

# **Specification**

**For**

**The Provision of Care and Support  
Services in Wood Court Extra Care  
Housing Scheme**

## **Contents**

- 1 Purpose
- 2 Introduction
- 3 Background
- 4 What is Extra Care Housing?
- 5 Principles
- 6 Dignity Standards
- 7 Outcomes
- 8 Policy and Context
- 9 Barnet Councils Corporate Plan
- 10 Profile of scheme residents and allocation of places
- 11 Funding of Care Provision
- 12 Service aims and objectives
- 13 Key elements of service delivery
  - Core Support
  - Personalised Care and Support Hours
- 14 Care Quality Commission (CQC))
- 15 Housing Offer
- 16 People
- 17 Care Planning
- 18 Co-production
- 19 Communication
- 20 Health
- 21 Equality and Diversity
- 22 Performance Monitoring
- 23 Policies and Procedures
- 24 Quality Assurance
- 25 Data
- 26 Staffing
- 27 Protection
- 28 Safety
- 29 Financial Sustainability
- 30 Safety, Business continuity and Disaster Recovery
- 31 End of Life Care
- 32 Social Value

Appendix A – Key Performance Indicators

Appendix B – Floor Plans Wood Court

Appendix C – Care and support hours provided in Quarter 1 of 2018/19

Appendix D – Key Mobilisation Activity

Appendix E – Payment Schedule

# 1. Purpose

- 1.1 The London Borough of Barnet (the “Council”) wishes to commission a provider to deliver care and support in the existing extra care housing (ECH) scheme at Wood Court in Barnet. The supplier will need an innovative and flexible approach, striving continuously to improve service delivery and work with local services in an integrated way. The Provider will work in partnership with the existing Housing Provider (Landlord) to create and maintain an inclusive and vibrant community in which residents can thrive.
- 1.2 In-line with best practice, funding for extra care provision in Barnet will be individualised (i.e. funding is attached to the individual, rather than a block contract).
- 1.3 The Council proposes to award a contract to deliver services from 1st June 2019 for a 4 year period with the option to extend for a further period of up to 1 year subject to satisfactory performance reviews and available budget.
- 1.4 This Service Specification sets out the Council's requirements for the delivery of care and support at Wood Court ECH scheme. It provides the necessary background information, service details and requirements to enable suppliers to develop a tender proposal relating to the provision of these services. The Service Specification is set within the context of the Council's commissioning intentions and has been developed in line with the Adults and Safeguarding Plan 2015 to 2020, Barnet's Corporate Plan 2015 to 2020 and The Right Home - Barnet's Commissioning Plan for Adults Accommodation and Support.

# 2. Introduction

- 2.1 The Council's strategic vision is to commission exemplary, innovative, high quality extra care schemes in Barnet, that will reflect best practice in terms of modern design and the delivery of flexible, person-centred care and support.
- 2.2 The Council wishes to promote integrated communities, where there is a supply of good housing choices for older people. The focus is on developing more creative ways to support people to remain in their own homes, to maintain high standards of independent living for longer, to avoid social isolation and to prevent and reduce the use of high cost residential placements at a later stage in life. ECH will play an important role in achieving these objectives

- 2.3** Extra care housing is one of the range of options for people generally aged 55 and over who require some care and support but wish to retain the independence of living in their own home.
- 2.4** Extra care housing can provide a more intensive level of support than standard sheltered housing, normally with a 24-hour care team on site. Extra care housing may suit people who need a significant level of personal care or support, as well as those with relatively low support needs, but who are otherwise able, and wish, to live independently on their own.
- 2.5** An extra care housing scheme is a group of flats built on the same site, providing specialised accommodation with care and support services on hand 24 hours a day
- 2.6** There are a number of key features that distinguish extra care housing from residential care settings
- people live in their own self-contained homes, which they have legal rights to occupy and which are underpinned by housing law.
  - it is self-contained accommodation - one or two bedrooms
  - couples are able to stay together
  - residents come and go as they choose, in the same way as they would if living in the community
  - the provision of care and support is separated from the provision of accommodation
  - care and support is based on an individual assessment of needs and can be more easily tailored to the individual and the on-site staff are empowered to be flexible in their delivery of care and support.

## **Wood Court**

- 2.7** Wood Court is a purpose built extra care housing scheme opened in 2008. The building is owned and managed by Catalyst Housing Association which provides landlord and housing management services to residents of the scheme. The building consists of 39 one bedroom flats. All flats are wheelchair accessible and all bathrooms have level entry showers. The scheme has extensive communal facilities including lounge, dining area, activity room, buggy store, catering kitchen, hairdressing/treatment rooms, assisted bathrooms (one per floor) lift to all floors and, gardens (See Appendix B for detailed site plans).
- 2.8** From 23rd July 2018 to 19 August 2018 Adult Social Care purchased 1525.5 hours of personalised day care support, these hours do not include the night hours

and wellbeing hours the council purchased (see Appendix C for further detail of care and support hours invoiced for in Q1 2018/19 at Wood Court).

- 2.9** The provision of personal care services at Wood Court is presently rated as ‘Good’ by the Care Quality Commission.

### **3. Background**

- 3.1** The Council is expanding provision of ECH in Barnet<sup>1</sup>. Within this context, the Council wishes to continue provision of the existing scheme at Wood Court. The Council wishes to commission the delivery of care and support from 1<sup>st</sup> June 2019.

- 3.2** The purchasing arrangements for this service 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, independent living and support within the scheme will be integrated so as to provide a seamless service.

- 3.3** The Provider will be expected to work in partnership with the landlord and support residents in such ways that they:

- are in control of their personalised care plan
- remain as independent as possible
- receive a flexible, targeted service responsive to changing need and individual circumstances on a day to day basis
- maintain their dignity and are respected.

### **4. What is Extra Care Housing?**

- 4.1** The Council is committed to providing enabling care to all eligible adults, and views extra care housing as a key element within the overall preventative and independence promoting agenda.

- 4.2** ECH offers 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/Service User. A cornerstone of ECH is the flexibility of care and the ability to increase or decrease care and support in response to individual needs. The service enables the residents/Service Users to

---

<sup>1</sup> ‘Extension of Extra Care Services’, Adults Safeguarding Committee, (November 2016), Item 9 <https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=698&MId=8674&Ver=4>

retain control over their own lives while receiving the support they need in a secure environment. It is as much about a philosophy of care as it is about buildings and services.

- 4.3** ECH is typically designed primarily for frailer older people and some younger people with disabilities, who are willing to live in what is primarily a community of older people. The aim is to maximise independence and choice for residents/Service Users and it is a popular alternative to residential care.
- 4.4** 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).
- 4.5** ECH typically provides a range of communal facilities including a communal lounge, dining area, kitchen facilities, laundry, hairdressing, assisted bathroom and guest rooms.
- 4.6** The scheme forms part of the overall older people's housing portfolio in Barnet and will play a key role in sustaining people in the community, providing a stable base for independent living, whilst giving access to other services that might be needed. The provision of onsite care will be designed to be flexible and respond to individual needs.
- 4.7** The provision of ECH will enable people to live as normal a life as possible in their own homes in a secure and inclusive environment within their local community. It will also enable people to receive appropriate care and housing support to enable them to achieve maximum independence. Residents/Service Users will be supported to achieve their full potential and, where necessary, to acquire or reacquire basic living skills.
- 4.8** ECH provides an effective and responsive service that can delay or prevent older people being admitted to residential care. The scheme will promote dignity and independence and prevent the risk of institutionalisation.
- 4.9** Whilst the care and support service in ECH is similar to home care provided in a domiciliary setting, there are additional requirements for flexibility, responsiveness, and imaginative use of care hours. 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.

**4.10** The services will need to be able to respond to changing demands in scope and delivery, and the Specification will be reviewed regularly and may need to be amended in line with changes in national policy guidelines, local need, best practice and to financial allocations. Providers must be prepared to enter into negotiations with the Council's commissioners if such changes are required and allow for the reasonable variation of the specification as a result.

## **5. Principles**

- 5.1** Services will be designed to promote independence, choice and inclusion, and to encourage well-being and personal growth, as well as acceptance of personal responsibility.
- 5.2** The Provider will be able to effectively support people with complex health and social care needs to help individuals to remain in their own homes even when their social care needs and health conditions fluctuate or decline.
- 5.3** Collaborative relationships will be in place at all levels between the Provider, partner organisations, residents/Service Users, their families and the wider community.
- 5.4** Residents/Service Users should have access to a range of social and cultural activities arranged for them 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
- 5.5** A twenty-four hour, seven days a week service should be available to all residents/Service Users as part of the core support offer.
- 5.6** All staff should have the right skills to be able to work with residents/Service Users with different levels of need.
- 5.7** Staff should listen to residents/Service Users, carers and families.
- 5.8** The Provider must create and maintain strong partnerships with social care professionals, primary care and secondary care staff.
- 5.9** A range of assistive technologies must be available/maintained within the scheme

- 5.10 The service will provide positive end of life care to those residents/Service Users who wish to use this service

## 6. Dignity Standards

- 6.1 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

## 7. Outcomes

- 7.1 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.

## 7.2

### Hospital Admissions:

- i. The Provider is expected to inform next of kin (where appropriate) and the Council's Adults and Communities Service when an individual is admitted to hospital.
- ii. The Provider is expected to liaise with the resident/Service User and/or relevant hospital staff to keep track of progress and any expected length of stay in hospital including any likely changes to care and support needs.
- iii. The Provider is expected to liaise with the resident/Service User and/or relevant hospital staff and/or appropriate social care team<sup>2</sup> to facilitate a timely and safe return home, taking account of likely changes to care and support needs. The Council expects the Provider to maintain care and support following discharge whilst the service user is assessed in their home.
- iv. The Provider is expected to be able to respond to changes in care and support needs at short notice, and be able to access additional staff, as appropriate, when a resident/Service User returns from hospital.

=

## 8. Policy Context

- 8.1 Our understanding of what helps people with poor health recover, older people remain independent and how we should best support young people with learning disabilities has changed over recent years. The belief that we should not expect all individuals to play an active role in our local communities and to be part of successful relationships is outdated. Going forward our accommodation offer needs to reflect the role of community participation and successful relationships

---

<sup>2</sup> If the resident/service user currently has an allocated Social Worker, then if required, the allocated Social Worker will liaise with the hospital MDT and/or visit to reassess the resident/service user's needs and amend their support plan accordingly. If the resident/service user does not currently have an allocated Barnet Social Worker then the hospital's social work team may need to complete an assessment of their needs.

in helping people stay well and independent. These changes are reflected in a range of national policy documents.

**8.2** This Service Specification has been developed in line with statutory guidance and legislation which is detailed below which the Provider shall comply with:

- 8.2.1 The Care Act (2014) sets out a vision for a reformed care and support system. The Act gives the Council responsibility for making sure that people have more control over their care through effective care and support planning and personalisation. The Act's eligibility regulations specify that local authorities should consider how residents/Service Users access employment, training and education as outcomes of their support plan.
- 8.2.2 Better Care Fund: requires local areas to work across health and social care boundaries to reduce the numbers of elderly and frail people who have unplanned admissions to hospital and residential care. It also places an expectation on local areas to reduce the numbers of people who are delayed being discharged from hospital.
- 8.2.3 Five Year Forward Plan for Mental Health clearly sets a comprehensive account of the challenges facing the provision of mental healthcare in the NHS and sets out a ten-year strategy for change based on the key themes that emerged during the Taskforce's engagement work: prevention, access, integration, quality and a positive experience of care. Valuing People (2001) contains four fundamental principles: choice and control in all aspects of the lives of people with learning disabilities, rights, promoting independence and inclusion and citizenship.
- 8.2.4 Valuing People Now (2009) focused attention on those areas of the lives of people with learning disabilities where insufficient progress had been made since 2001, namely housing, employment opportunities and health.
- 8.2.5 National Autism Act and Strategy (2014). In April 2014, the Government published an update to its 2010 National Autism Strategy: 'Think Autism – Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update'. The

proposals contained in this report will help to make sure that the services provided to young adults and adults with Autism reflect the Autism Act and its guidance and other relevant national policy and best practice.

## **9. Barnet Council's Corporate Plan 2015-2020**

**9.1** Barnet Council's vision, as outlined in the Corporate Plan 2015-2020, is that health and social care services will be personalised and integrated, with more people supported to live longer in their own homes.

**9.2** By 2020, social care services for adults will be remodelled to focus more on managing demand and promoting independence, with a greater emphasis on early intervention. This approach will:

- Enable more people to stay independent and live for longer in their own homes.
- Allow young people with complex disabilities to stay in Barnet, where they grew up, and live in their own homes, with education and training opportunities helping them to grow their independence.
- Ensure people with mental health needs receive the support in the community to help them stay well.

**9.3** Adults and Safeguarding Commissioning Plan. The 2016-2017 Addendum to the 2015-2020 Adults and Safeguarding Commissioning Plan includes the following commissioning priorities:

- Developing best practice social care, focused on what people can do and how they can help themselves.
- Diversifying Barnet's accommodation offer to help more people live independently.
- Integrating health and social care services to prevent crises and help individuals stay well and in their own homes.
- Improving the Borough's leisure facilities to support and encourage active and healthy lifestyles.

## **10. Profile of scheme residents and allocation of places**

**10.1** To provide care and support services at Provider must have experience and expertise in providing person-centred support to residents/Service Users from the following primary adult Service User groups:

- Older People (aged 55 plus)

**10.2** Residents/Service Users may also have additional needs that require specialist support, for example:

- Dementia, including early onset dementia
- Physical Disabilities
- Sensory Impairment (including Deaf / Blind)
- Learning disabilities
- Autism spectrum conditions
- Mental health conditions
- Specific health needs such as epilepsy or diabetes
- Substance misuse issues
- Behaviour that challenges
- Complex care and support needs (non-challenging).

**10.3** Services must be person centred, demonstrably based on good practice, and reflect where appropriate relevant specialist and / or clinical guidance. The Provider shall respond to the changing needs of residents/Service Users during different chapters of their life, for example:

- Moving into old age
- Supporting people during a time of crisis or ill health
- Approaching end of life

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

**10.4.1** 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).

**10.4.2** Allocations criteria

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

- Address currently unmet need
- Relocate people from residential care
- Achieve mixed community of residents/Service Users with low, medium and high needs.

**10.5** It is anticipated that there will need to be a mix of needs amongst residents/Service Users in order for the schemes to be successful.

**10.6** Guidance will be that the minimum care requirement will be 7 hours per week and there will be scope for flexibility in this respect.

**10.7** The 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 include assessing and admitting residents/Service Users 7-days per week including evenings and at weekends.
- Advise the Council of all direct or indirect relationships between themselves and the nominated Housing Provider (Landlord) that they are in partnership with –if both are subsidiaries of the same parent company (Catalyst), then the parent company must ensure that the support functions/element operate separately from the housing function/element.
- For the avoidance of doubt no housing costs e.g. rent or service charges are payable under these contracts.

## **11. Funding for Care Provision**

**11.1** 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

**11.2** 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 assessed 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).

**11.3** 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.

- 11.4** The Council will monitor delivery of care hours as part of contract and performance monitoring procedures.

## **12. Service Aims and Objectives**

- 12.1** 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 support needs of residents/Service Users identified in their assessed Care Plans; to provide background wellbeing support and to respond flexibly to temporary and unpredictable fluctuations in need, and to emergencies as these arise.

- 12.2** 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.

- 12.3** 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.

- 12.4** 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.

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

**12.6** 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).

**12.7** 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. The Provider will ensure that the cafeteria/restaurant is run by professionals (i.e. with appropriate certification) in the hospitality business and that it will provide a varied and flexible menu which will cater for a diversity of needs.

Currently Wood Court Extra Care Scheme has a daily Lunch Club, provided by external caterers that operates in the communal restaurant and which residents can choose to opt in to. Residents that choose to opt in to the lunch scheme currently pay the caterers directly. The Provider will support these on-going arrangements as long as they continue to be popular with residents (e.g. the Provider will ensure that the caterer continues to hold the appropriate registration, that residents that opt in are offered a choice of meals in written or other formats which should be read, given or explained to them). The Provider will work with residents and the Landlord to continuously review these communal arrangements (e.g. by discussing at the monthly resident forums and through resident surveys etc) and ensure that they continue to best meet the wishes and requirements of residents.

**12.8** 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/>

- 12.9** 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.
- 12.10** 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.
- 12.11** The Provider will ensure that at all times appropriate staffing levels are in place on site 24 hours a day including bank holidays. This will include support required to carry out planned care tasks and respond to emergencies throughout the day and night.
- 12.12** 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;
- 12.13** 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;
- 12.14** 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;



- 12.15** 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.
- 12.16** 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;
- 12.17** 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;
- 12.18** The Provider will use outcome based assessment and the delivery of outcome focused care with service user involvement;
- 12.19** 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.
- 12.20** 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.

## 13. Key Elements of Service Delivery

### 13.1 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 Offer for Resident/Service Users	Personalised Care and Support Day Hours
Night Care (2 x workers)	Personal Care Tasks
Well Being Support (2 hours per service user per week)	Enabling Independence Tasks
24 hour emergency care when needed	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.

Flexibility in delivering support: It is expected that certain personal care tasks need to be delivered within a certain window of time, in accordance with residents/Service Users needs and reasonable choices, however, planned care and support will be delivered flexibly throughout the day to make optimal use of staff time. The onsite care team must comprise 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.

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

### **13.3 Overview of Core Support**

The core element of the service is what all residents/service users will receive. It will include both well-being support and night care. It comprises of a team of staff being available on-site 24 hours a day responsible for delivering both unplanned support and emergency care when needed as well as responding to alarm calls and telecare activations. The Provider will ensure that unplanned support to resident's/service user is delivered in a way that is least traumatic for the individual.

#### **13.3.1 Core Support - Night care**

Night care is specified as part of the core service.

Between the hours of 10pm to 7am, two waking care workers are required to be onsite to deliver the core service.

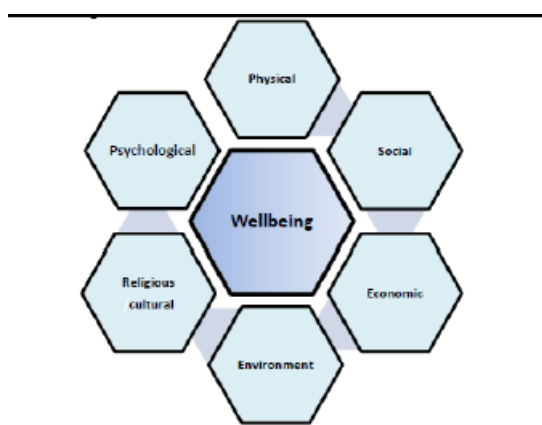
Specific planned duties to be operated at night will be identified within an individual's/Service User's care plan and may include (but is not limited to):

- 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

It is expected that non-contact time will be used constructively e.g. night staff undertaking laundry.

### 13.3.2 Core Support: Well-being Support

In line with Section 1 of the Care Act 2014<sup>3</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 Wood 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:



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 (but are not limited to) 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
- Providing support to residents/service users to maintain positive relationships with neighbours
- Supporting residents/service users with safety and security of the home
- Working alongside the landlord and residents in creating an inclusive environment that may include activities and initiatives to keep residents active and promote health and well-being;

<sup>3</sup> <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#chapter-1>

- Ensuring 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.
- Enabling (as required) individual service users/residents to participate in activities and initiatives both internal and external to the scheme. Assist resident's/service users to have interests, hobbies, and personal aspirations and to maintain their network of friends and relatives.
- Fostering and strengthening links and networks that residents/Service Users have with people in the surrounding community.
- Working in partnership with the Housing Provider (Landlord) to provide practical and social support. 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.
- Providing adhoc information, advice and guidance to residents (as appropriate) on issues such as welfare rights and signpost residents to further advice and guidance where needed.
- Arranging access to urgent/unplanned health appointments on behalf of a resident/service user e.g. dental or GP appointment

The Provider will be expected to ensure that well-being is always addressed in each individual care plan. In addition to this the Provider will develop and implement an annual Well Being Plan for the scheme. The Scheme well-being plan should describe the key actions for each year (the scheme plan should clearly indicate which well-being priorities the actions within the plan address i.e. physical, psychological, social, religious/cultural, economic, environment)

The provider is expected to develop a Scheme Well-being plan which will be submitted to the council and will be reviewed with the Council at the end of each year of the contract.

#### **13.4 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 care and support plans will be reviewed by the Provider every 3 months as a minimum and a key worker system will be in operation.

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

See below for more detail:

#### Personal Care Tasks

These tasks are specified as the flexi element of the service. All Personal care must be undertaken with great sensitivity. The Provider's staff must have an awareness of the importance of the preservation of the Service User's dignity and improving where possible their quality of life. By way of example, these tasks may include:

(a) Dressing/undressing.

- (b) Assisting with transfers from or to bed/chair/toilet.
- (c) Assistance with eating meals and drinking
- (d) Promotion of personal hygiene by encouraging regular washing and changing of clothes.
- (e) Washing and trimming hair.
- (f) Assisting with personal washing.
- (g) Assisting with bathing/showering.
- (h) Assisting with shaving.
- (i) Assisting with cleaning teeth.
- (j) Assisting with toileting.
- (k) Assisting with washing feet.
- (l) Cutting and filing of fingernails.
- (m) Assisting users in preparation for trips or visits outside their own home
- (n) Administration of medication in accordance with its medicines policy and medicines procedure guidelines.

This list is not exhaustive and is intended to be illustrative only.

#### Enabling Independence Tasks

These tasks are specified as the flexi element of the service. Enabling tasks involve assisting residents/Service Users by supporting and encouraging them to participate in housework and living skills, to restore lost confidence, regain lost skills, gain new skills and achieve and maintain maximum independence and self-reliance. Enabling tasks may include:

- a) Supporting and guiding the Service User to maintain a healthy balanced diet through provision of advice in relation to fluids and nutrition, menu planning and preparation of meals;
- b) Supporting and coaching the Service User in carrying out household functions in so far as they enable the Service User's outcomes to be achieved, for example in relation to maintaining a clean and comfortable house and/or garden.
- c) Escorting residents/Service Users on shopping trips or to attend specific appointments, i.e. hospital, dentist, optician where this is included within a Care Plan.
- d) Taking and returning residents to/from planned activities being held in the Scheme, including restaurants.
- e) Providing information about opportunities for involvement in local community activities, encouraging the continuation of interests and social activities and/or developing the opportunity for involvement in new activities to prevent social isolation;
- g) Providing advice about personal safety and security;
- h) Encouraging and assisting in development or maintenance of a healthy lifestyle including the continuation of any exercise prescribed following training;
- i) Prompting the Service User on matters of personal hygiene;
- j) Providing advice about alcohol and substance misuse and signposting to specialist services when necessary;

- k) Encouraging the use of aids provided, following professional training. The use of assistive technology is encouraged and to be arranged in conjunction with the Care Manager.

This list is not exhaustive and is intended to be illustrative only.

### Domestic Tasks

These tasks are specified as the flexi element of the service. Domestic care is the provision of domestic services identified as appropriate to meet the Service User's specified outcomes and due to the Service User's inability to carry out these tasks on their own or with support (usually required for service users with high needs). Where domestic duties have been identified as part of the Care Plan the Provider will work with the resident/Service User and / or the Council to ensure that the timing of the Service provision meets the needs of residents/Service Users and is also conducive to the Provider's responsibilities regarding the delivery of personal care tasks for other residents/Service Users. Domestic Care may include enabling tasks and domestic tasks. Domestic Tasks may include:

- a) Benefit/Pension collecting, bill paying and banking money on the Service User's advice.
- b) Bedmaking.
- c) Emptying and cleaning commodes.
- d) General internal domestic cleaning.
- e) General tidying.
- f) Washing up.
- g) Laundry.
- h) Dealing with household refuse
- j) Shopping.
- k) Cooking and meal preparation.

This list is not exhaustive and is intended to be illustrative only.

## **14. Care Quality Commission (CQC)**

- 14.1** The Provider shall be registered appropriately (and will maintain registration) with the Care Quality Commission<sup>4</sup> (CQC). The Provider will have a CQC minimum rating of good or its equivalent. Further information at <http://www.skillsforcare/Standards/Care-Quality->

---

<sup>4</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)



### [Commission-regulations.](#)

- 14.2** 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.

## **15. Housing Offer**

- 15.1** 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. Whereas the Council will not be a contracting party to any agreements that the Provider and the Housing Provider (Landlord) agree, the Council expects the providers to liaise with it on the contents of the agreements prior to formal agreement being reached between the 2 parties.
- 15.2** Ahead of the service mobilising The Provider will enter into a License Agreement with the Housing Provider (Landlord) to enable the Provider to carry out its obligations under this specification. The License Agreement will not include any requirement for the Provider to pay a licence fee (such agreement not to be unreasonably withheld or delayed).
- 15.3** 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>5</sup> and that residents/Service Users have been supported to understand their Tenancy Agreement.<sup>6</sup>

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

## **16. Care Planning**

- 16.1** The Provider will develop a personalised Care Plan for each resident based upon their assessed social care support plan and the high level outcomes identified. Whilst the Council will be involved in this process, day to day changes of emphasis and flexibility will sit with the resident and Provider. with only significant change. Where the service user/residents 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)
- 16.2** The resulting Care Plan will inform the level and type of care each individual requires and will be flexible, enabling and outcome focussed. Residents will be encouraged actively to assess their own need and define their own outcomes.
- 16.3** The Provider shall work closely with residents to develop their personalised Support Plan, ensuring that the widest possible approach to the achievement of outcomes is taken.
- 16.4** The Provider will also be expected to balance the promotion of enablement/ reablement with the exercise of choice and to promote options that actively work towards residents' ability to remain active and to have meaningful and enriched lives.

---

<sup>5</sup> This should clearly outline the: total weekly rent and any total weekly service charge (including a breakdown per item) and additional charges

<sup>6</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

## 17. People

- 17.1** 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.
- 17.2** 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.
- 17.3** A risk assessment will be developed as soon as the individual moves into their new home (or before if appropriate). The risk assessment will include controls and mitigations that can be put in place in order to ensure that risk averse practices do not become the default position. The risk assessment will link closely with the support plan and will be developed in partnership with the individual, their carer and family members or representative.
- 17.4** 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.
- 17.5** 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.
- 17.6** 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.
- 17.7** 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.

## 18. Co-production

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

**18.2** 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.

**18.3** 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

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

**18.4** 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.

## 19. Communication

- 19.1** 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.
- 19.2** 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.

## 20. Health

- 20.1** 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.

## 21. Equality and Diversity

- 21.1** 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.
- 21.2** 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>.
- 21.3** 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.

## 22. Performance Monitoring

- 22.1** 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.
- 22.2** 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's

Performance Reporting Framework so that activity, performance and outcomes can be measured and scrutinised. The Reporting Framework is attached at **Appendix C**.

- 22.3** 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.
- 22.4** The Provider will monitor data consistency and quality, and will assist any Council officers/commissioners with any data audits. Case file audits may be carried out and the Provider will assist Council officers/commissioners with these audits.
- 22.5** 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.
- 22.6** The Provider will demonstrate that the needs of residents/Service Users are being met. The Council retains the right to monitor and inspect the provision of the service and to take its own measures to satisfy itself that it is purchasing quality services.
- 22.7** The Provider will inform the Authorised Council Officer of any complaints made about the service, at the earliest opportunity.
- 22.8** 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(s) from the Council to rectify any deficiency in the quality of the Service within the time scales stipulated.
- 22.9** 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 residents/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.

- 22.10** The Provider shall be responsible for notifying the Authorised Council Officer of any significant events which affect or are likely to affect the delivery of the Services defined in this Specification.
- 22.11** 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.
- 22.12** No personal sensitive data relating to residents/Service Users should be shared as part of quarterly contract monitoring reporting.
- 22.13** 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.

## **23. Policies and Procedures**

- 23.1** 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.
- 23.2** 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.
- 23.3** 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
- Restrictive interventions that comply with best practice and proactive workforce guidance
- Deprivation of Liberty safeguards.

## 24. Quality Assurance (QA)

- 24.1** Robust quality assurance systems shall be in place for all Services. Quality assurance reviews will be undertaken by the Providers and the outcomes made available to the Council. The reviews will demonstrate compliance with this Specification and ensure that Services are focused on delivering the outcomes set out in the residents/Service Users needs assessment and / or support plan.
- 24.2** The Provider will make available all inspection reports produced by the CQC, or other regulatory body, or as a result of an internal inspection undertaken by the Provider.
- 24.3** Announced and unannounced quality audits shall be undertaken by the Council periodically (including the local Clinical Commissioning Groups where appropriate). The Provider will facilitate and support the Council 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.
- 24.4** The Provider will inform the Council immediately (and provide details) of 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 at Work etc Act 1974 or any other relevant legislation.
  - As appropriate, any notice of proposed or actual cancellation of the Provider's' registration from the CQC or equivalent regulatory body.
  - Any issues for which Safeguarding Adults Procedures have been invoked.
  - Any plans to transfer the housing functions, provision of care and support to other providers 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.
  - The Provider will ensure that all staff are organised so that they work as a team to deliver high quality Services; and work with the Council 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 and improve.

**24.5** The Provider will operate an equal opportunities framework and offer services reflecting the Council's values and principles in that residents/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 time
- 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 residents/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.

**24.6** As appropriate, the Provider will have named staff who will act as local:

- Dignity in Care Champions
- Dementia Care Champions
- End of Life Care Champions
- Communication Champions
- Medicines Management and Infection Control Champions
- Accessing Learning, Education and Employment Champions

*Note - Champions should undertake audits on a regular basis to ensure that the principles of good practice are embedded into everyday practice.*

**24.7** The Provider will attend the Borough's Registered Manager or Providers' Forums,

**24.8** The Provider will ensure staff induction programmes include attainment of the Care Certificate: [www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx](http://www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx)

## **25. Data**

**25.1** 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.

## **26. Staffing**

- 26.1** The Provider will employ a Registered Service Manager who will be based on site. The Registered Service Manager will have previous experience of providing regulated services. They will be responsible for:
- The care and support function
  - Liaising with the Council, attending monitoring meetings, allocations
- 26.2** Staffing arrangements must mean that there will be at least two people on duty at all time including overnight. There will be additional staff during the daytime hours working extra shifts at busier times
- 26.3** The Provider will ensure that sufficient care and support staff should be available to deliver the Service to 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 of residents/Service Users living in the Scheme, 24 hours a day, seven days a week including bank holidays.
- 26.4** 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.
- 26.5** All staff should have regular supervision and guidance from appropriately qualified and experienced managers. Staff supervision will be carried out at least six times a year with written records maintained.
- 26.6** The Provider will ensure that teamwork is encouraged and supported through regular team meetings
- Effective handovers between shifts

- Shared record-keeping
- Regularised transfer of information between all staff and managers (housing, support, care)

- 26.7** 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.
- 26.8** The Provider shall consider using a Workforce Capacity Planning Tool to establish whether they have the right mix and numbers of staff with the right skills and knowledge to effectively provide the Service. Further information at: <http://www.skillsforcare.org.uk/Document-library/Standards/Care-Act/workforce-capacity-planning-model-september-2014.pdf>
- 26.9** 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)
- 26.10** 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
- 26.11** 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.
- 26.12** We will expect the Provider to demonstrate that they are working towards achieving the London Healthy Workplace Charter or equivalent.
- 26.13** 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.

- 26.14** 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.
- 26.15** 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.
- 26.16** 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.*
- 26.17** Improper staff conduct shall also include any action taken in breach of the Council' 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).
- 26.18** 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.
- 26.19** Sufficient checks will be undertaken to ensure all staff employed are eligible to work in the UK, and compliant with UK Border Law.
- 26.20** 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**

- 26.21** It is desirable that Managers should have a qualification in Social Care, Nursing or Management. They must have had previous experience in the social care or nursing fields or special needs housing.
- 26.22** Managers should provide evidence of the ability to manage staff and systems effectively and to establish positive relationships with other professionals.
- 26.23** Care staff must have previous experience or training in providing care and demonstrate the ability to follow policies and procedures.
- 26.24** All staff must be committed to meeting the needs of tenants and maximising their capacity for independence and self-determination
- 26.25** 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.
- 26.26** The Provider must have a structured induction process in place, to be completed by all new staff that meets the national minimum standards.
- 26.27** 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.
- 26.28** 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.

- 26.29** 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.
- 26.30** 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.
- 26.31** 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.
- 26.32** 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.
- 26.33** 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.

## **27.** Protection

- 27.1** 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.
- 27.2** 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/>

- 27.3** The Provider must ensure that all staff hold a current Enhanced DBS (Disclosure and Barring Service) Certificate, renewed every three years.
- 27.4** The Provider is required to maintain appropriate records around all incidents.
- 27.5** 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.
- 27.6** 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
  - 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.

## **28.**      **Safety**

### **28.1.      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

## **29. Financial Sustainability**

**29.1** The financial sustainability of the Provider will have been explored as part of the Tender; however, the Council expects its Providers to run their business in a way that is sustainable and which will minimise the possibility of Providers going out of business. The Council reserves the right to satisfy itself of the financial stability of the Provider during the period of the Contract and to take appropriate action to safeguard the interests of residents.

**29.2** The Provider must notify the Council as early as possible of any threat to its continued ability to provide services to residents and then must collaborate completely with the Council in its endeavours to ensure continued provision of service to its residents.

## **30. Business Continuity**

**30.1** 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.

**30.2** 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.

- 30.3** 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.

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

- 31.1** 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.
- 31.2** The Provider will encourage residents and their families to discuss end of life wishes.
- 31.3** 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.
- 31.4** 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.
- 31.5** The Provider will support (as appropriate) liaison with GP, specialist palliative care services, nearest relatives, and the Council.

- 31.6** The Provider must maintain appropriate levels of staff to support effective end of life care and meet individual need.
- 31.7** The Provider must maintain a policy on managing death & dying in accordance with NICE Quality Standards for End of Life Care to ensure high quality end of life care; and comply with Mental Capacity Act 2005 requirements; making use of key guidance including the common core principles & competences: Further information at:  
<https://www.skillsforcare.org.uk/Skills/End-of-life-care>.

## **32. Social Value**

This service is commissioned in line with the Public Services Social Value Act 2012. The Provider will demonstrate how the service will meet objectives within the Social Value Act and benefit the wider local community, i.e. what social value they will add through their management of the contract. Examples include:

- Active involvement of the voluntary and community sector
- Community engagement programmes
- Investment in the social care workforce
- Provision of quality flexible working opportunities that attract local parents and carers into careers in the social care sector
- The provision of apprenticeships with career progression opportunities
- Provision of work experience placements to local people including those with disabilities such as shadowing opportunities (if permission has been given to the tenant)
- Promotion of the local care sector - this should include entering schools to promote caring as a positive career option for younger people
- Service working cooperatively with the tenants' carers and providing