



## **Specification for**

# **Care and Support Services at Goodwin Court Extra Care Housing Scheme**

## **Contents**

1. Introduction
2. Guiding Principles
3. Objectives
4. Dignity Standards
5. Outcomes
6. Allocations and Admission Procedures
7. Funding for Care Provision
8. Service Aims and Objectives
9. Key Elements of Service Delivery
  - 9.1 – General
  - 9.2 - Overview of core support
  - 9.3 – Personalised Care and Support Hours
10. Quality Standards
11. Housing Offer
12. People
13. Co-production
14. Communication
15. Health
16. Equality and Diversity
17. Performance Monitoring
18. Policies and Procedures
19. Quality Assurance
20. Data
21. Staffing
22. Safety
23. Business Continuity
24. End of Life Care

## **Appendix A – Key Performance Indicators**

# 1. Introduction

Extra Care Housing schemes (ECH) offer a way in which older people can be helped to live more independently in the community for a longer period of time than might otherwise be the case. It combines the advantages of high-quality, self-contained accommodation, occupied with full tenancy rights by the tenant and the provision of flexible care services based in the scheme. The service enables the tenants to retain control over their own lives while receiving the support they need in a secure environment.

This service specification details the social activities, care and support services to be provided in extra care housing schemes. The purchasing arrangements for these services do not include any aspect of the housing provision or housing management services, which are provided directly to tenants under individual tenancy agreements. However, it is expected that all the functions of social activity, care and support within the scheme will be integrated so as to provide a seamless service to tenants.

ECH provides care and support for people with varying levels of need and this is available on site at all times. The care service within an ECH scheme must be appropriately registered with the Care Quality Commission (CQC).

## 2. Guiding Principles

- 2.0 The Local Authority expects the service to be provided in a manner that accords with the statement of principles set out below. These principles should be applied to the services provided, the general operation of the organisation, working practices and personnel procedures.
- 2.1 The success of extra care housing schemes rests on partnership working, and the effective delivery of service to the tenant. A close working relationship between scheme staff, care providers, assessment teams, Mental Health Community Team, Intermediate Care Teams, Learning Disability Community Teams, GP's, primary health care teams, pharmacists, Health Trust staff and the voluntary sector etc, must be established and maintained to ensure that the health, independence, and the mental and physical ability of tenants are optimised. Links must be developed with all aligned services to ensure advice and support to tenants and staff when needed.
- 2.2 Each tenant should be respected as a unique individual, with recognition being given to their particular physical, psychological, social, emotional, cultural and spiritual needs.
- 2.3 Tenants should be enabled to lead as independent a life as possible so that their ability to exercise choice and achieve personal fulfilment is maximised. The right of the tenant to make their own decisions and choices and to incur calculated risks should be respected and supported. Decisions on the acceptability of risk must

balance the views of the tenants and for their representative as recorded on the Service Delivery Plan.

- 2.4 Each tenant should be treated as an individual with rights and responsibilities and be recognised as a valued member for the community, who can make a contribution to society.
- 2.5 Care and support should be provided in a manner which offers confidentiality, respect, dignity and privacy and does not erode the tenant's capacity for self care or the contribution made by family carers.
- 2.6 Tenants' access to everyday opportunities and facilities should not be restricted because of their needs or disability.
- 2.7 Tenants and carers should be fully consulted on the planning and delivery of the service they receive and their views should be fully taken into account. They should have access to an advocate if necessary, to assist them in expressing their wishes.
- 2.8 Services should be accessible to every tenant and delivered in a sensitive way which takes into account individual needs in respect of age, gender, ethnic origin, language, culture, religion, sexuality and disability.
- 2.9 Tenants should have full information on the services and choices available to them.
- 2.10 The scheme will operate 'Home for Life' principles. This will support tenants to remain in the scheme as long as possible with the provision of integrated care, support technological and health packages.. It is recognised that developments in primary care will make it possible for people to remain in their own homes for longer over the next years. Tenants will be involved in decisions about their future care if their needs would be better met in an alternative environment, for example nursing home.

### **3 Objectives**

- 3.1. To maximise the tenant's capacity for independence and self-care.
- 3.2. To minimise the physical, psychological, emotional, social and environmental causes of dependence.
- 3.3. To improve and maintain the tenant's quality of life and capacity for self-fulfilment.
- 3.4. To assist with personal and domiciliary care tasks as necessary.

- 3.5. To support tenants' involvement in their social networks and local community.
- 3.6. To maximise the tenant's capacity for self-determination and control over their own life.
- 3.7. To promote positive attitude to old age.

## 4. Dignity Standards

The Provider will be expected to adopt the 10 Dignity Standards as follows:

- 1) Have a zero tolerance of all forms of abuse
- 2) Support people with the same respect you would want for yourself or a member of your family
- 3) Treat each person as an individual by offering a personalised service
- 4) Enable people to maintain the maximum possible level of independence, choice and control
- 5) Listen and support people to express their needs and wants
- 6) Respect people's right to privacy
- 7) Ensure people feel able to complain without fear of retribution
- 8) Engage with family members and carers as care partners
- 9) Assist people to maintain confidence and a positive self esteem
- 10) Act to alleviate people's loneliness and isolation

## 5. Outcomes

The Council expects the Provider to support residents/Service Users to achieve the following positive outcomes:

- a) To support residents/Service Users to have a **good quality of life**, by assisting them to maintain good physical, and emotional health, and make appropriate use of health services where needed.
- b) To support residents/Service Users to have an **independent life**, to enable older people to continue having control over their own lives, with Providers/service provision reflecting choices, preferences and wishes.
- c) To support residents/Service Users to have a **home for life**, with the help they need to be able to do so, and respond to fluctuating needs in a flexible way.

- d) To support residents/Service Users to have an **enjoyable life**, by assisting them to have interests, hobbies, and personal aspirations, and to maintain their networks of friends and relatives.
- e) For residents/Service Users to receive **high quality** services.

## 6. Allocation and Admission Procedures

6.1 Places will be allocated through the Scheme allocations policy, which will be based on the following criteria:

### 6.2 Eligibility criteria

All of the following eligibility criteria must be met:

- Individual must be a resident of Barnet
- Individual will be adult social care eligible
- Individual has housing need (in most cases likely to be that they can no longer continue to live safely in their own home)
- Aged 55 and over or with a disability with assessed needs and lifestyle suited to living in community of older people. (Some flexibility on age requirement for younger people living with dementia and for people with learning disabilities).

### 6.3 Allocations criteria

The Council will make referrals based on the following allocation criteria:

- Address currently unmet need
- Relocate people from residential care or prevent or delay people entering residential care
- Achieve mixed community of residents with low, medium and high needs.

6.4 It is anticipated that there will need to be a mix of needs amongst residents in order for the schemes to be successful. The schemes allocations policy will be reviewed annually to ensure that it enables the aims and outcomes of the scheme.

6.5 Guidance will be that the minimum care requirement will be 7 hours per week and there will be scope for flexibility in this respect. For example, a person in the early stages of dementia may have a requirement for 5 hours per week, and there would be an expectation that this would increase.

6.6 The Care and Support Provider will:

- Publish (and maintain) clear admission criteria for care and support services
- Offer Services from identified locations, 24/7, 365-days per year

- Aim to undertake planned pre-admission assessments within 72-hours of accepting a referral from the Council (where appropriate and circumstances allow)
- Support the delivery of effective and accessible 7-day Services, which may include assessing and admitting Service Users 7-days per week including evenings and at weekends.
- For the avoidance of doubt no housing costs e.g. rent or service charges are payable through these contracts.

Once a tenancy has been allocated a risk assessment must be undertaken, involving the tenant, their family/carers (where appropriate), the care manager and the extra care sheltered housing manager or designated staff member. A Service Delivery Plan will be drawn up based on the risk assessment and the needs as identified in the community care assessment in consultation with the tenant and the family/carers

## 7 Funding for Care Provision

- 7.1 All residents/Service Users are initially assessed in respect of their care needs by Adult Social Care who will carry out a financial assessment. Where individuals will be required to contribute financially, they will be charged as appropriate and the monies collected by the Council's Invoicing Team
- 7.2 Residents will be allocated an agreed number of care hours upon moving in, based upon their Social Care Assessment. Where their need/situation change significantly, the Provider should notify Adult Social Care and request a reassessment of their needs and support plan.  
(NB All people in receipt of a care package commissioned by Adult Social Care will be reviewed at least annually, or before if requested/needed).
- 7.3 The Provider is expected to provide an invoice **every four weeks** for the total number of care hours including a detailed breakdown of total weekly care hours provided to each resident, including details of any absences, such as hospital admissions. The relevant Income team will use this information to make the appropriate charges and/or adjustments to charges, to individuals assessed as eligible to make a contribution.
- 7.4 The Council will monitor delivery of care hours as part of contract and performance monitoring procedures.

## 8 Service Aims and Objectives

- 8.1 The Aims and Objectives of the service shall be achieved through the provision of a 24 hours, 365 days (including bank holidays) per year (366 days in a leap year) on-site team of workers with the necessary skills to address the care and wellbeing needs of residents/Service Users identified in their Care Plans and to respond

flexibly to temporary and unpredictable fluctuations in need, and to emergencies as these arise.

**8.2** The aims and objectives of the Provider will be:

- To work in partnership with the Housing Provider (Landlord) and local agencies to ensure that the scheme promotes physical wellbeing, community participation and peer support amongst residents/Service Users.
- To provide high quality personalised support to residents/Service Users to assist them with their personal care, domestic tasks, maintaining their tenancy and, building friendship groups and networks in the local community.
- To provide services to residents/Service Users in accordance with their individual support plans and to consult with people wherever possible regarding the support they receive.
- To minimise the risk of social isolation.
- To encourage, maintain and develop people's existing skills.
- To provide flexibility, recognising that people's physical ability and emotional capacity to cope may vary from day to day.
- To meet people's cultural, ethnic and faith needs appropriately.

**8.3** The Provider will develop a strengths based approach to the care and support needs of individuals and will engage with individuals to understand both their needs but also what they will be able to offer to others.

**8.4** The Provider will champion a culture of an inclusive community. Residents/Service Users will be encouraged to look out for each other and friends and families of residents/Service Users will also be welcomed to play an active part of community life at each of the extra care schemes.

**8.5** The Provider will foster and strengthen links and networks that residents/Service Users have with people in the surrounding community.

**8.6** All of the flats are equipped with self-contained kitchen spaces and residents/Service Users will be supported, if required, to make their own meals. If residents/Service Users are not able to make their own meals, the Provider will support them (where appropriate) to make alternative arrangements (some residents/Service Users may be assessed as being eligible for financial support from Adult Social Care).

**8.7** A cafeteria/restaurant service will be provided for tenants who choose to purchase meals on occasional or regular basis. Tenants will also have the option of making their own arrangements.

**8.8** The Provider will ensure that the care and support service is delivered in line with the best practice for extra care provision as detailed in the following documents

- Social Wellbeing <https://www.jrf.org.uk/report/promoting-social-well-being-extra-care-housing>
- Dementia <http://dementiapartnerships.com/resource/extra-care-housing-literature-review/>



- Home Care Standards <http://www.housingcare.org/information/detail-2553-domiciliary-care-national-minimum-standards-regulations.aspx>
- Meals <https://www.housinglin.org.uk/Topics/type/Making-catering-pay-in-extra-care-housing-a-case-review/> and <https://www.housinglin.org.uk/Topics/type/Food-for-thought-Catering-in-extra-care-housing/>
- Care Services <https://www.housinglin.org.uk/Topics/type/Its-the-quality-of-care-that-determines-the-benefit-of-Extra-Care-Housing/>
- End of Life Care <https://www.housinglin.org.uk/Topics/type/End-of-Life-Care-in-Housing-with-Care-Settings-Update-on-Policy-and-Recent-Research/>
- Assistive Technology <https://www.housinglin.org.uk/Topics/type/Assistive-technology-in-Extra-Care-housing/>

- 8.9** The Provider will ensure that all team members/staff working at the schemes will be fully trained in supporting residents/Service Users who have behaviour that may challenge services.
- 8.10** The Provider will ensure that the care and support service has the appropriate registration with CQC and the minimum training and qualification expectations are in line with CQC standards or an equivalent regulatory body. Staff will be required to deliver both personal care and support.
- 8.11** Care staff should be available within the scheme 24 hours a day. This will include support required to carry out planned care tasks and respond to emergencies throughout the day and night.
- 8.12** The Provider will ensure that residents are fully involved in the planning of their care and are able to express choice as far as is practicable. Staff should not limit choice unnecessarily on health and safety grounds but should be prepared to recognise, assess and mitigate risk rather than avoiding it altogether;
- 8.13** A 'shared care' approach should be promoted, where staff work with tenants and family carers to carry out agreed tasks.
- 8.14** The Provider will deliver an enabling service which discourages 'doing for' as much as is possible, whilst recognising this is not always feasible but looking for creative ways to enable rather than relying on traditional solutions;
- 8.15** The Provider will deliver a core well-being support service which establishes the preference of individual residents and endeavour, wherever possible, to carry out those wishes in a flexible manner which takes account of residents' diverse background and needs and respects individual dignity and privacy;

- 8.16** The Provider will maximise consistency of staff for face to face interaction, ensuring, where this is not possible, that individual residents/Service Users are advised as soon as is practicable and in advance of any unavoidable changes.
- 8.17** The Provider will work alongside the landlord and residents in creating an inclusive environment that will include a range of activities and initiatives to keep residents active and promote health and well-being, reduce social isolation, enabling residents to develop and encouraging the involvement of volunteers to assist in delivering activities within the scheme;
- 8.18** The Provider will operate a service which acts as part of an overall network of support and care for residents/Service Users, working closely with other professionals, including health and other services, where appropriate;
- 8.19** The Provider will use outcome based assessment and the delivery of outcome focused care with service user involvement;
- 8.20** The Provider shall have robust policies and procedures in place (as set out in Section 23 Policies and Procedures) and make them available to the Council on request.
- 8.21** List of requirements:
- Support residents/Service Users to maintain and develop the skills (including understanding their responsibilities) necessary for independent living.
  - Encourage residents/Service Users to achieve their fullest potential by supporting them to carry out as many tasks as possible themselves whilst supporting them to have maximum control over how their support is provided.
  - Provide Services that acknowledge and work with the needs of families and the residents/Service Users' circle of support.
  - Respond to residents/Service Users personal, domestic, practical, social, cultural, spiritual and housing related support needs.
  - Achieve the outcomes specified in the residents/Service Users' Needs Assessment and Care and Support Plan.
  - Enable participation in the local community.
  - Enable the surrounding community to take part in activities and engage with residents/Service Users.

## 9 Key Elements of Service Delivery

### 9.1. General

The care and support service will have the following components:

- A 'core offer': includes 24 hours, 7 days a week service, available to all Scheme residents/Service Users providing background wellbeing support and emergency care when needed, to ensure that resident/Service User's health and wellbeing needs are met.
- Individual care and support hours: provided to residents/Service Users as defined in their individual assessed care plans devised by social workers.

The table below shows the key element of the core + personalised care and support service

| Core Function  | Personalised Care and Support Hour |
|--|------------------------------------|
| Night Care   | Personal Care Tasks                |
| Well Being Support (2 hours per service user per week) | Enabling Independence Tasks        |
|  | Domestic Care Tasks                |

The Service shall be delivered by the Provider at all times to meet the assessed needs of the residents/Service Users. The Provider shall ensure the availability of sufficient staff to deliver the Service to the residents/Service Users, as recorded in their Care Plans as well as respond to emergencies arising on site relating to the Care and well-being support needs of residents/Service Users living in the Extra Care Housing Schemes, 24 hours a day including bank holidays.

In the first instance, the Provider will make every endeavour to deliver the Service. There is an expectation that, whilst certain personal care tasks need to be delivered within a certain window of time, in accordance with residents/Service Users needs and reasonable choices, planned care and support will be delivered flexibly throughout the day to make optimal use of staff time. The onsite care team will be comprised of consistent and reliable members of staff.

The Provider will ensure that a contact point is available at all times for the Council and residents/Service Users to use. If sickness or other events prevent the usual worker from attending it is the responsibility of the Provider to make appropriate alternative arrangements and to notify the residents/Service Users of the arrangements.

## **Model of Delivery: Core + Personalised Care and Support Hours**

### **9.2. Overview of Core Support**

The core element of the service is what all residents/Service Users will receive. It will include well-being support and night care as part of its core offer. It will comprise a core team being available on-site 24 hours a day who will deliver unplanned support and emergency care when needed as well as respond to alarm calls and telecare activations (the Provider will provide for unplanned support needs such as falls in a way that is least traumatic for the individual).

The scheme should have an emergency call system, which enables tenants to summon help at any time. Response to such calls should be within 5 minutes.

#### **9.2.1 Core Support - Night care**

Night care is specified as part of the core service

A minimum of one waking support worker will be on duty between the hours of 11.00pm and 7.30 am, each night.

Specific planned duties to be operated at night will be identified within an individual's/Service User's care plan and may include:

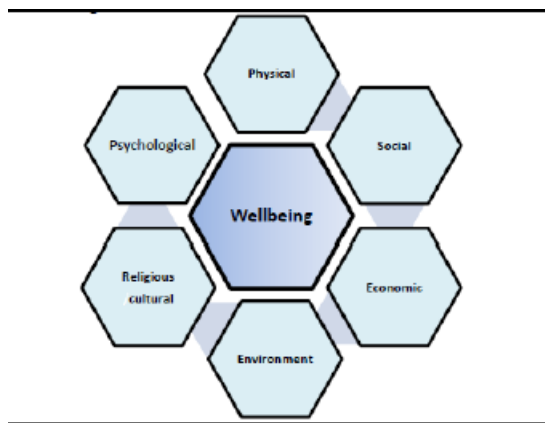
- responding to calls
- assistance to wash / bathe if client/Service User has soiled themselves during the night
- cleaning and safe disposal of waste;
- changing continence pads and / or bed linen if there is a risk of bed sores /infection
- transfer if called on as an emergency to the toilet
- washing / bathing as necessary as above if soiled

#### **9.2.2 Core Support: Well-being Support**

In line with Section 1 of the Care Act 2014<sup>1</sup>, 'well-being' is the concept that replaces housing related support and is specified as part of the core service that will be provided to residents of Goodwin Court (2 hours per service user per week). Wellbeing puts the needs and goals of the individual at the heart of delivering high quality care and support and is critical to supporting residents maintain their independence. The following areas contribute to a person's wellbeing:

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<sup>1</sup> <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#chapter-1>



The Provider will therefore be required to adopt a holistic approach that actively responds to the personal social and cultural needs of each resident. The activities and support that can be provided as part of the Wellbeing Support provided by the scheme are as follows:

- Engaging with individual/Service User entering the scheme to understand their likes and dislikes, what they want from the service and how the Providers can support their particular interests. The Providers will endeavour to introduce residents/Service Users to other like-minded people either from within the service or from the wider community
- Support residents/service users with safety and security of the home
- Support to residents/service users to maintain positive relationships with neighbours
- Tenants should be supported and encouraged in helping one another, family members and friends and offered opportunities to contribute their skill and experience to the life of the wider community. They should also be enabled to participate in discussions concerning the operation of the extra care housing scheme and in the organisation of activities and events.
- Work alongside the landlord and residents in creating an inclusive environment
- Ensure that there is access to a range of social and cultural activities arranged for residents/Service Users to access as they wish, which will enable community engagement, reduce social isolation, keep people active, enable them to develop their community capacity and encourage the involvement of volunteers.
- Enable (as required) individual service users/residents to participate in activities and initiatives both internal and external to the scheme.
- It is acknowledged that people with dementia may need specific activities and/or be actively encouraged to participate in

pastimes and events. Support and assistance should be provided to enable tenants to make use of ordinary community facilities outside the scheme.

- Tenants should be supported in maintaining their network of relationships with family and friends and be offered opportunities for developing new social contacts. A range of activities and events to promote relaxation and provider stimulation and entertainment should be organised regularly.
- Assist residents/service users to have interests, hobbies, and personal aspirations and to maintain their network of friends and relatives.
- Foster and strengthen links and networks that residents/Service Users have with people in the surrounding community.
- , Where appropriate, the Provider will co-ordinate with healthcare providers and other welfare services to ensure that residents/Service Users have access to a wide range of wellbeing opportunities.
- Provide adhoc information, advice and guidance to residents (as appropriate) on issues such as welfare rights, advice on budgeting, paying bills, resolving or preventing debts and signpost residents to further advice and guidance where needed.
- Arrange access to urgent/unplanned health appointments on behalf of a resident/service user e.g. dental or GP appointment

### **9.3. Personalised Care and Support Hours**

The Personalised Care and Support hours are the hours of support that will be provided to residents/Service Users as defined in their individual care plans, this will be provided or will be available to residents/Service Users living at the scheme in line with their assessed need. The level of support required by each person will be agreed following assessment by the Adult Social Care team. The service will be delivered according to each individual's written support plan.

The care and support model implemented will be outcome based, to achieve outcomes specified in an individual's/Service User's support plan and contribute towards achieving Scheme outcomes as set out in the Report Framework (Appendix A).

The care and support provided will be culturally sensitive and appropriate to the needs of residents/Service Users including those from minority and ethnic communities.

The care and support provided will be flexible and responsive to the changing needs of the individual/Service User on a day to day basis, and will be a personal service that is tailored to the specific health or social care needs of the

individual/Service User. The timing and mode of care provision should be in accordance with the wishes of the tenant as far as practicable.

The care and support plans will be reviewed by the Provider every 3 months as a minimum. A key worker system should be operated within the scheme

All team members/staff will be provided with required training about the needs of residents/Service Users and the way in which they are to be met, as identified in their individual support plan.

Staff will communicate with residents/Service Users using their preferred method of communication which may include use of technology aids.

Support staff may be required to escort residents/Service Users outside of the Scheme for any purpose identified in their support plan.

The personalised care and support will consist of:

- personal care tasks,
- enabling independence tasks and
- practical domestic support tasks to assist residents/Service Users to meet their care plan outcomes

The range of care services available should include:

- a) Assistance with getting up, going to bed, dressing, washing, bathing, toileting, medication, continence aids, grooming, eating etc. This includes helping people who need hoisting or have been assessed by an occupational therapist as needing two people for moving and handling.
- b) Assistance with food preparation, shopping, household management, pension./prescription collection, arranging visits to GP/hospitals etc.
- c) Assistance with laundry, cleaning, general housework etc.
- d) Implementation of rehabilitation programmes
- e) Listening and support with social or emotional needs.

## 10 Quality Standards

### CQC

- 10.1 The Provider shall be registered appropriately (and will maintain registration) with the Care Quality Commission<sup>2</sup> (CQC). The Provider will have a CQC minimum rating of good or its equivalent. Further information at <https://www.skillsforcare.org.uk/Standards-legislation/Care-Quality-Commission-regulations/Care-Quality-Commission-regulations.aspx>

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<sup>2</sup> Or the equivalent regulatory body (i.e. in the case of any changes being made to the regulatory body during the course of this Contract, the Provider will need to ensure that it is registered with the appropriate regulatory body)

- 10.2 The authority expects the Provider to operate a 'compliant' service. Any 'non-compliant' ratings may trigger the requirement for contract review or more serious sanctions, should they be appropriate, and an agreed action plan for improvements.

Relationship with tenants and carers

- 10.3 A Care and Support Delivery Plan must be drawn up with tenants and their family carers (where appropriate), based on the assessed Care Plan which identifies abilities, interests, concerns etc and sets out agreed targets, solutions and pattern of care needed and who is to provide it and how. This should cover the physical, psychological, emotional, social, spiritual and environmental needs of the tenant.

- 10.4 The Care and Support Delivery Plan must be reviewed with the tenant and their carers, every 3 months to monitor progress.

- 10.5 Provision of care and support services should be flexible and capable of change at any time, on request by the tenant in agreement with the Council.

Activities

- 10.6 A range of activities should be made available, both within and outside the scheme, aimed at promoting physical well being/fitness, mental stimulation, social engagement, relaxation/enjoyment, skill development, healthy living.
- 10.7 People/organisations from outside the scheme should be involved in the provision of activities
- 10.8 Involvement in the local community should be developed in such a way as to enable tenants to make a contribution to community life as well as receive support from others.
- 10.9 Care and support services must be available 24 hours a day, 7 days a week. A minimum of 1 staff should be on duty within the scheme between the hours of 7.00am and 10.30pm each day. Appropriate handover procedures must be in place.
- 10.10 The number of staff on duty at any one time should be adequate to meet the care requirement of all tenants at that time as identified in their Care and Support Delivery Plans.
- 10.11 A minimum of one waking support worker will be on duty between the hours of 11.00pm and 7.30 am, each night.



- 10.12 In delivering care, every opportunity should be taken to maximise the tenant's capacity to carry out tasks themselves, consistent with their physical and mental ability. As part of this process, it is expected that, through liaison with health professionals, action be taken to improve continence, address medication problems and remedy physical and mental difficulties. Such activity must be undertaken in a manner that is sensitive to the feeling to the tenants and with their full involvement.

## 11 Housing Offer

- 11.1 The Provider will work with the Housing Provider (Landlord) to agree a joint working protocol to enable the Housing Provider's (Landlord) housing management staff and the Provider's care and support staff to work together to deliver an integrated service to residents/Service Users. The Council will not be a contracting party to any agreements that the Provider and the Housing Provider (Landlord) agree.
- 11.2 The Provider will:
- Work in formal partnership with the Housing Provider (Landlord) to ensure residents/Service Users are supported to live in safe, clean and comfortable surroundings.
  - Develop a written agreement in partnership with the Housing Provider, (Landlord) which clearly sets out what the roles and responsibilities of the Provider and the Housing Provider (Landlord) shall be.
  - Ensure there are systems in place for reporting maintenance or repair issues, and support residents/Service Users to ensure their accommodation is maintained and in a fit state of repair
  - Facilitate regular monthly meetings between residents/Service Users and the Housing Provider (Landlord) (the meeting may happen more frequently if required)
  - Ensure that new residents/Service Users have been issued their Tenancy/License Agreement by the Housing Provider (Landlord)<sup>3</sup> and that residents/Service Users have been supported to understand their Tenancy Agreement.<sup>4</sup>

- 11.3 The Provider shall offer residents/Service Users support to enable them to maintain their Tenancy or Licence Agreement, including (as appropriate):

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<sup>3</sup> This should clearly outline the: total weekly rent and any total weekly service charge (including a breakdown per item) and additional charges

<sup>4</sup> The Provider should ensure that, where appropriate, the Landlord issues the resident/Service User with an Easy to Read version of the Tenancy Agreement

- Guidance on how to use equipment in the home
- Support with safety and security of the home
- Claiming welfare benefits and advice on budgeting, paying bills, resolving or preventing debts
- Support to maintain positive relationships with neighbours
- Access to (and support to establish and maintain) assistive technology.

## 12 People

- 12.1 Person-centred approaches: the Provider will assess the needs of potential residents/Service Users. This will include risk assessment, transition planning, finalising the details of discharge care and support or aftercare plan.
- 12.2 The Provider will co-produce outcome focused support plans with each Service User, their families, and any key partners; reviewing the plan with the Service User to ensure their needs are being met on a 6-monthly and annual basis – adapting the plans to align with Service User's needs relevant at the time.
- 12.3 When supporting residents/Service Users, their social, cultural or religious needs and preferences will be included in the plan. Services will be sufficiently flexible to support residents/Service Users using personal budgets and ensure choice as to when and how the service is provided.
- 12.4 When supporting residents/Service Users with behaviours that challenge, the Provider shall include in the plan a range of proactive and reactive strategies to improve the residents/Service Users' overall quality of life, making reference to informed models as appropriate.
- 12.5 The Provider will support the cohesion of residents/Service Users, who have not previously met and who all have differing needs and interests, recognising that residents/Service Users can choose not to interact if they do not wish to and the Provider must balance individual's choice with the need to combat the effects of social isolation.
- 12.6 The Provider, working in partnership with the Housing Provider (Landlord), will support and encourage residents/Service Users to:
- Take part in a range of meaningful activities during the day and evening that help them develop and maintain friendships and promote community inclusion. They will be offered support to plan a programme of activities, develop hobbies and have an active social life.

- Participate in the decision making process with respect to events and activities. Their rights to choose when and if to participate will be respected. Staff will work with residents/Service Users to support and encourage their participation, especially when confidence or anxiety appears to be a limiting factor.
- Regularly review the range of activities they engage in, so there is opportunity to visit new places, meet new people and develop new hobbies and interests.

## **13 Co-production**

13.1 The Provider will use a strength based approach to developing and implementing a care plan for residents/Service Users.

13.2 The Provider will ensure residents/Service Users and their families (where appropriate) are actively involved in the decision making about service planning and the quality of services.

13.3 Services provided should be flexible and responsive to the wishes of the individual tenant. Loss of control over the ordering of day-to-day activities has been found to increase dependency, therefore, tenants should be able to exercise control over the timing and type of assistance they receive with tasks they cannot do for themselves, as far as practicable.

13.4 The Provider shall regularly engage with residents/Service Users and their families or representatives via 1:1 meetings, reviews, surveys, focus groups and forums. The purpose of this engagement is to:

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

13.5 It is the Provider's responsibility to organise and evidence Service User engagement to the Council.

13.6 The Council reserves the right to confidentially canvas the views of residents/Service Users (and their families or representatives) who they have placed with the Provider.

## **14 Communication**

14.1 When new residents/Service Users move in, an information pack will be available providing up to date details of the housing and care and support

offer. Where applicable, easy to read versions should be made available and this includes, but is not limited to, larger font or audio versions.

- 14.2** Staff will communicate with residents/Service Users using their preferred method of communication which may include use of technology, pictures, talking mats, video clips, symbols, gestures, objects of reference, and easier to read materials. This may include staff learning key words or phrases in other languages.

## **15 Health**

**15.1** The Provider will support residents/Service Users to:

- Register with a local GP and dental practice, if required, within 7 days of admission.
- Work with Public Health England (PHE) and Primary Care providers to maximise the update of immunisations by residents/Service Users and staff.
- Ensure that staff have appropriate infection control training and immunisations.
- Attend routine and emergency medical appointments.
- Obtain full access to mainstream health services and appropriate advice to support a healthy and safe lifestyle.
- Access specialist health services as appropriate.
- Take the medicines they need when they need them, in a safe way.
- Be compliant with NICE medicines management and PHE infection control guidelines; and comply with the Care Quality Commission's standards on the management of medicines.
- Support residents/Service Users to complete a health or hospital passport that details the reasonable adjustments that are needed to ensure access to Services.
- The Provider will participate in CCG medicines management, health plan and / or infection control audits as requested.
- The Provider will work in partnership with key services and stakeholders to plan for and support safe discharge from hospital, preventing re-admission to hospital or admission to more acute service.

## **16 Equality and Diversity**

- 16.1** Barnet is committed to ensuring that residents/Service Users, regardless of ethnicity, gender, religion, disability, sexual orientation, economic status or other differences are able to access opportunities and activities and are enabled to achieve their potential.
- 16.2** The Provider will be expected to develop a diverse workforce and promote sensitive and appropriate service delivery. All commissioned services will be

delivered in line with equalities legislation, including the Equality Act 2010 and comply with Barnet Council's Equality commitment to Service User's, which can be accessed at the Council's website <http://www.barnet.gov.uk/equality-diversity>.

16.3 The Provider will:

- Demonstrate embedded equality employment and service delivery practices, including clear policies and procedures which are aligned to equalities legislation.
- Ensure all staff receive training and support so they understand and positively promote the benefits of diversity to residents, including encouraging them to respect different cultures and lifestyles.
- Make sure that in decision making, the particular cultural and practical needs of residents/Service Users are considered in relation to all protected characteristics including religion, ethnicity, gender, sexual orientation and disability.
- Work with residents/Service Users to promote their own identities and self-esteem, and develop the skills and resilience to deal effectively with any discrimination they might experience.
- Routinely collect equalities information regarding residents/Service Users and submit this as part of the quarterly returns for contract monitoring.

## 17 Performance Monitoring

17.1 The Council will receive quarterly monitoring reports from the Provider and will hold quarterly monitoring meetings, this arrangement will be subject to review by the Authorised Council Officer.

17.2 The Provider is responsible for monitoring, collecting and collating information regarding the service. The Council will work with the Provider on analysis where further understanding is needed. The Provider will be required to use and input data using the Council Performance Reporting Framework so that activity, performance and outcomes can be measured and scrutinised. A Performance Framework is attached at Appendix A.

17.3 The Provider will provide accurate and timely activity, performance and outcomes reporting allowing for continuing review, evaluation and development of the service. It is expected that all performance reporting data will be submitted by the Provider to the Council at a date agreed by the Authorised Council Officer. The Council envisages that Contract Monitoring will be carried out using the Council's Electronic Contract Monitoring System once implemented.

- 17.4 The Provider will monitor data consistency and quality and will assist any Council officers/commissioners in any data audits. Case file audits may be carried out every six months and the Provider will assist Council officers/commissioners in these audits.
- 17.5 The Provider will use activity and outcomes performance data to monitor how effectively resources are being used in the service, including the identification of unmet needs. It will be a requirement that the appropriate level of senior management will attend any contract monitoring meetings including at least the service-specific manager.
- 17.6 The Provider will demonstrate that the needs of Service Users are being met. The Council will monitor the provision of the service in accordance with the Contract and this Specification.
- 17.7 The Provider will inform the Authorised Officer regarding complaints made about the service, at the earliest opportunity.
- 17.8 Quality assurance systems will be in place which will allow continual monitoring of the effectiveness and quality of the service and additional information may be required on an ad hoc basis regarding best value, best practice, Service User satisfaction and involvement etc. Council Officers will give the Provider as much notice as possible of such requirements. The Provider shall comply with any instruction from the Council to rectify any deficiency in the quality of the service within the time scales stipulated.
- 17.9 Annual service reviews will be undertaken except in the case of poor performance whereby additional reviews will be carried out. Service reviews include investigating Service User's satisfaction of services. The Provider shall permit interviews with staff and Service Users and shall allow members of the Council to inspect at any time, with or without notice, any records including staff files and accommodation relevant to the service.
- 17.10 The Provider shall be responsible for notifying the Authorised Officer of any significant events which affect or are likely to affect the delivery of the services defined in the Specification.
- 17.11 The reports will be provided in enough detail to enable the Council to understand any difference in service access, provision and outcomes in relation to protected characteristics, including age, gender, disability and ethnicity.

- 17.12 No sensitive personal data relating to Service User should be shared as part of quarterly contract monitoring reporting.
- 17.13 An annual report based on a self-assessment of the service by the Provider will be supplied to the Council. This will collate and analyse quarterly contract monitoring data.

## **18 Policies and Procedures**

- 18.1 The Care and Support Provider will have policies and procedures in place and where appropriate these will also be agreed with the Housing Provider (Landlord). Staff will be expected to comply with the policies and undertake induction to this effect. The Housing Provider (Landlord) will provide support to the Provider in this aspect e.g. Staff induction can include joint training on health & safety matters, First Aid, Fire Safety and other premises-based requirements.
- 18.2 The policies will also define the process for sharing Service User information with the Housing Provider (Landlord); this will include examples of when, how & why data sharing may be required; whilst ensuring compliance with the Law including any Data Protection Legislation and the Equality Act 2010.
- 18.3 The Provider's policies and procedures will reflect recognised good practice and guidance and will include (but not be limited to):
- Recruitment and selection
  - Supporting volunteers
  - Staff Code of Conduct
  - Emergency Cover and Call Out
  - Staff Development, Supervision and Appraisal
  - Key Holding and Handling
  - Keeping Records in Customers home
  - No reply policy
  - Information Sharing Protocol
  - Data sharing
  - Confidentiality
  - Discipline and grievance procedures
  - Equal opportunities and diversity
  - Complaints
  - Whistleblowing
  - Anti-Radicalisation and Prevent Duties
  - Moving and handling
  - Managing death & dying in accordance with NICE Quality Standards for End of Life Care
  - Health and safety in accordance with the Law and any HSE Guidance
  - Management of financial affairs, such as, deputyship and appointeeship

- Handling Customers Money and Finance Systems
- Receipt of gifts
- Record keeping
- Medicines management in accordance with NICE and / or CQC standards
- Infection Control in accordance with PHE and HSE guidance
- Nutrition in accordance with NICE standards
- Food handling
- Dignity and Respect in accordance with Dignity in Care Guidance (2013)
- Choice and Control
- Care and support planning
- Safeguarding
- Dealing with accidents/incidents/emergencies
- Fire safety
- Positive risk taking
- Support for people living with dementia in accordance with NICE guidance
- Supporting residents/Service Users with behaviours that challenge and / or working with aggression and violence
- Deprivation of Liberty safeguards.

## 19 Quality Assurance

- 19.1. Robust quality assurance systems shall be in place for the Service.
- 19.2. Quality assurance reviews will be undertaken by the Provider and the outcomes made available to the LBB. The reviews will demonstrate compliance with the Specification and ensure that Services are focused on delivering the outcomes set out in the service users' needs assessment and / or support plan.
- 19.3. The Provider will make available all inspection reports produced by the Care Quality Commission or other regulatory body or as a result of an internal inspection undertaken by the Provider.
- 19.4. Announced and unannounced quality audits may be undertaken by the LBB periodically. The Provider will facilitate and support the LBB in undertaking these visits. Any identified service failures will be reported to the local Manager in person and in writing in the first instance. Appropriate action shall be taken by the Provider to rectify any said failures. The Provider's staff will also attend quality audit meetings to discuss monitoring outcomes as requested.
- 19.5. The Provider will inform the LBB of (and provide details as to how they will deal with) the following:
  - Any action taken or proposed to be taken against a local manager or staff member under the Care Act 2014, Mental Health Act 1983, Mental Capacity Act 2005, Health and Safety Act or other relevant legislation



- As appropriate any notice of proposed or actual cancellation of the Provider's registration from the CQC
  - Any issues for which Safeguarding Adults Procedures have been invoked
  - Any plans to transfer the housing functions, provision of care and support to other suppliers or any actions or plans that will cease or change or curtail significantly the Services provided
  - Any actions taken against the partner Housing Provider (Landlord) by Housing Authorities or regulatory bodies.
- 19.6. The Provider will ensure that staff are organised so that they work as a team to deliver high quality Services; and work with the LBB to establish systems that promote continuous improvement in the quality of services; and safeguard high standards by creating an environment in which support can continually develop.
- 19.7. The Provider will operate an equal opportunities framework and offer services reflecting the LBB values and principles in that service users:
- Have the right to enjoy the privacy of their own rooms or flats
  - Feel that their dignity, privacy and respect is maintained and safeguarded at all times
  - That services are delivered compassionately
  - Personal environments are maintained to a service user's own standards
  - Religious, cultural, and spiritual beliefs are respected
  - Staff assist with discretion and in such a way that the service user's dignity is maintained; with the staff taking direction from service users, wherever possible
  - Know that information relating to them is kept confidential and only shared on a need to know basis
  - Are addressed by staff using their chosen name in a courteous manner

## **20 Data**

### **20.1 Providers will:**

- Comply with the requirements set out in the Information Sharing Protocol detailed in the main agreement.
- Ensure all staff receive training and guidance in respect of managing personal information and confidentiality.

- Implement appropriate measures to protect against accidental loss, destruction, damage, alteration or disclosure of personal data, as defined in the Data Protection Act 1998, as amended.
- Maintain written policies and procedures with regards to privacy, confidentiality and data security in accordance with the Law, including Data Protection Legislation.
- Report breaches or suspected breaches to the Council Contract Manager
- Have procedures in place to deal with Subject of Access and Freedom of Information (FOI) requests.

- 21.1 Managers should undertake regular appraisals of staff performance and training needs. Targets should be set for the number of staff attaining recognised care qualifications, eg NVQ.
- 21.2 Staff supervision will be carried out at least six times a year with written records maintained. Regular one to one supervision must be provided for care workers to enable them to discuss concerns or changes in tenant needs.
- 21.3 Care managers should discuss with keyworkers and tenants issues arising from the quarterly reviews of tenant needs
- 21.4 Care staff should always be briefed on tenant's needs before beginning to work with them
- 21.5 Access to management support should be available to staff on duty at all times.
- 21.6 The Provider will have systems in operation to ensure that appropriate staff are allocated to individual residents to ensure continuity of care; in the event of the absence of a staff member, the Provider must arrange alternative staff cover.
- 21.7 The Provider must demonstrate that there are sufficient numbers of staff at all times with the right competencies, knowledge, qualifications, skills and experience to meet the needs of residents who use the service.
- 21.8 The Provider will be required to register and submit regular workforce data online to the National Minimum Data Set for Social Care (NMDS-SC). The dataset provides local and regional workforce profiles for social care, including key data on workforce demographics, pay and training. Further information at: [www.nmds-sc-online.org.uk](http://www.nmds-sc-online.org.uk)
- 21.9 The Provider will ensure that its approach to staffing is compliant with the Care Act 2014 and the Care Quality Commission (Registration) Regulations 2009 and will be fully compliant with all of the appropriate Care Quality Commission Essential Standards of Quality and Safety. The Provider should actively encourage the pursuit of relevant Qualification Credit Framework

- 21.10 The Provider will be responsible for the employment and conditions of service of its staff, including, without limitation, the payment of wages, taxes, National Insurance contributions and other levies.
- 21.11 Volunteers will be assessed via a completed application form and references will be obtained. Volunteers shall be subject to the same scrutiny and support given to paid staff. Volunteers shall receive suitable induction and training. Each volunteer shall be given a clear, written description of their role and an identified member of staff who would be able to offer them support on a regular basis to enable them to make a valued contribution. This member of staff shall additionally have responsibility for making other staff aware of the contribution expected from a particular volunteer.
- 21.12 The Provider is responsible for maintaining high standards of conduct amongst its staff. To this end, the Provider must have a written Code of Conduct for their staff which includes clear directions around gifts and professional boundaries (unless provided as separate policies) and a clear and robust disciplinary procedure.
- 21.13 Complaints concerning the improper conduct of staff or volunteers are to be reported immediately and where appropriate the Provider shall initiate a Safeguarding Alert to the Council whether the allegations have been substantiated or not. Where a crime is suspected or has been committed then staff are to notify the Police as soon as it is possible to do so.
- 21.14 Safeguarding Alerts and / or notifying the Police shall include (but not be limited to):
- Fraud and theft
  - Neglect
  - Abuse (including verbal abuse)
  - Grooming and radicalisation
  - Sexual harassment.
- Note - the reporting of an incident does not prevent potential formal or criminal proceedings taking place.*
- 21.11 Improper staff conduct shall also include any action taken in breach of the Council's standing orders (e.g. inducement to place residents/Service Users at a particular Service or conspiring to defraud or disadvantage residents/Service Users placed at a particular Service).
- 21.12 Staff (including temporary staff and volunteers) who have regular contact with residents/Service Users shall only be employed following the satisfactory completion of an Enhanced Disclosure and Barring Service (DBS) check and / or other vetting requirements that the Government may introduce during the Term of the Contract.

- 21.13 Sufficient checks will be undertaken to ensure all staff employed are eligible to work in the UK, and compliant with UK Border Law.
- 21.14 All staff engaged shall be issued with written employment information which must include:
- Clear and concise job descriptions
  - Employment contracts
  - Quality and training standards to be attained
  - Training policy and provisions
  - Code of conduct / practice
  - Complaints procedure
  - Grievance / disciplinary procedures
  - Whistleblowing policy
  - Confidentiality, dignity and respect declaration
  - Safeguarding and DoLS procedures.

### **Skilled Workforce**

- 21.15 The Provider must ensure that residents/Service Users are supported by trained and experienced staff who can competently meet their needs. The Provider will ensure that all staff will have the appropriate experience, training, skills and support to meet the needs of the residents/Service Users they are working with.
- 21.16 The Provider must have a structured induction process in place, to be completed by all new staff that meets the national minimum standards.
- 21.17 The Provider must ensure that all staff working will have training in end of life care as part of their induction and this will be refreshed every two years or more often as required. Support from colleagues in social care and health will be sought where appropriate.
- 21.18 Temporary staff will receive suitable induction with additional “on the job” support from permanent staff to ensure that residents/Service Users receive the best care and support possible.
- 21.19 The Provider must ensure that there is a staff development and training programme within the organisation. The plan shall be reviewed regularly to ensure that all staff are able to fulfil the aims of the Provider and meet the changing needs of residents/Service Users.
- 21.20 The Provider must be able to show that staff have access to bespoke Service User related training e.g. working with residents/Service Users with long-term health

conditions, cognitive and memory difficulties, sensory impairment and personal care needs etc.

- 21.21 The Provider will ensure that, where appropriate, staff demonstrate:
- Skills and knowledge working with residents/Service Users with complex health and social care needs.
  - Supporting residents/Service Users living with dementia in accordance with NICE guidance
  - Applied knowledge of the Care Act, Mental Health Act, Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS) and implications for practice.
  - A clear understanding of Safeguarding Adults processes.
  - The effective management of risk, whilst maximising independence.
  - Working within a 'psychologically informed environment'
  - Knowledge and understanding of end of life care
  - An aptitude to learning and personal development.
- 21.22 All staff must be skilled in delivering person centred plans and supporting residents/Service Users to maintain independence and to be included as full members of their local community. All staff must understand and deliver outcomes in accordance with residents/Service Users care and support plans.
- 21.23 Careful attention will be paid to an individual's/Service User's capacity and their continued ability to make informed decisions and all staff will have training in the Mental Capacity Act.

## **22 Safety**

- 22.1 The Provider will ensure that robust Safeguarding Adults' procedures are in place and ensure that all staff and volunteers are fully aware of their role and responsibilities.
- 22.2 The Providers' local policies and procedures will comply with and reflect the Pan-London Multi-Agency Adult Safeguarding Policy and Procedures: Further information at: <http://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/>
- 22.3 The Provider must ensure that all staff hold a current Enhanced DBS (Disclosure and Barring Service) Certificate, renewed every three years.
- 22.4 The Provider is required to maintain appropriate records around all incidents.

22.5 The Provider will notify as appropriate the Police, the Council and regulatory bodies such as the CQC, PHE, HSE, DBS etc. of any untoward incidents that occur and the outcome of their investigation.

22.6 Untoward incidents include (but are not limited to):

- Serious crime or violence to residents/Service Users, staff or members of the public
- Serious threats to residents/Service Users, staff or members of the public
- A fatality at a Service/service provision that is not from natural causes
- An allegation of abuse or an adult protection inquiry involving the Service/service provision
- An allegation of theft
- Serious injury to a Service User or member of staff
- A suicide attempt
- A Service User going missing

22.7 A significant threat to health and safety or premises management incidents that lead to serious disruption for residents/Service Users, including fire, flood or power failure

## 22.8 **Supporting people to be safe**

NHS England identifies certain events that should never be permitted to occur; some of which are relevant to accommodation settings. Support Suppliers are required to be aware of these risks and implement recommended procedures to ensure they never occur due to the following:

- Failure to install functional collapsible shower or curtain rails in locations where suicide is an identified risk
- Deliberate and accidental falls from poorly restricted windows or where the restrictor is easy to overcome
- Chest or neck entrapment in bedrails, bedframe and/or mattress
- Scalding by water used for washing/bathing

## 23. **Business Continuity**

23.1 The Provider must ensure it has a proportionate, realistic, readily available and carefully thought out Business Continuity/Disaster Recovery plan for this service. This should be available to be inspected by the Council and should refer specifically to severe loss of staff availability for any reason. Plans should be

reviewed and amended as necessary.

- 23.2 The Provider must ensure that copies of such plans are kept in places where they can be readily accessed and should be accessible to relevant staff outside the main office base in the case of property loss or destruction at that address. The Provider must ensure its plan is drawn up in consultation with, and remains compatible with the landlord and its own plans.
- 23.3 The Provider will keep an up-to-date register of all residents/Service Users placed at each Service/service provision and make the register available on request to the Council. The registers will maintain basic information on all residents/Service Users - including details of their funding by the Council - to support the Council in discharging their market oversight duties.

## **24. End of life (EOL) care**

- 24.1 Wherever possible Service User's should be supported to remain within their home when requiring Palliative and End of Life Care. Residents/Service Users and their carers need to access Palliative and End of Life Care that allows them to express their preferences and meets their needs. This care should to be delivered in truly integrated fashion, with continuity and consistency. The Provider should follow the six key ambitions:
- Each person is seen as an individual
  - Each person gets fair access to End of Life care
  - Maximising comfort and wellbeing
  - End of Life Care is co-ordinated
  - All staff are prepared to care
  - Each community is prepared to help.
- 24.2 The Provider will encourage residents and their families to discuss end of life wishes.
- 24.3 The Provider will support the end of life care pathway chosen by Residents/Service Users. This will include early and sensitive consideration of end of life issues such as advanced care planning, shared End of Life documentation, consideration of Continuing Healthcare pathway, onward referral for specialist advice, and the provision of holistic care planning and delivery in accordance with the resident/Service User's wishes.
- 24.4 The Provider will ensure that residents are fully involved in the assessment and planning for their end of life care and are able to make choices and decisions about their preferred options.

24.5 The Provider will support (as appropriate) liaison with GP, specialist palliative care services, nearest relatives, and the Council.