SCHEDULE 2 – THE SERVICES

A. Service Specifications

Section 1: Service Specification

The following provides a service description in relation to Continuing Healthcare. This descriptor provides a general overview of expected provision but should be viewed in conjunction with each individual service user's care plan.

Background and context

Nationally there are approximately 416,000 people in the UK living in care homes the majority being over the age of 65 years. Many care home residents live with long term multiple health problems and also have "end of life" needs requiring holistic care planning and delivery by skilled and experienced staff.

This specification is intended to outline the expected outcomes the CCG wants to see for individuals in nursing homes in receipt of NHS Healthcare funding.

Its contents provide an overview of what we would expect to see delivered in order that service users are provided for and supported to lead as fulfilling and holistic life as possible, and to die with dignity and respect.

This specification does not substitute for a service user's care plan as it would be expected their care plan will be one which is individualised and tailored to meet their changing care needs, and should be considered in conjunction with this specification.

Objectives:

- To provide high quality care through experienced, competent, supported and trained workforce.
- To improve the service users' health and wellbeing and ensure their safety thus reducing hospital admission.
- To have care needs met in a way that puts the service user at the centre.
- To provide good quality care that meets the required and expected standards of Nursing Home providers.
- To provide a clean safe environment for service users.
- To provide a calm and stable environment for service users.
- To establish effective links with and work in close collaboration with other Health and Social Care Services to support service users' care.

Aims:

The aim of this specification is to outline what the CCG commissioned service is to provide. This is a responsive high quality nursing care service for service users identified as eligible for NHS Continuing Healthcare.

The Provider will deliver care in accordance with the following principles:

Respect for capacity: Each service user should be treated as able to make their own decisions. A service user's capacity to make a decision will be established at the time that a decision needs to be made, and they will be presumed to have capacity as per the Principles set out in the Mental Capacity Act 2005, or any successor legislation;

Equality of opportunity: The service will be organised and provided in a way which does not negatively discriminate against service users or staff in respect of race, gender, disability, sexuality, culture, language, religion or age;

Individuality: Each service user will be recognised and respected as an individual;

Rights: The service user has rights that are equal to all UK citizens, as the law applies at the time.

Choice: The opportunity to select independently from a range of appropriate options;

Independence: The opportunity to act and think without reference to another person, including willingness to incur an acceptable degree of risk;

Fulfilment: The realisation of personal aspirations and abilities in all aspects of daily life;

Privacy: The right of service users to be left alone undisturbed and free from intrusion of public attention into their affairs providing that this does not conflict with any identified mental health need; The provider needs to be mindful of what impact any admission has on their Human Rights Act (HRA) Article 8 Rights (*right to private and family life*), regardless of how unavoidable these may be.

Dignity: Recognition of the intrinsic value of individuals, regardless of circumstances, by recognising their uniqueness and their personal needs and treating them with respect, in line with Department of Health and Social Care '*Dignity in Care*' policy and End of Life guidelines, e.g. Gold Standards Framework;

Confidentiality: The sharing of any and all kinds of information concerning a service user will always be consistent with the principles of consent and data protection as well as choice and privacy;

Protection: Service users shall be protected from risk of harm that arises from abuse or neglect;

Individual engagement: The Provider should actively engage with service users so that they are consistently contributing, where possible, to the structuring and delivery of their care;

Person centred care: The service user's goals, targets and objectives should remain the focus of care at all times;

Cultural awareness: Providers shall ensure that the religious, cultural and spiritual needs and wishes of all service users are identified, respected and wherever possible met.

The Provider, on behalf of the Commissioner will:

Meet service user's mental and physical health, social, personal and cultural needs as identified through their individual care plan;

Provide services that take into account the service user's mental capacity and their personal circumstances, e.g. safeguarding issues with relatives and carers;

Ensure that service users are supported so that they are able to access local health and social care services, where this is identified as appropriate to their needs;

Ensure that service users' mobility is optimised, within a risk assessed framework;

Provide a range of treatment and care, to promote, maximise, and wherever possible, sustain quality of life for service users;

Provide access to social, occupational, vocational and meaningful activities as appropriate, in line with the service users' care needs, which enhance their quality of life;

Provide a living environment where service users feel involved, comfortable and secure and are able to live with dignity and respect;

Provide an equitable and sensitive service that meets the needs of service users from different cultural and religious backgrounds and one that takes positive action in removing any discrimination that may deny them equal opportunities; and

Facilitate involvement of service users and their representatives (if appropriate), so that they make informed choices.

Person Centred Care

The Provider will have in place a comprehensive care plan demonstrating a full assessment of ongoing needs and provision to meet the service user's requirements in a timely way and by a suitably qualified professional.

The plan must demonstrate where possible engagement with the service user and those closest to them if appropriate to ensure the care is tailored to the service user's choices and wishes. The plan will be reviewed on a monthly basis as a minimum.

The plan should meet the needs of the service user whether they choose to leave their room or remain, and in particular efforts should be made to provide sufficient care provision to prevent isolation of those who are unable to leave their room, for example those nursed in bed.

All documentation should follow best practice and be reviewed and checked by senior staff to ensure records are accurate, relevant and up to date.

A holistic approach to care planning should be evidenced taking into account a service user's physical, psychological, emotional and social needs.

Each service user's care plan should consider the following; this list is not exhaustive:

1. Maintaining a safe environment

The Provider is responsible for ensuring that the environment is safe for its intended purpose and that frequent reviews are undertaken to ensure the safety of the service user on an on-going basis alongside regular and planned reviews. Where it is identified that there are deficits in the environment, these are highlighted and remedied with immediate effect.

The Provider will use reasonable endeavours to maintain the nursing home and grounds in a way that will promote service users' safety and security.

2. Communication

The Provider will ensure that every effort is made to facilitate a service user being able to communicate.

This will include but is not exhaustive of ensuring that the service user is given the opportunity to communicate their needs, is given the time to be able to communicate their needs and has the required assistive technology where available.

This may form part of a referral to mainstream community healthcare services such as Speech and Language Therapy (SaLT) who may then refer to other services to facilitate the optimisation of a service users' communication.

The Provider shall make it clear that staff will also spend time talking to, relating with, and understanding the lives of service users as part of their role.

3. Breathing

The Provider is responsible for the assessment, ongoing monitoring and management of service users with respiratory problems; this includes management of oxygen therapy, invasive and non-invasive ventilation devices.

Providers will ensure that staff have appropriate skills and competencies to support service users with respiratory problems, that the care environment is appropriate to meet the needs of these service users, that staff are appropriately trained in the use of any specific equipment required and that onward referral is made to the GP, community physiotherapy services or other Allied Health Professionals involved in their care where additional support is required.

4. Eating and drinking

The Provider is responsible for ensuring that nutritional risks are identified and effectively managed. Service users should be screened for nutritional risk on a regular basis, including monitoring of weights. Where screening identifies that a service user is at risk an appropriate nutrition assessment and care plan should be implemented. Onward referral to the GP, dieticians or SaLT teams should be made where appropriate. Dietary changes, food supplements/thickeners are to be used as advised.

The International Dysphagia Direct Standardisation Framework (IDDSI) should be followed where there is a need for texture modified foods and thickened liquids for people with dysphagia.

Where applicable the Provider will ensure that service users with a PEG, enteral feeding or Nasogastric feeding tube in situ are managed safely and appropriately and receive adequate nutrition.

5. Elimination

The Provider will provide appropriate bladder and bowel management for all service users including catheter and stoma care, management of incontinence, UTI's and constipation, and refer to GP/associated services as appropriate.

6. Washing and dressing

The Provider will be responsible for ensuring that all the personal hygiene needs of each service user are met in a suitable manner. Similarly the Provider will be responsible for ensuring that the service user is, where possible, involved in choosing the clothes they want to wear and are encouraged to wear clothing that is suitable for the climate. Where the service user is unable to convey this, the Provider will be responsible for ensuring that the service user is dressed appropriately.

7. Controlling temperature

The provider will ensure that any temperature regulating equipment is in good working order and where there are failings will provide temporary solutions whilst the failings are being remedied.

8. Mobilisation

The Provider is responsible for ensuring all service users are as mobile as possible. Service users will be risk assessed and appropriate equipment provided to ensure optimised and safe mobility.

The Provider is responsible for the assessment, ongoing monitoring and management of service users with contractures or movement restrictions ensuring onward referral is made to the GP or community physiotherapy services where additional support or equipment is required.

9. Recreation

The Provider is responsible for ensuring service users have access to a range of activities within the nursing home and community which reflects their interests and in which they can choose to participate.

The Provider will explore the availability of appropriate social activities within the local community. The Provider shall support the service user in maintaining and strengthening links and networks with family and people in the surrounding community.

The Provider will ensure that there is a regular, scheduled programme of meaningful activities in order to stimulate and engage people according to individual needs, wishes and lifestyle. A timetable of weekly planned activities will be available which is reviewed regularly.

10. Equality

Care delivery and the environment must take full account of the personalities, interests and lifestyle, and physical, sensory and mental health needs of each resident. Within the overall constraints of the care setting and the requirements of a resident's care plan, each resident's age, gender, ethnic origin, language, culture, religion, spirituality, sexuality and disability will be taken into account. Services will be designed to address the individual needs of each service user to ensure the health and social care outcomes in the care and support plans are met. The needs and preferences of minority ethnic communities, social/cultural or religious groups catered for are respected, understood and met in full. Please refer to the Equality Act 2010 for further information.

11. Sleeping

The provider is responsible in providing a suitable environment to aid sleep.

This will include but is not exhaustive of a suitable bed for the service user with the appropriate linen to encourage comfort, and any other equipment as indicated by appropriate professionals i.e. alarms, safety features, etc. as deemed necessary to meet the needs of the service user.

12. Death and dying

The Provider will follow a person centred and individualised approach to end of life care, using recognised end of life care tools where appropriate, these may include anticipatory care planning, use of a palliative and supportive care register, protocols for onward referral for specialist advice and reflective practice following the death of a service user.

Nursing homes will have processes in place to identify and address the training needs of all staff with regard to end of life care, including communication skills, assessment and care planning, advance care planning, and symptom management.

The Provider will ensure referral to specialist palliative care services where required to ensure service users receive effective palliative care symptom management at end of life.

Service specific

End of Life Care

Providers will deliver effective palliative care and symptom management at the end of life, including administration of medication via a syringe driver delivered safely and effectively by appropriately qualified staff.

Providers will follow a pathway approach to end of life care, using a formal and recognised best practice end of life care pathway. This will include use of a palliative and supportive care register, protocols for onward referral for specialist advice, provision of holistic assessment, care planning and care delivery in accordance with the service user's wishes.

The Provider will ensure appropriate referral and ongoing liaison with the GP and specialist palliative care services where required and must ensure that Nursing Home staff have the knowledge and skills to deliver effective palliative care and symptom management at the end of life.

Service users should be given the option to be cared for within the home and hospital admission should be avoided where possible.

Drugs, medications and symptom control

The Provider must adhere to local Medicine Management policies and procedures (including medication reviews), for obtaining supplies of medicines, receipt, recording (on MAR sheets, electronic MAR and Care Plans), storage (including controlled drugs and refrigerated items), handling, administration and disposal of medicines.

The Provider is required to comply with the relevant regulation standards including The Care Quality Commission (CQC) Fundamental Standards (2014) , National Institute for Clinical Excellence (NICE) guidance, other appropriate National and Local guidelines and relevant successor documents, liaise with the GP and/or pharmacological services and assess the need for "as required" or PRN medication.

Infection Prevention and Control (IPC)

The Provider must adhere to the "The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014" Code of Practice for the prevention and control of infections and related guidance, and work with the nominated IPC teams.

The Provider will follow infection control reporting procedures outlined within local policy.

Dementia/Challenging Behaviour

The Provider will ensure that staff members have appropriate skills and competencies to support service users with cognitive impairment, and that the care environment is appropriate to meet the needs of these individuals.

Service user's psychological and emotional needs should be assessed and onward referral made to the GP or specialist services where appropriate.

Access to Equipment

Equipment provided must be issued as part of a risk management process.

It is the expectation that equipment will be obtained by Providers and in certain circumstances may be accessed via the following routes:

NHS, Local Authority, Integrated Community Equipment Service (ICES), Individual Funding Requests (IFR), and Community Health Services for example: GP prescription, District Nurses, and Tissue Viability Services.

It would be expected that Bariatric and Pressure Care equipment form part of this provision as and when required.

Equipment maintenance is the responsibility of the Provider. All staff should be suitably trained to use all equipment provided and demonstrate competency in Risk Assessment and moving and handling.

Where necessary, nursing homes will make referrals to the Tissue Viability service using their referral process and criteria in order to ensure the equipment ordered is suitable.

Nursing homes will follow the React to Red guidance provided by the Commissioner; and any other initiatives which come into play for the duration of the contract.

Registered Nurses

Registered Nurses must be suitably skilled to provide appropriate nursing care to competently meet the needs of all service users and maintain their registration as required by the Nursing and Midwifery Council (NMC).

Nurses should have regular access to updates and continued professional development in order to ensure up to date and best practice is delivered at all times; and they are able to meet their revalidation standards.

When recruiting, Providers should undertake appropriate checks, including Disclosure and Barring Services (DBS) checks, and to ensure that the applicant is registered with the Nursing and Midwifery Council (NMC). Providers should undertake annual checks throughout their employment as well as ensuring nurses are supported to complete their revalidation as per NMC requirements.

Providers should ensure they have the appropriate skill mix in order to meet service user's needs and sufficient capacity to meet demand.

It is recognised that agency nursing may be required at times however the Provider should be assured of the capability of the agency nurses providing care and be confident that they abide by all elements within this specification in delivering the best quality care and care planning. Any additional staffing requirements are the responsibility of the Provider, and should be covered by an appropriate subcontract with the agency.

Individual CHC eligibility reviews and assessments

A Continuing Healthcare Eligibility review will be undertaken by the CCG in line with legislative requirements on a 3 month basis initially then an annual basis thereafter with the service user, their representative and any other professional present (as appropriate).

The Provider should ensure that they are able to provide a suitable member of staff who is familiar with the service user, able to answer any relevant questions relating to the service user's care and needs and are available for the duration of the review/assessment; and also have access to relevant documentation relating to the service user's commissioned care.

With appropriate notice (usually at least a week and no less than 48 hours) the Provider should ensure suitable staff are available at the required time, within normal working hours, to assist in the completion of any assessments or reviews required as part of their ongoing funding.

The Provider should also ensure that any documentary evidence required is made available to Commissioners no later than 5 working days after completion of the assessment or review.

Mental Capacity Act (MCA)

The Mental Capacity Act (MCA) (2005) came into force fully from 1 October, 2007 and applies to everyone who works in health and social care and is involved in the care and treatment or support of people over the age of 16 in England and Wales, who are unable to make all or some decisions for them.

The Commissioner requires all Providers to demonstrate an awareness and understanding of the MCA and its principles, including capacity and best interests and understanding the role of the Independent Mental Capacity Advocate (IMCA).

Documented protocols and procedures to address the Act shall be in place, including record of Advance Decisions, recording Lasting Power of Attorney (LPA), IMCA or Relevant Persons Representative (RPR). Power of Attorney and Court of Protection documents must be made available to the Commissioner on request.

http://www.justice.gov.uk/guidance/mental-capacity.htm

Deprivation of Liberty (DOLS)

The Mental Capacity Act (2005) Deprivation of Liberty Safeguards (MCA DOLS) came into force on April 1st 2009 and applies to people in hospitals and care homes registered under the Care Standards Act 2000. The DOLS amended the MCA in response to a European Court ruling and applies to those over the age of 18 in a hospital or care home setting who lack capacity to consent to the admission or care home placement. The care must be determined to be in the person's best interest.

The Commissioner requires all Providers to demonstrate a working knowledge and awareness of the DOLS. This shall also include access by relevant staff to the Deprivation of Liberty Safeguards Code of Practice, and clear documentation in care plans and risk assessments of any authorised DOLS. Managing Authorities shall be able to clearly demonstrate knowledge of their roles and responsibilities with regard to the application of urgent and standard authorisations and management of any subsequent documentation. It is the Providers responsibility to maintain all DOLS applications as appropriate.

www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/MentalCapacity/MentalCapacityActDeprivationofLibertySafeguards/index.htm

Please note: The Mental Capacity (Amendment) Act 2019, has now been passed and DOLS will be replaced by the Liberty Protection Safeguards (LPS) and code. The code is unlikely to be in place before late 2020, due to the process it has to follow through parliament, so all Providers should be aware of and compliant with the new legislation by the required date.

CQC Registration

The Provider must be able to demonstrate registration with the Care Quality Commission (CQC) for the service to be delivered.

The Provider must notify the commissioner of any amendments, conditions, variations or applications, including any changes to the Registered Manager.

The Provider must also notify the Commissioner of any penalties imposed for non-registration (services can no longer provide a service if not registered as this is a legal requirement), CQC inspections, improvement notice, compliance notice, and enforcements for delivery of poor quality care.

The Provider must make available within 5 working days all inspection reports and subsequent action plans, CQC periodic and special reviews, national audit reports, and national patient and staff surveys as applicable for commissioner review.

The Provider should confirm registration to the Commissioner by sending a copy of their registration to the Wakefield CHC Contract Manager.

Change of Ownership, Closure of Home/Business, Change of use of Premises, Change of Management

The Provider shall inform the CQC and Commissioner giving 42 days prior written notice of the proposed change of ownership, proposed closure of a home/service, a proposed change in the use of the premises or proposed change of management.

In relation to notification of change of ownership, the Provider shall inform the Commissioner of the contact details of the proposed new provider and complete the NHS Change in Control Notification paperwork and submit to the Commissioner.

In relation to notification of change of management the Provider shall inform the Commissioner of the contact details of the proposed new manager or interim management arrangements.

Change/Move of rooms

Service users should not be moved between rooms without prior agreement with the service user, or representative if appropriate and the care manager, unless there is an urgent need to temporarily move them.

Where a service user is moved they should be returned to the same room, unless there is prior written agreement from the service user, family and care manager. Reasons for moving rooms could include but are not limited to decoration, damage repair.

If any personal possessions are required to be moved then it is the responsibility of the home. If any items need to be stored for any period of time whilst the service user is out of the room, then the cost as well as the responsibility for managing and arranging the storage will be the responsibility of the home.

Where a service user is required to move between units in a home due to an assessed change in needs, for example from residential to nursing, or from ordinary nursing to dementia nursing, then this should still be agreed with the service user, family and the care manager.

Transfer to Hospital or Discharge from the home

In all circumstances transfers to hospital should be avoided where possible.

Unnecessary attendances at hospital cause poor experiences for service users and subsequent admissions to hospital can result in poor outcomes for service users.

Providers should demonstrate effective nursing care in assessing and preventing deterioration in health. It is expected that nursing home nurses exercise their skills and competency in demonstrating an understanding of conditions and are alerted to the indicators of deterioration in health and engage Primary Care in timely intervention.

It is expected that nurses have the skills to provide the care and treatment prescribed by Primary Care in order to facilitate the recovery of patients from exacerbations of their long term conditions or short term ill health.

It is expected that nurses will work in partnership with care home liaison teams, community hubs and mental health professionals in doing their utmost to keep service users in their place of residence.

In the unfortunate circumstance that it appears hospital transfer may be required then the Provider should seek advice from the GP prior to transfer where possible in order to ensure the right decision to transfer has been made. In untoward circumstances where urgent treatment is required then this may not always be possible.

Escorts should be provided for hospital transfers. For planned hospital attendances or admissions, the Provider could arrange with the service user's family or significant others to escort and attend with the service user, where appropriate.

The Provider should also ensure that essential medication for example psychiatric, respiratory, analgesia or antibiotic medications are sent with the service user to hospital, and a summary of service user's needs and care plan wherever possible are sent with the service user to hospital as per the red bag protocol.

Prior to any transfer the Provider must complete a body map of the service user and on their return back to the home. Any issues should be escalated and reported appropriately as part of the Local Quality Requirements (Schedule 4-C.)

In the event that a service user is being discharged from the nursing home and transferred to another nursing home, the Provider will be expected to ensure that all relevant paperwork including risk assessments, care plans and medications are transferred and handed over on or before the individual's discharge from the nursing home.

With regards to vulnerable service users who require an escort or escorts, the Provider is expected to engage with the care manager to plan the transfer and ensure a smooth transition for the service user.

Return to the home following a hospital admission

Early discharge from hospital should be facilitated where possible; delays in discharge due to nursing home issues are to be avoided.

In the service user's best interest it is important to ensure as soon as the hospital ward indicated they are ready for discharge then the home should be willing to accept transfer based on the wards assessment and directive.

Delays in discharging service users due to nursing home issues should be avoided and the home should be willing to accept verbal handover from the ward discharge team avoiding the need for the nursing home staff to in-reach into the hospital to undertake their own assessment for discharge.

Service user's conditions deteriorate each and every day they remain in hospital unnecessarily and in addition to this, exposure to hospital infections can have serious consequences to their health, which can be avoided by cooperating with ward staff. If the Provider is unable to provide the required level of service to a service user following a period of ill-health/hospital admission, the Commissioner should be notified with immediate effect on re-assessment and before readmission.

Readmission to hospital should be avoided therefore engagement with Primary Care if there are concerns on discharge should be attempted before considering readmission wherever possible.

Restriction on numbers of transfers or refusal to accept transfers at weekend or evenings is unacceptable if the service user is ready for discharge, the nursing home is their home and they should be assisted to return as timely as possible.

'Topping-Up' of Health Care Provision

The funding provided by CCGs in NHS Continuing Healthcare packages should be sufficient to meet the needs identified in the care plan. 'Topping- up' is legally permissible under legislation governing LA social care but is not permissible under NHS legislation.

Relevant Legislation:

The Provider is expected to maintain an awareness and compliance with all current, successor and future legislation in relation to the delivery of these services.

Breach of Contract:

In the event that the Commissioner considers that the Provider is in breach of any of the terms of this contract, the Commissioner shall serve a notice of breach on the Provider.

The notice of breach shall specify the precise nature of the breach and whether the breach relates to the delivery of or performance of service to service users or is an administrative breach and shall be deemed to be conclusive on the point.

The notice of breach shall specify a period for compliance with the terms of the contract which shall be not less than three days in the case of a breach relating to the delivery or performance of service to service users and not less than fourteen days in relation to an administrative breach.

Where the Provider is unable to remedy a breach of contract within the period specified in the notice of breach the Provider will be required to submit to the Commissioner a realistic action plan within the period specified.

The Provider's action plan will cover all non-compliance issues and set out the action, which will be taken by the Provider to remedy the breach and the timescales for completion.

The Commissioner will periodically monitor the implementation and progress of the Provider's action plan. The Commissioner reserves the right to suspend further placements with the Provider where the Commissioner deems that insufficient progress is occurring in respect of the implementation of the action plan.

Where a breach has not been remedied within the period specified in the notice of breach and no action plan has been received in lieu of a remedy the Provider will be granted a period, at the Commissioners discretion, not exceeding 28 days to remedy the breach.

If the breach has not been remedied within the period granted in accordance with the above the Commissioner reserves the right to suspend further placements until such time that the breach has been remedied.