high standard of toilet facilities will be available with fold down handrails either side of the toilet and suitable placed handrails on the wall.
- A call system to summon staff for assistance, including urgent help will be available at all times.
- Décor and furniture will be pleasant both in the care home communal areas and the Service User's room. Service Users should be involved in decisions about décor and furnishings, where possible.

3.9.1 On a daily basis there should be a creative range of opportunities for Service Users to take part in appropriate and person centred group and individual activities. It is expected that activities either within the home or through access to the community reflect the needs of individual Service Users. It is expected that evidence of activities will be documented within individual care plans. The Provider will be expected to provide evidence that Service Users have been involved in decisions about both group and individual activities.

Staff responsible for activities must receive appropriate training to ensure that they are aware of the range of activities that Service Users can take part in, e.g. health related and therapeutic activities. Facilities must be available for social interaction between Service Users.

There must be access to refreshments throughout the 24 hour period.

All reasonable steps must be taken to ensure the security of the Service User and their personal belongings. An inventory should be taken at the commencement of the placement and agreed with the Service User and the Carer.

The Provider must ensure that the Service User is supported to maintain good oral health, including regular dental checks and support to clean teeth.

The laundry facilities must be organised to ensure that the Service User's clothes are not misplaced. Where clothes are lost or damaged by the laundry service the Service User must be reimbursed for the loss.

The Provider must maintain in good working order an email system and facsimile which is accessible at all times.

The Provider must have safe and effective procedures for medicines management which comply with CQC and the Commissioner's Guidelines. The Provider is responsible for carrying out its own internal and external audits to ensure effective medicines management arrangements.

The Provider shall ensure that care is provided in an environment that promotes patient and staff safety and well-being, as well as respect for the Service User's needs and preferences. The environment shall be designed for the effective and safe delivery of care ensuring at all times that the privacy and dignity of Service Users is maintained.

Appropriate cleaning regimes will be in place to ensure that continence issues do not cause concern and the risk of infection is minimised.

#### **4.0 Management of the Home and the Services**

4.1 The Provider shall demonstrate that their managerial leadership, clinical leadership and accountability, as well as the culture of the organisation, systems and working practices, ensure that probity, quality assurance, quality improvement and patient safety are central components of all activities of the organisation. The Provider will be expected to ensure that clear governance systems including regular audits of the Service.

4.2 Staff competency must be maintained through regular training and development. All management and staff involved in providing the Services will be required to undertake regular training in care provision for people including dementia care and person centred care and to update their knowledge and skills in line with good practice. This will be evidenced within the training matrix.

4.3 Staffing levels will be dependent upon the needs of the Service Users.

Regular care team members must be identified for each Service User. Changes to the regular care team members must be minimised. A record of changes must be kept for quality evaluation purposes.

4.4 Providers must be able to demonstrate that a robust planning mechanism is established to ensure continuity of service where a regular care team member is absent due to sickness, holidays, etc. There should be a clear process to arrange staffing in any unforeseen circumstance/emergency situation.

The Provider's Business Continuity Plan must be updated on an annual basis and be made available to the Commissioner.

4.5 The Provider must ensure that all management and staff are aware of the requirement to treat information gained in the course of professional practice confidential.

4.6 As part of the implementation of the requirements of this specification, the Provider shall ensure due consideration has been given to the requirement under the General Data Protection Regulation/Data Protection Act 2018 to undertake a Data Protection Impact Assessment (DPIA) where the processing of personal identifiable data is likely to result in a high risk to the rights and freedoms of individuals.

#### **4.1 Service User and Carer Focus**

4.1.1 The Provider shall ensure that care is provided in partnership with Service Users and Carers, respecting their diverse needs, preferences and choices and in partnership with others, (especially the NHS) whose Services impact on well-being. The Service Provider must:

4.1.2 Ensure visiting therapists, clinicians and other specialist health and social care staff are provided with adequate facilities and support to undertake their work;

4.1.3 Ensure that individual Service User progress is reviewed on a daily basis and recorded in Care Plans, such reviews and the care provided to be carried out in a way that is person centred, i.e. reflects the needs and personality/experience of each individual Service User;

4.1.4 Ensure that Service Users and Carers are fully consulted about the care being provided or planned and provided with comprehensive information in an appropriate format taking into account the mental Capacity Act 2005 and any relevant legislation or guidance relating to the care of people with dementia. ( Where a potential deprivation of liberty is identified a full exploration of the alternative ways of providing the care and/or treatment should be undertaken in order to identify any less restrictive ways of providing that care which will avoid a deprivation of liberty. Where the care/treatment plan for an individual lacking capacity must unavoidably result in a deprivation of liberty judged to be in that person's best interests, this MUST be authorised by the DOL assessors);

4.1.5 Carry out a mental capacity assessment in the event that there is doubt about the individual's capacity to make decisions. This would inform whether a best interest decision is appropriate;

4.1.6 Ensure that the Service User's religious and cultural needs are taken into account at all times.

#### **4.2 Equipment**

- The Provider must ensure that any equipment that is deemed necessary in order to provide the level of care determined by the needs identified is



in place. This equipment should be provided by the provider where a placement is long term or on a short term loan from Commissioner Loan stores in line with the existing equipment policy

- The provider shall at all times comply with the law and any applicable quality standards in relation to the services environment and the equipment and shall ensure that they are clean, safe, suitable and sufficient.
- The provider shall store, use and maintain all equipment strictly in accordance with the manufacturer's instructions and with good practice in relation to infection control.
- The Provider shall ensure that all equipment is installed and used correctly with reference to the specifications and manufacturers' instructions and is suitable for its intended purpose.
- The Provider shall ensure that all equipment is properly maintained, tested and serviced
- The Provider shall ensure that all staff is trained in the correct use of any equipment.

#### 4.3 Discharge Criteria and Planning

The Provider will work with the Commissioner to ensure that where people are moving out of the community facility their needs are met in the interim period prior to the move and to ensure that the transition is smooth. This may involve working with other Providers who may be taking over service provision.

The Provider is required to give 28 days' notice to the Commissioner of their intention to suspend or terminate an individual Care Package in order to allow sufficient time for the Commissioner to commission a suitable replacement Care Package. In exceptional circumstances the Provider may be asked to continue providing care until such time as that replacement can be secured.

#### 4.4 Service Review and Information Requirements

##### Service Review – Service User

- If there is a change in needs of a Service User the Commissioner must be informed immediately. Any changes to staff ratios must be agreed in writing by the Commissioner. The Provider must ensure however that needs Service Users are met at all times in accordance with CQC Fundamental Standards and this Agreement. Any requests for additional funding will be agreed following a decision by the CCG Resource Allocation Panel.
- The Commissioner must be informed orally immediately of any incidents affecting a Service User where harm or potential harm has occurred resulting in a Safeguarding alert being made. Confirmation in writing via secure email must also be sent with immediate effect. The email address [is@NKCCG.ContinuingHealthcare@nhs.net](mailto:is@NKCCG.ContinuingHealthcare@nhs.net). The email must be marked for the

attention of the Duty Nurse. The Provider must follow the NHS Serious Incident Framework.

- The Provider will cooperate at all times with the Commissioner's reviewing process, ensuring that information is accessible. Monitoring visits may be announced or unannounced and the Provider will be expected to provide information relating to all aspects of the Services being provided.
- In the case of Complex Care provision where the Provider feels unable to meet individual need, the Provider is required to give 30 days' notice to the Commissioner of their intention to suspend or terminate an individual placement in order to allow sufficient time for the Commissioner to commission a suitable replacement Provider. In exceptional circumstances the Provider may be asked to continue providing care until such time as that replacement can be secured.
- The Provider will have systems/procedures/policies in place to equality monitor referrals and service users, and will report this as required to the commissioner. The provider will evidence actions undertaken to address any preventable inequalities of access, experience or outcomes, where these become apparent. They must ensure that they are, where appropriate, providing services to the local community equitably.
- The Provider will assess the impact of its services and work with service users and other stakeholders to understand whether there are any barriers to improved access, experience or outcomes. Where these are identified, reasonable steps should be taken to minimise the impact of the barriers.
- The Provider must carry out an annual audit of its compliance with these obligations and must demonstrate at Review Meetings the extent to which service improvements have been made as a result.

#### **Service Review – Service Provider**

- The Commissioner implements a joint quality assurance and contract compliance process with the Local Authority for all the nursing homes in Kirklees. It is expected that the Provider will comply with all requirements of the joint monitoring arrangement.
- The Commissioner will be directly responsible for monitoring clinical standards within the care homes. It is expected that the Provider shall at all times cooperate with the Commissioner's monitoring and evaluation processes.
- Where there are sufficient concerns around quality or safeguarding the Commissioner reserves the right to place a suspension on any new placements to the home. This will be in line with this Contract and the local suspension policy agreed by the Commissioner and Kirklees MBC. The Commissioner will forward the final version of the suspension policy to the Provider.
- The care and wellbeing of its Service Users are of paramount importance to

the Commissioner and thus the latter reserves the right to undertake unannounced visits to monitor any aspect of the services being delivered by the Provider, which may cover such areas the defined standards outlined in the Commissioners Quality Assurance Framework (2016)

## 5. Applicable Service Standards

### 5.1 Applicable national standards

The Provider shall, as a minimum, comply at all times with the following (and any subsequent amendments thereof), which is not an exhaustive list:

- The National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care 2007 (revised 2018)
- The Health and Social Care Act 2012
- The Mental Capacity Act 2005
- National Service Framework for Long Term Conditions (Quality requirement 4)
- The requirements of the Care Quality Commission. The Provider must be registered with the Care Quality Commission to deliver dementia care.. The Provider shall promptly inform the Commissioner of the outcomes from a CQC inspection and provide them with a copy of any resulting report.
- The Food Safety Act (1990)
- NICE Guidelines

### 5.2 Reporting requirements for Infection Prevention and Control:

- Provide information that indicates compliance with the Health & Social Care Act 2012, Code of Practice for the NHS on the prevention and control of healthcare associated infections (see HCAI assurance framework) **(annual – plus updates on amber and red factors in monthly report)**
- Provide uptake data on staff immunisation against influenza (no of eligible staff/no of eligible staff vaccinated) cumulatively on a monthly basis from October to February. It is the responsibility of the employer to make available and fund influenza vaccination of all their care staff annually. **(Monthly report from October-February)**
- Complete a full infection prevention and control audit of the care home annually using the approved tool. Report and action plan to be submitted to the Infection Prevention and Control team on completion of the audit. **(confirm annually – plus actions to be taken included in the next monthly report)**
- Complete audits of key IPC policies i.e. Hand hygiene, PPE, workwear policy and sharps management using the approved tools – one per month

**(summarise audit results and actions arising in monthly report)**

- Report outbreaks/ incidents relating to infection prevention and control to the infection prevention and control team of Kirklees Local Authority and all outbreaks to Public Health England as they occur and cooperate fully with IPC and PHE advised control measures and investigations **(summarise newly reported issues in monthly report)**

### 5.3 Applicable local standards

See Standard NHS Contract

#### 5.3.1 Medicines Management

The providers will ensure that it has appropriate arrangements for managing medicines and comply with the Quality Requirements and Key Performance Indicators for Medicines Management. In addition they will comply with the following policies and guidelines:

- Care Quality Commission Fundamental Standards for Medicines
- Managing Medicines in Care Homes [SC1]. NICE (2014)
- Greater Huddersfield CCG & North Kirklees CCG medicines policies, commissioning statements and prescribing guidelines.

The provider will have appropriate arrangements to manage the risk associated with medicines and medical devices:

- Reporting systems for medicines incidents
- Processes for implementing recommendations of Medicines and Healthcare Regulatory Agency (MHRA) alerts and manufacturer Field Safety Notices and for medicines and medical devices
- Processes for implementing NHS England Patient Safety Alerts

#### 5.3.2 Provider Compliance with Safeguarding Standards

The CCG have in place comprehensive safeguarding standards for services who deliver care and treatment to children and adults, of which child and adult protection/safeguarding is a key component in all contracts with provider organisations. The provider is expected to adhere to standards that are relevant to their service, particularly:

- Have in place an identified safeguarding Lead for safeguarding children and adults and a Prevent Lead for staff to seek support and advice from
- All staff must undertake safeguarding adults and children training appropriate to their role and grade, This includes all staff must have at least an awareness of the Government Prevent Strategy among that is in line with the NHS England Prevent Training and Competencies Framework
- Be able to demonstrate staff compliance with agreed multi-agency Safeguarding procedures for adults and children (Safeguarding Adults the West Yorkshire, North Yorkshire and York Multi-agency Policy and

Procedures & West Yorkshire Consortium Procedures Safeguarding Children), the Mental Capacity Act & Child Sexual exploitation processes

- Adherence to safe recruitment policies and practices which meet Employment check standards including ensuring that appropriate CRB/DBS checks are completed and repeated with national requirements and guidance.
- Ensure that all contracts of employment (Including volunteers, agency staff and contractors) include an explicit responsibility for safeguarding children and adults
- Ensure that there is a system for monitoring complaints, incidents and service user feedback, in order to identify and share any concerns of abuse (including potential neglect), using multiagency safeguarding procedures.

### **5.3.3 Training.**

The Provider shall ensure that Staff receives the appropriate level of training, both at induction and on an on-going basis that is both mandatory and specific to the level of care being delivered..

All Staff shall be subject to regular periods of supervision, which shall be recorded by the Provider and made available to the Commissioner on request in order to verify that the Provider is undertaking an appropriate standard of training and supervision.

Each member of staff shall have at least an annual performance review with an appropriate member of the Provider's staff. Any remedial action required as a result of poor performance shall be undertaken in agreement between the Provider and its employee in accordance with the Provider's written policies.

The Provider must consult with the Commissioner prior to participating in, or agreeing to participate in, any research projects or consultation, whether original fieldwork or desktop review The Commissioner will not unreasonably withhold permission but reserves the right to do so should such research not be deemed to be in its Service Users' best interests.

## **6. Applicable quality requirements and CQUIN goals**

**6.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])**

**6.2 Applicable CQUIN goals (See Schedule 4 Part [E])**

## **7. Location of Provider Premises**

**The Provider's Premises are located at:**

**Appendix A**

**Individual Service Agreement Template**

**INDIVIDUAL SERVICE AGREEMENT**

<b>PURCHASER:</b>	
<b>PROVIDER &amp; CONTACT NUMBER:</b>	
<b>SERVICE USER:</b>	
<b>CONTACT:</b>	
<b>TELEPHONE NO:</b>	
<b>AGREED SERVICE PROVISION:</b>	
<b>AGREED WEEKLY RATE:</b>	
<b>AGREED BANK HOLIDAY:</b>	
<b>COMMENCEMENT DATE:</b>	
<b>ELIGIBILITY:</b>	
<b>PURCHASE REFERENCE NUMBER:</b>	

**ISSIONER ACCEPTANCE**

**PROVIDER ACCEPTANCE**

TURE.....	SIGNATURE.....
ON .....	POSITION .....
.....	DATE.....

FEMNAL