



**WANDSWORTH BOROUGH COUNCIL
SUPPORTED LIVING PLACEMENTS
For People with Learning Disabilities**

**SERVICE
SPECIFICATION**

1. INTRODUCTION

- 1.1. This document sets out the specification for the provision of Care Quality Commission (CQC) Regulated and Non-CQC Regulated Adult Supported Living Placements for the London Borough of Wandsworth. This Specification describes the minimum requirements and standards for delivering any part of the Services.
- 1.2. Supported Living is a person-centred approach to housing and care and support services. It is based on Service Users having a tenancy or license agreement offering the right to remain in their own home and change their support provider if they wish. It can mean living in shared accommodation or living alone with care and support.
- 1.3. There needs to be 'genuine' separation of the support and the housing functions of Supported Living. Care and Support may require registration with CQC, whereas housing does not. The decision regarding registration is determined by the type of care required by the Service User and as defined by the CQC.
- 1.4. Services will operate in identified locations, 24/7, 365-days per year for Service Users who meet the Borough's eligibility criteria, i.e., Service Users will have identified care and support needs within the eligibility criteria defined in the Care Act 2014 and have an identified housing need.
- 1.5. The Council and the Provider agree to work in partnership to deliver high quality Services. In adopting a partnership approach, the Council and the Provider aspire to:
 - a) Share key objectives;
 - b) Collaborate for mutual benefit;
 - c) Communicate with each other clearly and regularly;
 - d) Be open and honest with each other;
 - e) Listen to, and understand, each other's points of view;
 - f) Share relevant information, expertise and plans;
 - g) Avoid duplication wherever possible;
 - h) Monitor the performance of all parties;
 - i) Seek to avoid conflicts, but where they arise to resolve them quickly and at a local level wherever possible;
 - j) Seek continuous improvement by working together to get the most out of the resources available and by finding better, more efficient ways of doing things;
 - k) Share the potential risks involved in Services developments;
 - l) Promote the partnership approach at all levels in the organisation (e.g. through joint induction or training initiatives); and
 - m) Be flexible enough to reflect changing needs, priorities and lessons learnt, and encourage participation by the Service User.
- 1.6. The Council and the Provider agree to work in partnership with professionals in the fields of health and social care with a view to delivering comprehensive, integrated care which allows for, and reflects, individual choices.

2. SERVICES APPROACH

- 2.1. The Council recognises that varying models of delivery and skill bases are essential to meeting differing needs; therefore the Services shall be commissioned flexibly to offer maximum choice, quality and value for money.

3. RELEVANCE OF THE CARE ACT 2014

- 3.1. Whilst not reproducing every detail, this Specification has been written in full consideration of the aims of the Care Act 2014. The Provider must be fully conversant and compliant with the Care Act 2014 and any associated or subsequent legislation.
- 3.2. The Care Act 2014 builds on recent reviews and reforms, strengthening previous social care guidance and replacing previous legislation. It provides a coherent approach to adult social care in England and sets out new duties for local authorities (and their partner agencies) and clarifies rights for Service Users and their informal carers (“Carer”).
- 3.3. A far greater emphasis has been placed on prevention and wellbeing than was previously the case and the Care Act 2014 provides legislation which strengthens and clarifies the Provider’s safeguarding responsibilities. There is a strong emphasis on personalising the experience of receiving care and empowering Service Users to make choices about the delivery of their care.
- 3.4. Any action of the Provider that contravenes the Care Act 2014 will be considered a Performance Default.
- 3.5. Nothing contained in this specification absolves a Provider from meeting current Care Quality Commission registration requirements, fundamental standards or any other relevant current or future statutory requirements introduced by the government or other statutory body during the life of the contract.

4. MENTAL CAPACITY ACT 2005

- 4.1. Providers must deliver the Services in a way that recognises the intentions and features of the Mental Capacity Act 2005 (as amended by the Mental Health Act 2007 and any other legislation). This means that whilst maintaining clear insight into safeguarding guidance and legislation, the Provider must be mindful of the presumption of capacity and must also recognise the rights of Service Users to make personal decisions that may appear unwise.
- 4.2. The Provider shall ensure that appropriate members of its staff, including those who directly provide the Services to Service Users (“Care Worker”), those involved in back office functions, management roles etc (collectively, “Staff”) are trained and aware of the requirements of the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards, and that supervisory and managing Staff are knowledgeable of their responsibilities and duties under the Act.

The Provider shall embed the principles of the Mental Capacity Act 2005 into its training. It is recognised that adhering to the provisions of the Mental Capacity Act 2005 can be challenging and therefore the Provider must ensure that senior Staff are readily on hand to advise Care Workers as required.

5. SUPPORTED LIVING OUTCOMES

- 5.1. Outcomes in the context of this service specification are concerned with quality of life and strengths-based opportunities to maximise independence rather than simply levels of ability, health, employment or housing status. In residential care or supported living, this can be about people feeling safer, listened to, participating in wider society and having the chance to develop the skills required to live independently.
- 5.2. Outcomes will be stated in the Service User's personal support plan and will be individual and based on a combination of the assessed needs and what the Service User describes is important to them.
- 5.3. The outcomes for Supported Living have been informed by a nationally recognised framework called REACH.
- 5.4. REACH was initially developed in 2002 by Paradigm Consultancy and Development Agency Ltd as a tool to ensure that people with learning disabilities could check the quality of their own support and housing.
- 5.5. The second edition of REACH defines what Supported Living is through a set of eleven outcomes defined by Service Users:
 - Able to choose who they live with
 - Choose where they live
 - Have their own home
 - Choose how they are supported
 - Choose who supports them
 - Get good support
 - Choose friends and relationships
 - Choose how to be healthy and safe
 - Choose how to take part in the local community
 - Have the same rights and responsibilities as other citizens
 - Get help to make changes in their lives

6. CORE PRICIPLES AND SERVICE VALUES

- 6.1 In the provision of the Services, the Provider shall demonstrate an awareness of, and comply with, the following key values and principles which underpin service delivery:
 - **Community Inclusion:** The experience of visiting, belonging, sharing and using the facilities available in the ordinary places that define the local community life where people live. It means the extent to which individuals participate in a variety of valued activities, including leisure and work. It is also the experience of being part of a growing network of personal relationships and the valued contribution which may be made by the individual to these relationships, and to activities that are part of their local community. Providers will work in partnership with the Service User, family, carers, the local community and other stakeholders who directly support the Service User including, by way of example, professionals, Carers, advocates and other Service Providers.

- **Wellbeing:** Providers must be able to deliver and evidence how services take into account the wellbeing principles as set out in section 1.2 of the Care Act 2014. Local Authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as “The Wellbeing Principle” because it is a guiding principle that puts wellbeing at the heart of care and support.¹ The Provider must deliver the Services in accordance with the Wellbeing Principle. Providers must actively support Service Users to improve all aspects of their lives, to identify any potential barriers and support Service Users in overcoming any barriers that may exist now and in the future. The Provider shall be required to ensure that they use all means available to ensure the best possible health and wellbeing outcomes for all Service Users and be required to evidence this. Wellbeing covers an intentionally broad range of aspects of a person’s life and encompasses a wide variety of specific considerations depending on the Service User. While the Council must consider these Wellbeing principles at the point of assessment of the Service User and in support planning, the Provider must also ensure that Wellbeing, individual choice, and control, *at the point of delivery*, are maintained and promoted and must be able to demonstrate how this will be maintained for any Service User.
- **Strengths-based:** The experience of using personal strengths, together with the strengths of support-networks, the community and the provider, to promote empowerment and embrace the positives in order to promote health and well-being.
- **Choice:** The experience of developing autonomy and self-determination in day-to-day matters and in the major decisions that people make, such as where or with whom they live. Personal choice and autonomy define and express the way people live. Providers will ensure and evidence through support plans that services are flexible and adjust to changes in need or to the agreed personal choices of Service Users.
- **Competence and Independence:** The experience of gaining more skills and abilities to perform functional and meaningful activities with whatever assistance is required to support greater independence. Included in this is the real opportunity to use those skills once acquired. The Provider shall ensure that the Service Users be treated as able to make his/her own decisions. A Service User's capacity to make a decision will be established at the time a decision needs to be made in line with the definition of capacity set out in the Mental Capacity Act 2005. The Provider will remove efficiently and effectively any barriers or restrictions that limit what people can do.
- **Dignity and Respect:** The experience of having a valued place among a network of people and valued roles in the community, being treated as a person of worth. To achieve this means challenging the stereotypes built up around people who have a Learning Disability. Providers shall demonstrate through support plans and practise that they ensure all Services are provided in a manner that offers confidentiality, respect, dignity and privacy and does not erode a Service User’s capacity for self-care or the positive contributions made by family, Carers and informal support networks. The Provider must demonstrate what they are doing, on an ongoing basis, to ensure that dignity is at the heart of their delivery at all times.
- **Personalisation:** Personalisation is an ethos; founded on person-centred thinking and support planning, viewing people as persons in their own right, and understanding that they need and have a right to live a life that has meaning to them. Personalised care planning should fully involve the person seeing them as equal partners in their health and wellbeing, not passive recipients of care, supporting people to take responsibility for their own health wellbeing and providing

¹ Care Act Guidance October 2014. Section 1. P1.

them with the right information to assist that process. Care and respect must be appropriate and reflect service users needs and preferences.

- **Culture:** The Provider shall ensure that the culture of the service is a positive one, promoting an ethos of care, and placing the Service User at the heart of all processes (a person-centred culture). The culture of the service can directly affect the quality of life of the Service Users. A positive and welcoming approach by staff should be based on personal growth and shared ideas, values and goals, moving the service away from 'task-based' care, and allowing the development of emotional and holistic care.

7. SERVICE AIMS

7.1 The aims of supported living services are to:

- Provide support for people to maintain and develop the skills (including understanding their responsibilities) necessary for independent living.
- Encourage and assist Service Users to have a maximum level of independence and to step down to a less supported environment if their need determines and they are assessed that they are ready and able to do so.
- Encourage 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 a service that acknowledges and works with the needs of families and the Service User's circle of support.
- The Service User shall be recognised and respected as an individual person with recognition given to his/her particular physical, psychological, social and emotional, cultural and spiritual needs and sexual orientation.
- Respond to Service Users' personal, domestic, practical, health, social and housing related support needs.
- Achieve and work to exceed the outcomes specified for each Service User identified in their Outcome Focussed Care Plan and Individual Support Plan.
- Support, maintain, improve and promote peoples' physical health and wellbeing.
- Ensure Service Users stay healthy and recover quickly from illness.
- Use ordinary community services locally and enable Service Users to be part of their local community where they live.

8. SAFEGUARDING AND SUPPORTING PEOPLE TO BE SAFE

8.1. Providers will:

- a) Adopt a positive approach to risk taking to ensure the management of risk is person centred and proportionate to individual circumstances.
- b) Undertake an assessment of the potential risk to Service Users, Staff and the Public associated with delivering the package of support, before commencing Services.
- c) Produce a comprehensive plan to manage risk. This should be co-produced with Service Users, families, and key professionals, and form part of support plan. The risk plan must be implemented and reviewed annually or more frequently if necessary.
- d) When supporting people with challenging needs, restrictive interventions must only be used as a last resort and when it is legal and ethical to do so; identifying the need to make an application for Deprivation of Liberty (DoLS) should an individual be restricted from leaving the home independently, lack the capacity to consent to their support or be restricted in other ways, to ensure that their best interests are appropriately considered.
- e) The Provider shall ensure that Service Users are safeguarded from any form of abuse or exploitation as described in accordance to the Care Act 2014 and with the Council's and Pan London Safeguarding Vulnerable Adults written policies and procedures.

f) The Provider shall ensure that robust procedures (including whistle blowing) are in place for responding to suspicion or evidence of abuse or neglect to ensure the safety and protection of Service Users. This includes ensuring the immediate involvement of the Council, police and the passing on of concerns to the CQC in accordance with the Public Interest Disclosure Act 1998, and the Care Act 2014, and Making Safeguarding Personal. The Provider's procedures shall meet the standards set out in the Council's and Pan London Safeguarding Vulnerable Adults Policy and Procedures and subsequent updates.²

g) The Provider shall ensure that all allegations, suspicions and incidents of abuse or potential abuse are reported immediately to Wandsworth Adult Social Care by phone and the details confirmed in writing. The details and actions taken shall be recorded in a special file kept for the purpose and in the personal file of the Service User.

h) The Provider must ensure that its Staff are fully trained in the prevention of abuse, through focus on dignity and person-centred care, and are aware of this process and are supported to recognise and report any safeguarding concerns, in a culture of promoting good practice and reporting suspected abuse.

i) The Provider shall ensure that all Staff are fully aware of and trained in both the Pan-London Multi Agency Adult Safeguarding policy and procedures, and the Wandsworth Safeguarding Children and Young People policies, incorporating Wandsworth local arrangements; the latter because Staff may encounter children in the course of their work. Where a provider is located outside of London, they should follow their local authority's safeguarding policies and procedures.

j) The Provider shall contribute to safeguarding enquiries in a thorough and timely manner as requested in line with policy and procedures and shall nominate a lead person (management level) to take responsibility for liaising with the Council and to deal with all safeguarding issues and investigations as required.

9. HEALTH AND SAFETY

9.1 The Provider shall maintain a comprehensive health and safety policy and written procedures for health and safety management. This shall define:

- Individual and organisational responsibilities for health and safety matters;
- Responsibilities and arrangements for risk assessment for all persons entering the services;
- Arrangements to implement safe systems of work to safeguard the health and welfare of Service Users, staff and others involved in the provision of care and support, taking into account the findings of the risk assessments;
- Procedures to be followed when safe systems of work identified as necessary to safeguard Service Users, staff and others involved in the provision of care and support, cannot be implemented;
- Responsibility and procedures for reporting and investigating accidents and dangerous occurrences, including those specified under RIDDOR for both Service Users and staff;
- Reporting procedures to follow and action to be taken when a Service User or a member of staff has a known transmittable disease or infection;
- Policies and procedures for minimising risk and threat of violence to staff;
- Moving and handling – Manual Handling Operations Regulations 1992 (as amended)
- Content of training on health and safety for Support Staff (in accordance with the National statutory guidance;
- Provision and wearing of protective clothing.

² http://www.wandsworth.gov.uk/info/200385/safeguarding_adults

10. SERVICES DESCRIPTION

10.1. Care and Support

The Borough is seeking to attract a range of providers with experience and expertise in providing person centred support to Service Users.

10.1.1 Providers will:

- a) Publish (and maintain) clear admission criteria
- b) Offer Services from identified locations, 24/7, 365-days per year
- c) Undertake planned pre-admission assessments within 72-hours of accepting a referral from the Boroughs
- d) Respond to urgent referrals made by the boroughs on a case by case basis; these requests will typically be in response to the breakdown of a Service Users existing care and support arrangements
- e) 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.
- f) Advise the council of all direct or indirect relationships between themselves and the nominated Housing Provider (Landlord) they are in partnership with – if both are subsidiaries of the same parent company then the parent company must ensure that the Support functions operate separately from the Housing function.

10.1.2 In the main, support services will be one or both of the following:

- a) 24-hour Service – with a core rota detailing minimum Staff to be on duty at different times of the day and night to support both care and support needs of Service Users. Day support will include assisting Service Users to attend chosen community activities such as training, learning and employment and / or to co-ordinate and deliver on-site activities to support independence and which also promote good health and wellbeing, support Service Users address issues with the Housing Provider, liaise with families, GPs, pharmacy, and transport etc.
- b) Daily Service – with a flexible rota offering a variable pattern of staffing to meet the support needs of Service users. The support is personalised to each Service User via small discrete units of time that are dedicated to meet individual needs and community engagement e.g. 2 - 4 hours per day or week; the delivery of higher levels of care and support following a stay in hospital, etc.

10.1.3 The Services shall support maximum independence, quality of life and the promotion of meaningful life opportunities.

10.1.4 The Provider shall create a safe environment that maximises the Service Users' ability to manage their day to day lives and encourages choice and control over their personal circumstances and standards.

10.1.5 The Provider shall deliver flexible, personalised and integrated Services in accordance with the Support Plan and Care Plan.

10.1.6 The Provider shall ensure that the Services are delivered at all times by suitably qualified and experienced Staff.

10.1.7 Support Staff shall be able to communicate effectively with the Service User, using the individual's preferred method of communication. This may include signs, symbols, pictures,

objects and different languages including Makaton. The Provider shall ensure there is guidance in place for Support Staff on communication.

10.1.8 Service Users shall be encouraged and supervised to manage tasks for themselves reasonably as far as possible. Support includes, but is not confined to, the following tasks:

- Supporting Service Users' method of communication and understanding, e.g. communication in the Service User's preferred language including symbols, pictures and or Makaton;
- Social and leisure activities in the community;
- Maximising benefits, supporting people to attend appointments and helping them look for and secure appropriate learning or work opportunities;
- Ensuring equal access to shared facilities and choice in communal matters;
- Encouraging Service Users to access independent advocacy where appropriate or required and facilitate equality of representation through regular Service Users' meetings. These meetings should be recorded in accessible formats or ways that Service Users can access;
- Developing travel skills and independence via strengths-based approaches within a written, justified and assessed framework of risk;
- Managing income, living expenses (food, bills, etc.) and personal priorities (clothing, holidays, etc.). Facilitating Service Users to maintain their own bank account and supporting Service Users to handle their own money;
- Health Action Plans that are regularly monitored and ensure proactive support to enable people to access appropriate health services;
- Balanced diet (e.g. nourishing, appetising and of an adequate portion);
- Opportunities to exercise;
- Regular medical and dental checks and access all to other health services as required;
- Proper management, safekeeping and dispensing of medication;
- The proper implementation and monitoring of clinical guidelines;
- Promotion of self-awareness of medical conditions and the relevance of medication and adherence to clinical guidance;
- Encouraging and assisting the development/maintenance of friendships and relationships that are independent of the home and formal activity settings;
- Supporting Service Users to use communal rooms to build relationships with each other and to socialise/meet with friends and family;
- Facilitating knowledge and understanding about sexual health, orientation, and relationships;
- Support to access and participate in non-segregated activities of leisure, social, cultural, religious, educational, and of a health nature;
- Support to participate in local community affairs and to ensure inclusion on the Electoral Register;
- Encouraging engagement, where appropriate, in ordinary life experiences, such as employment, community/voluntary service, training and education, and the assumption of roles that are valued;
- Identifying, providing, encouraging and facilitating ethnic and cultural preferences in the areas of diet, religious observances, clothing, personal care, language, service decor, association, community involvement, end of life planning and bereavement;
- Assessments of Need, Risk Assessments, developing and reviewing Individual Support Plans, liaison with health and social care professionals;
- Personal hygiene/appearance as required (bathing, showering, oral hygiene, shaving, hair care, dressing, hand and foot care);
- Managing continence, toileting (emptying commodes/catheters);
- Support to get up or go to bed (including manual handling and transferring);
- Support with management of hearing and sight aids and other equipment;

- Support with eating and drinking (including PEG feeding and work with professional support);
- Monitoring and administering medication, collecting prescriptions, arranging and supporting Service Users with medical appointments, liaison with medical professionals, encouraging healthy lifestyle;
- Managing and reducing challenging needs;
- Support with mobility (inside and outside of the home), using ordinary or specialist transport or mobility aids where required;
- Sleep in, waking night as required;
- Help with getting access to specialist support services;
- Support to access a variety of meaningful activities that enable the Service User to meet the outcomes identified in their Outcome Focussed Care Plan;
- Support with catering and management of the property (life skills), support with safety and security of the home (including advice while cooking, etc.);
- Claiming welfare benefits, maximising income, advice on budgeting, paying bills, resolving or preventing debts;
- In relation to Service User's welfare to ensure they receive the services they need to maintain them in their home;
- Organising repairs and improvements (decoration, adaptations and garden maintenance), connection to utilities, support with fulfilling tenancy conditions;
- Proactive advice and support to move to more appropriate accommodation.

11 HOUSING ARRANGEMENTS

11.1 As part of the Supported Living offer, Providers are required to communicate the type of accommodation that will be made available to a Service User i.e. tenancy or licence arrangement, the role and responsibilities of the Housing Provider (Landlord) etc.

11.2 Providers will ensure Service Users are issued with a tenancy or licence agreement that outlines their rights, entitlements and responsibilities. The tenancy or licence agreement shall clearly outline:

- a) The total weekly rent
- b) Any total weekly service charge (including a breakdown per item)
- c) Any additional charges

11.3 Service Users will be supported to understand their tenancy or license agreement. An easy to read version of the tenancy / license will be made available if or when needed.

11.4 Service Users may be in their own accommodation e.g. shared ownership, own tenancy etc. and only require care and support. However, for the majority of Service Users, the Boroughs will seek placements from Providers who offer access to an accompanying housing option via an established partnership with a nominated Housing Provider (Landlord) e.g.

- Shared housing
- Core and cluster i.e. self-contained flats with support available on site
- Networks i.e. small networks of SUs living in close proximity
- Bespoke accommodation e.g. adapted for a SUs needs
- "Crash-Pad" providing short-term accommodation for SUs, including those in crisis situations
- Short-term accommodation under a licence agreement

11.5 A number of Service Users will have a 'specific' housing requirement as a result of their care and support needs e.g. properties that feature positive layouts, lighting and space for people

with autism or challenging needs, ground floor accommodation for people with a physical disability, or grab rails in contrasting colours for people with visual impairments.

- 11.6 Providers will ensure their Housing partners premises are compliant with all Housing and HMO (Houses of Multiple Occupation) requirements.
- 11.7 The Council will not have direct or contractual relationship with partner Housing Providers (Landlords)
- 11.8 Providers will:
- a) Work in formal partnership with the Housing Provider (Landlord) to ensure Service Users are supported to live in safe, clean and comfortable surroundings. Written agreements with clear roles and responsibilities of the Support Supplier and the Housing Provider (Landlord) shall be in place.
 - b) Ensure there are systems in place for reporting maintenance or repair issues, and support Service Users to ensure their accommodation is maintained and in a fit state of repair
- 11.9 Housing related support tasks:
- 11.9.1 Providers shall offer Service Users support to enable them to maintain their tenancy or licence agreement, including:
- a) Support with setting up their home, undertaking risk assessments in relation to the Service User maintaining the tenancy / licence, support with fulfilling tenancy conditions
 - b) Guidance on how to use equipment in the home
 - c) Support with safety and security of the home
 - d) Claiming welfare benefits and advice on budgeting, paying bills, resolving or preventing debts
 - e) Organising repairs and improvements (decoration, adaptations and garden maintenance), connection to utilities
 - g) Advice and support to move onto more appropriate accommodation including development of new support plans with realistic timeframes.

12. DIGITAL TECHNOLOGY

- 12.1 The Council encourages the creative and appropriate use of digital technology which supports strengths- based practices, addresses social exclusion and optimizes choice. There are a range of challenges that the service must address; including but not limited to those around safeguarding and ensuring Residents access accurate and appropriate information.
- 12.2 The Provider must have a digital technology policy setting out the ways in which it will use technology to enhance support offered, the living environment for Residents (including information regarding Wifi access) and the appropriate safeguards it will put in place to mitigate against risks to Residents, the organisation, the Authority, and others.

13 FAIR ACCESS, EQUALITY AND DIVERSITY

- 13.1 The Provider shall not treat any person less favourably than another on grounds of their age, colour, race, The Provider shall therefore employ a diverse workforce that can meet a diversity of needs. Additionally, they must ensure that no Staff member is treated less

favourably than another because of their age, colour, race, nationality, ethnic origin, disability, gender identity, marriage or civil partnership, religion or belief, gender or sexual orientation.

13.2 The Provider must ensure that:

- Their practices comply with the requirements of the Equalities Act 2010;
- A written statement of equal opportunity policy covering anti-discriminatory practice, harassment, bullying and anti-social behaviour is in place, along with a documented plan for implementing and monitoring it throughout;
- The effectiveness of the policy and plan is periodically reviewed and updated in line with any legislative or good practice changes, and Staff and Service Users are made aware of the latest policy;
- This statement must refer to the requirement to provide accessible and inclusive services, and not to treat Service Users unfavourably on the grounds of one or more protected characteristics;
- Staff are sensitive to the particular needs of Service Users from minority groups and will undertake appropriate training to ensure this;
- Where appropriate, Service Users are provided with information on culturally appropriate organisations and centres;
- The communication needs of Service Users are catered for in terms of information in other languages or other suitable formats in all communications with Service Users. Trained interpreters, translators or bi-advocates will be utilised where appropriate, to facilitate good communication; these to be provided at no extra cost to the Council;
- The Provider must be compliant with the *Accessible Information Standard* requirements (2016)³ and must be able to evidence this compliance throughout the Contract Period;
- Service Users have access to independent advocacy services and/or translation services where required
- Service Users are able and supported to observe their religious and cultural customs; and
- Individual preference in relation to receiving personal care is always met; in normal circumstances this shall mean that only Care Workers of the same gender as the Service User may deliver their personal care, unless an alternative arrangement is explicitly requested by the Service User or their representative, in which case the Provider shall ensure sufficient resources to meet the request at all times.
- The Provider shall not do, permit, or allow anything to be done which is incompatible with the rights contained within the European Convention on Human Rights and the Human Rights Act 1998.

14.0 CHOICE AND CONTROL

14.1 The Provider shall ensure that managers and support staff enable Service Users to develop their full potential and make decisions in relation to their own lives, including the way in which

³ <https://www.england.nhs.uk/ourwork/patients/accessibleinfo/>

their care and support is to be provided, providing accessible information, assistance and support where needed.

- 14.2 The Provider shall ensure that Person-Centred Planning underpins its approach to delivering care and support services. Person-Centred Planning is not the same as Care Planning. The aim is to give people with a Learning Disability the kind of life they want, to fulfill some of their dreams and build and co-ordinate a support network to make this possible. The five key areas of Person-Centred Planning are:
- The person is at the centre;
 - Family Members and friends are full partners;
 - It reflects a person's abilities and what is important to the person (now and for the future);
 - A shared commitment to action which recognises peoples' choices;
 - Continual listening, learning, action and help to get what they want out of life.
- 14.3 The Provider shall ensure that managers and Support Staff receive training in person-centred approaches, including how to facilitate person-centred support plans using different techniques.
- 14.4 The Provider shall work with the Service User and their Carers, Relatives, Representatives and other Service Providers to ensure there is a co-ordinated approach to facilitating the Person-Centred Plan.
- 14.5 The Provider shall ensure that Support Staff are trained in actively listening to Service Users and supporting them to use a range of communication tools in order to state their preferences and wishes.
- 14.6 Where Service Users do not use standard forms of communication the Provider shall ensure there is a circle of support that best represents the interests and wishes of Service Users. The circle of support may include a combination of family, friends, community members and paid workers.
- 14.7 Service Users shall be encouraged, enabled and empowered to control their personal finances. The finance system shall allow Service Users to make or develop the ability to make informed choices on the use of their financial resources whilst keeping their monies secure.
- 14.8 The Provider shall ensure that Service Users and their Carers, Relatives and Representatives have information about their rights and responsibilities in an appropriate format (including easy words and pictures). Information may include tenancy rights and responsibilities, legal rights, including the right to vote, and their responsibilities as members of society.
- 14.9 The Provider shall have a written policy and procedures, which ensures personal risk-taking is systematically addressed and acknowledges that acceptable risk is part of daily living. Support Staff shall understand and work to this policy.

15.0 STRENGTH-BASED APPROACH

- 15.1 The Provider shall ensure that where appropriate Support Staff carry out tasks with the Service User, not for them, minimising the intervention and supporting Service Users to take positive risks, as set out in the Support Plan, without endangering health and safety.
- 15.2 The Provider shall ensure that Service Users are supported as required in the undertaking of daily domestic activities and the Service User is actively encouraged to develop household skills. Where necessary, advice shall be sought from an occupational therapist or suitably qualified person regarding adaptations to the home and adaptations of household equipment to assist the Service User.

- 15.3 The Provider shall ensure that Service Users and their Carers are kept fully informed at all times about the service they receive and are provided with the information in an appropriate format (including easy words and pictures).
- 15.4 The Provider shall endeavour to ensure that Support Staff communicate with Service Users in the method (i.e. signs, symbols, pictures, objects) and language of their choice. The Provider shall ensure that Support Staff receive training in communication skills.
- 15.5 The Provider shall ensure that Service Users and their Carers/Representatives are provided with information about independent advocates. Support Staff shall be equipped with the knowledge of local resources providing advocacy and will actively encourage Service Users to become involved in speaking up. The Supervising Manager shall actively forge links with such projects providing advocacy services.

16. HEALTHY AND SAFE LIFESTYLES

- 16.1 The Provider shall ensure that appropriate support is in place if a Service User is admitted to hospital. This may include liaising with and providing information to hospital staff, the Learning Disability Social Work Team, the Specialist Learning Disability Health Team, Family/Carers. The Provider shall ensure that regular visits or on-going care and support to the Service User is agreed with the hospital as “reasonable adjustments” according to the needs of the Service User. The Provider shall ensure that the ISP and Risk Assessments are reviewed, and that adequate care and support is available to the Service User upon discharge planning from the hospital.
- 16.2 The Provider shall ensure that Support Staff work jointly with health professionals to support and implement health programmes (e.g. those related to speech and language, mental and physical health and challenging needs).
- 16.3 Support Staff shall ensure service users are given adequate time to eat meals at their own pace. Assistance in eating or drinking shall preserve the Service User’s dignity and only given in accordance with the ISP and any professional guidance such as an eating and drinking plan. Assistance shall not be given for the sole purpose of saving time at meals.
- 16.4 Where identified, staff will receive relevant training to support Service Users who require a specialised diet, such as pureed food. In these circumstances, the Provider will liaise with specialist health services, i.e. The Speech and Language Team.

17 MANAGING BEHAVIOUR AND IDENTIFYING APPROPRIATE INTERVENTIONS

- 17.1 The Provider shall ensure there is guidance in place for Support Staff on positive interventions relating to challenging needs. Provider guidance must include but not be limited to:
- Challenging needs shall be considered and analysed in the context of the environment in which it occurs, the way the service is organised, staffed and managed and the needs of the Service User;
 - There shall be a policy to positively engage and support Service Users who display challenging needs, this policy will take account of all relevant legislation and guidance and good practice for the life of the contract;
 - For Service Users with autism the environment shall be considered and adapted where required;
 - There shall be a consistent approach to challenging needs by staff, who should receive regular updated specialist training throughout the life of the contract;

- Staff shall be aware of and record known triggers that impact on the Service Users behaviour;
- The Service User shall be made aware if, and why, their behaviour is unacceptable and any explanation given shall be recorded;
- It is not acceptable to use any form of restraint, verbal abuse or isolation as punishment for challenging needs;
- Persistent challenge needs to be interpreted as a statement about the support being provided, living arrangements, environmental conditions or physical wellbeing. Service Users shall not be labelled as “behaviourally difficult” simply because the reason for the challenge is not understood;
- The Provider shall ensure that there is a policy on Physical Intervention. The Provider shall ensure that the policies and procedures are compliant with the Council’s and Pan London safeguarding, Deprivation of Liberty Safeguards (DOLS), and any subsequent update, and staff are fully trained on positive behaviour management; and
- The Provider will support Service Users to access appropriate primary and secondary health care services and will maintain regular contact with the lead clinician, who may be the GP. The Provider shall follow any behavioural support plans and risk assessments agreed with the appropriate lead clinician.

18 COMMISSIONING ARRANGEMENTS

- 18.1 The Provider must have in place at the start of the Contract and maintain throughout the Contract Period a prompt and efficient system for responding to referral requests, including emergency referrals and hospital discharges.
- 18.2 The Provider must be able to accept telephone and electronic referrals daily during normal working hours of between 9:00 am and 5:00 pm on each Working Day as a minimum, though referrals may be accepted at other times by arrangement, such as weekend referrals. Any referrals will be confirmed in writing by the Council.
- 18.3 The Provider must notify the Council whether or not it accepts a referral within 24 hours for non-urgent referrals, or within four hours for urgent referrals. Once the Provider accepts the referral, the Council will send to the Provider an electronic confirmation, followed by the Support Plan.
- 18.4 Prior to a placement, the Council shall carry out appropriate enquiry and assessment procedures to identify the type of placement suitable to meet the needs of the Service User. The results of this exercise will be included in the Support Plan, which will form part of the Placement Agreement. The Provider must be fully conversant and compliant with the details, terms and conditions of the Placement Agreement.
- 18.5 The Provider shall have appropriate approved processes in place to ensure that Service Users are protected at all times from the risks associated with any failure on their part to deliver care in line with the Support Plan.

19 SERVICE AND QUALITY STANDARDS

- 19.1 The Provider shall be registered with the Care Quality Commission (CQC) where they provide regulated care activities e.g. personal care. The Provider shall notify the council of any changes to their registration status.
- 19.2 The Provider shall provide and manage the Services in accordance with, and to, the standards set out in this Specification. Repeated failure to meet or maintain any of the required standards or quality detailed in this Specification shall be regarded as a material breach of Contract.

- 19.3 The Provider must ensure and evidence current registration with the Care Quality Commission (CQC) or any succeeding regulatory body where they provide regulated care activities e.g. personal care; maintained throughout the entire Contract Period.
- 19.4 The Provider must maintain throughout the Contract Period at least a 'Good' quality rating from the CQC in line with the 'Key Lines of Enquiry' (KLOE) and strive for excellence in all areas.
- 19.5 If the provider is assigned a CQC rating of 'Requires Improvement' at any time during the Contract Period then a Contract Review must be conducted and an agreed action plan developed for immediate measurable improvement in the areas identified within timescales approved by the Council.
- 19.6 If the Provider is assigned a CQC rating of 'Inadequate' at any time during the Contract Period then there will be an immediate Contract Review and may result in an imposed cessation of new referrals to the Provider for an agreed period of time, pending the outcome of the Contract Review and agreed actions with regard to ensuring safe and effective Services for existing Service Users.
- 19.7 Failure of the Provider to achieve the necessary improvements as agreed in a measurable action plan, in response to a CQC rating of 'Requires Improvement' or 'Inadequate' at any time during the Contract Period, shall be regarded as a material breach of the Contract.
- 19.8 The Provider must remain compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010/2014 and the Care Quality Commission (Registration) Regulations 2009 throughout the Contract Period.
- 19.9 The Provider must remain compliant with the Care Act 2014 and comply with all relevant legislation throughout the Contract Period.
- 19.10 The Provider must remain compliant with the outcomes described in the Essential / Fundamental Standards of Quality and Safety guidance,⁴ or any documents that supersedes this Contract, including but not limited to the Placement Agreement.
- 19.11 The Provider must be fully conversant with the full scope of NICE guidance on delivering services and able to demonstrate how the guidance is applied on a continuous basis to inform and reinforce best practice.⁵
- 19.12 The Provider shall notify the Authorised Officer of the outcome of any CQC review of compliance, or any action being taken by CQC in relation to the quality standards of the Provider, within five Working Days of receipt of the CQC notice/report.
- 19.13 The Provider shall share as requested, any action plan which is required in response to a CQC review of compliance or other inspection, with the Authorised Officer.
- 19.14 The Provider must work in partnership with the Council to satisfactorily and reasonably meet the requirements of any improvement plans put into effect as a result of poor performance against the scope of this Contract and/or concerns about the quality of the Services delivered.
- 19.15 Robust quality assurance systems shall be in place for all Services.
- 19.16 Quality assurance reviews will be undertaken by Providers and the outcomes made available to the council. 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.

⁴ <http://www.cqc.org.uk/content/fundamental-standards>

⁵ <https://www.nice.org.uk/guidance/settings/care-homes>

- 19.17 Announced and unannounced quality audits shall be undertaken by the Boroughs periodically. Providers will facilitate and support the Boroughs 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 Providers to rectify any said failures. Provider Staff will also attend quality audit meetings to discuss monitoring outcomes as requested.
- 19.18 Providers will inform the council of (and provide details) as how they will deal with:
- a) 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
 - b) As appropriate any notice of proposed or actual cancellation of the Suppliers registration from the CQC
 - c) Any issues for which Safeguarding Adults Procedures have been invoked
 - d) 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
 - e) Any actions taken against the partner Housing Provider (Landlord) by Housing Authorities or regulatory bodies.
- 19.19 Providers will ensure that Staff are organised so that they work as a team to deliver high quality Services; and work with the Boroughs 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.
- 19.20 Providers will attend each Borough's respective Registered Manager or Provider Forums.
- 19.21 Providers will ensure staff induction programmes include attainment of the Care Certificate: www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx
- 19.22 Providers will sign-up to the Social Care Commitment, the sector's promise to provide Service Users who need care and support with high quality services: www.thesocialcarecommitment.org.uk
- 19.23 Providers supporting people with learning disabilities will sign-up to the Driving-Up Quality Code: www.drivingupquality.org.uk
- 19.24 Best practice guidance can be found at: www.careimprovementworks.org.uk
- 19.25 NICE quality standards guidance can be found at: www.nice.org.uk/guidance

Continuous improvement

- 19.26 The Provider must achieve continuous improvement in the delivery of the Services by challenging existing practices, learning from other providers and keeping up to date with best practices, as also required by the Care Act 2014.
- 19.27 The achievement of continuous improvement is about leadership, process and attitudes. The Provider must therefore constantly challenge its perceptions around its delivery model, training, and attitudes of Staff and quality standards.
- 19.28 The Provider must demonstrate its commitment to continuous improvement and evidence the plans it has in place to support this.

Operational policies and procedures

- 19.29 Providers will have policies and procedures in place, and where appropriate these will also be agreed with the Housing Provider (Landlord).

- 19.30 Staff will be expected to comply with the policies and undertake induction to this effect. The Housing Provider (Landlord) will provide support to Support Supplier in this aspect e.g. Staff induction can include joint training on Health & Safety matters, First Aid, Fire Safety and other premises-based requirements.
- 19.31 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 Data Protection Act and Equalities Act 2010.
- 19.32 Provider policies and procedures will reflect recognised good practice and guidance and include (but not be limited to):
- a) Staff Code of Conduct
 - b) Complaints
 - c) Safeguarding
 - d) Whistle blowing
 - e) Anti-Radicalisation and Prevent Duties
 - f) Health and Safety in accordance to HSE Guidance
 - g) Management of financial affairs, such as, deputyship and appointeeship.
 - h) Record keeping
 - i) Medicines management in accordance with NICE and / or CQC standards
 - j) Infection Control in accordance with PHE and HSE guidance
 - k) Nutrition in accordance with NICE standards
 - l) Dignity and Respect in accordance with Dignity in Care Guidance (2013)
 - m) Choice and Control
 - n) Care and support planning
 - o) Positive risk taking
 - p) Positive Behaviour Support and Safe Intervention – ensuring due regard to the Positive Behavioural Support Academy requirements
- 19.33 Further information at <http://pbsacademy.org.uk/commissioners-and-care-managers/>
- q) Supporting people with challenging behaviour and / or working with aggression and violence
 - r) Restrictive interventions that comply with best practice and proactive workforce guidance
- Rights and responsibilities**
- 19.34 The Provider shall aim to limit the number of Staff assigned to a Service User to a minimum and reasonable level, particularly when delivering personal care, with a view to ensuring continuity and consistency of care.
- 19.35 The Provider shall ensure continuity of care so the Service User is familiar with the person/s delivering the Services and feels safe. Continuity will also ensure that the Provider knows how the Service User likes support to be given and can more effectively monitor the Service outcomes.

- 19.36 Continuity of services shall be monitored by the Authorised Officer and a failure to provide reasonable consistency of care, as judged by the Authorised Officer, in their absolute discretion, will result in the option for the Council to require a Contract Review.
- 19.37 Where there is sickness, annual leave or any other temporary absence requiring short term changes to regular Staff, the Provider shall have contingency arrangements in place to manage this and to maintain consistency and quality.
- 19.38 The Provider must plan the Services to ensure that Staff are not rushed and have enough time to deliver care without compromising the dignity or wellbeing of the Service User.
- 19.39 The Provider shall accommodate Service Users in single rooms, unless their preference or individual choice is otherwise expressed, or if the best interests of the Service User are met by shared accommodation.

Safety, business continuity and disaster recovery

- 19.40 The Provider shall have in place throughout the Contract Period a proportionate, realistic, readily available and carefully thought out Business Continuity and Disaster Recovery plan for the Service that specifically addresses contingency planning to ensure continuation of the Services in the event of a severe loss of Staff availability for any reason.
- 19.41 The Provider shall ensure that Business Continuity and Disaster Recovery plans are reviewed, tested and amended as necessary, and as a minimum once every Year.
- 19.42 The Provider will inform the Council at the earliest opportunity if the Provider or a Provider's parent company and / or the partner Housing Provider (Landlord) is at financial risk of failing.

Medical Care

- 19.43 The Provider shall ensure that Service Users are given access to a General Practitioner (GP) for the purposes of assessment, advice and treatment, including incontinence support and shall manage as necessary nursing and health care needs in line with the Service User's individual requirements.
- 19.44 The Provider must ensure that Staff have access to the contact details of each Service User's GP and that whenever a Service User requests assistance to obtain medical attention, or appears unwell and unable to make such a request, the GP is contacted without delay.
- 19.45 Where the Service User does not give permission for the GP to be contacted, the Provider shall inform the Council immediately. The Council shall agree an appropriate course of action with the Provider.
- 19.46 The Provider shall ensure that whenever a Service User is found by Staff to be in need of emergency medical care, the appropriate accident and emergency services are contacted immediately and the Council is notified after.
- 19.47 As well as having their own medication policy, the Provider shall pay due regard to the Council's medication policy and protocols.

20 SERVICE USER RISK ASSESSMENT AND SUPPORT PLANNING

- 20.1 The Provider shall undertake a full risk assessment of the Service User prior to the commencement of the Placement Agreement, which shall be reviewed regularly thereafter, either in response to the changing needs of the Service User or at a minimum annually.

- 20.2 The Provider shall ensure that risk assessment tools allow Service Users to make choices about their care and support and that Staff are suitably trained to manage risk.
- 20.3 Service User risk assessments should facilitate the seeking of Outcomes rather than the identification of challenges, and should be proportionate and reflective of the service user's rights to make choices, wherever practicable.
- 20.4 A comprehensive risk management plan to which Staff may refer, including but not limited to, manual handling and medication management, must be completed in consultation with the Service User, family member and/or advocate (if appropriate) and kept readily available. If specialist equipment is required this must also be included and the Provider must liaise with all necessary professionals to ensure appropriate use and maintenance of the equipment.
- 20.5 In planning to mitigate risk, the Provider should explicitly recognise the Mental Capacity Act 2005 in relation to Service User's rights to make what others might deem to be 'unwise' decisions and risk assessment practices should avoid paternalistic or risk averse attitudes and concentrate on effective ways to appropriately manage the identified risks.
- 20.6 The promotion of a reduction in a Service User's overall care or support, owing to increased ability or independence, shall underpin all Services. The Provider, however, shall not seek any reduction in care or support that would place the Service User at risk or would undermine their health, independence, dignity, or choice.
- 20.7 At the commencement of the Placement Agreement (or at reassessment/review), the Service User and the Provider shall work from the most recent Support Plan, showing the agreed high level aims and Outcomes.
- 20.8 The Provider shall work closely with each Service User to develop their individual Care Plan, ensuring that the widest possible approach to the achievement of the agreed Outcomes is taken. The Care Plan should be developed with reference to the Service User's likes, dislikes and wishes, as well as their perceived needs, and be presented in a suitable language/format for the Service User and their family member and/or advocate (if appropriate).

Involvement of Service Users

- 20.9 The Provider shall demonstrate a robust quality assurance system and regularly seek the views of Service Users in a manner suitable to them.
- 20.10 The Provider must involve Service Users (including family members and/or advocates if appropriate) in the development, monitoring and review of the Services and actively seek their views on how they would like the Service to evolve. This shall include, but shall not be limited to, choices and preferences around their environment and personal surroundings, preferences around menu choices to meet personal, cultural or dietary specific needs, and preferences regarding activities and social contact.
- 20.11 The Provider shall share with the Council the results of these consultations and the actions taken in response.
- 20.12 The Provider shall actively seek to co-produce the Services with the Service User in line with the guidance of the Care Act 2014.
- 20.13 The Provider shall ensure that Service Users are fully conversant with their individual care plan and their rights and responsibilities in respect of the Services.

21.0 CONTRACT PERFORMANCE MONITORING AND QUALITY ASSURANCE

- 21.1 Throughout the Order Period and generally throughout the Contract Period, the quality of the Services will be monitored by the Council through periodic reviews to ensure each Service User's needs are being met in line with the Support Plan and agreed Outcomes.
- 21.2 The Council is developing a comprehensive Quality Assurance Framework to enable monitoring of Services delivery and contract compliance via a consistent protocol, which shall include a Provider self-assessment tool. The Provider shall comply with all reasonable requests to submit timely performance monitoring and quality assurance information and assessments.
- 21.3 The frequency and level of monitoring required shall be determined by the Authorised Officer based on the assessed risk rating of the Provider, feedback from Service Users accessing the Services (including Carers, family members or advocates if appropriate), feedback from key stakeholders, and the nature and volume of Services delivered.
- 21.4 The risk rating assessment takes into account the value of all of the Call-Off Contracts placed with the Provider under the Framework Agreement, whether current Call-Off Contracts are in place, whether there has been satisfactory performance against the terms of the Call-Off Contracts and organisational risk (including financial stability). Specific areas of concern shall determine the focus of monitoring. The risk rating shall be reviewed by the Council at least annually.
- 21.5 The Provider may be required to submit various statistical returns detailing the Services delivered during any requested period.
- 21.6 Contract monitoring meetings will be requested at the discretion of the Authorised Officer as deemed necessary, and the Provider must comply with all reasonable requests and ensure that a manager with the appropriate supervisory and decision making authority is available to attend these meetings, along with any other Staff requested by the Authorised Officer.
- 21.7 The meetings may be held at the Council's offices, the Provider's offices or any reasonable location, at the discretion of the Authorised Officer. For the avoidance of doubt, no additional payment shall be due to the Provider for the attendance of its Staff at such meetings.

22. COLLABORATION WITH THE COMMISSIONING AUTHORITY

- 22.1 The Provider shall liaise with the Council to both prompt and take part in statutory reviews and reassessments as required.
- 22.2 The Provider shall send an authorised representative, with appropriate decision making authority, to meetings with the Council either about individual cases, Call-Off Contract monitoring or more general meetings, to ensure effective joint working.
- 22.3 The Provider shall supply any information reasonably requested by the Council regarding the delivery of the Services, to allow the Council to meet its statutory and legal obligations, and the Provider must comply immediately with requests for Services improvements to meet these obligations.
- 22.4 The Provider shall co-operate with the Authorised Officer when undertaking quality or safeguarding tasks.
- 22.5 The Provider shall attend, at the Council's request, any provider forums or working groups set up by the Council to disseminate information, improve practice, and promote good working relationships.

23. CO-OPERATION WITH OTHER PROFESSIONALS

- 23.1 The Provider shall work with other agencies, including other providers of competing and/or complementary services, and community and voluntary agencies who may become involved in the care and support of Service Users.
- 23.2 Subject always to the provisions of paragraph 25 below, the Provider shall appropriately share information in a confidential manner with all relevant professionals to enable the identified care and support needs of Service Users to be met.

24 COMPLAINTS AND COMPLIMENTS

- 24.1 The Provider shall have a complaints and compliments policy and procedure which is clearly publicised and easily accessible to Service Users and their representatives.
- 24.2 The Provider shall ensure this policy and procedure is regularly monitored and reviewed for effectiveness and its Staff receives regular training and support to consistently and properly implement the procedures.
- 24.3 The Provider shall clearly record all complaints and compliments (both formal and informal) received in relation to the Services and report these to the Authorised Officer at regular intervals as requested, including details of the investigations undertaken and the outcomes and actions resulting.
- 24.4 The Provider shall ensure that the Council is notified immediately of any serious complaint, allegation or serious Services failures.
- 24.5 The Provider shall undertake regular collation, analysis and review of complaints to aid organisational learning and continuous Services improvement.
- 24.6 The Provider must develop its complaints and compliments policy and procedure in line with guidance from the Local Government Ombudsman (LGO) and ensure Service Users are aware of the pathway for contacting the LGO.
- 24.7 The Council shall regularly collate and review data on the volume and frequency of upheld complaints and safeguarding incidents received about the Services.
- 24.8 The Provider shall aim to sustain a minimal number of complaints regarding the Services and shall resolve any complaints received as swiftly as possible.
- 24.9 Where the Provider has sustained a volume of upheld formal Services complaints and/or substantiated safeguarding allegations exceeding 5% of the total Service User group within any quarter, the Council shall undertake a Contract Review and may seek to recover from the Provider costs incurred in relation to managing the complaints, or of arranging for the Services to be delivered by an alternative provider if necessary, together with the administrative costs of making such arrangements.

25 STAFFING

- 25.1 Providers shall have sole and exclusive responsibility for the employment of staff under this Service Specification and shall be fully responsible for the acts, defaults or omissions of its employees, temporary staff and volunteers. Continuity of staff remains a key element of the service.

- 25.2 The Provider shall ensure that its approach to staffing is compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009, and remains fully compliant with the appropriate Care Quality Commission (CQC) Essential/Fundamental Standards of Quality and Safety.
- 25.3 The Provider must ensure that all Staff engaged in the delivery of the Services are rewarded fairly without unreasonable deductions from pay and where eligible are paid at least the prevailing National Living Wage.
- 25.4 The Provider shall be responsible for the employment and conditions of its Staff, including without limitation, the payment of wages, taxes, National Insurance contributions, employee pension, and any other levies. New staff, whether temporary or permanent, shall only be confirmed in post following completion of satisfactory identity checks (including DBS checks) in line with the Health and Social Care Act 2008, CQC Fundamental Standards and any subsequent legislation or guidance for the life of the contract. A record of these checks shall be retained on the employee's personnel file and will be made available to Wandsworth Council if required.
- 25.5 The Provider shall maintain full consideration of employment law in relation to its Staff.
- 25.6 The Provider shall be responsible for maintaining high standards of conduct of its Staff. To this end, the Provider shall have a written Code of Conduct, which includes clear directions around gifts and professional boundaries (unless provided as separate policies), and a clear and robust disciplinary procedure.
- 25.7 The Provider shall ensure sufficient numbers of Staff at all times, with the right competencies, knowledge, qualifications, skills, and experience to meet the needs of the Service Users receiving the Services.
- 25.8 Furthermore, the Council expects the Provider to have Staff that:
- 25.8.1 Have undergone a mandatory induction period and have completed all relevant training within agreed timescales, including induction and refresher training, and have valid and up to date Data and Barring Scheme (DBS) clearances;
- 25.8.2 Have undergone appropriate specialist training where required. Areas in which specialist training is to be provided but not limited to are:
- Autism, pica and other disorders that affect behaviour
 - Communication needs
 - Sensory loss
 - Dementia
 - Managing and reducing challenging needs
 - Substance misuse needs
 - Mental health
 - People with forensic histories
 - Diabetes, epilepsy and other specific health needs and long-term conditions
 - Medication administration
 - Safeguarding
 - Sensory stimulation
- 25.8.3 Are qualified through an appropriate Qualification Credit Framework (QCF) in Adult Care (or any subsequent required qualification) to the appropriate level for their duties, or are actively working towards this;
- 25.8.4 Have adequate language and communication skills in order to support their work across Services;

- 25.8.5 Have been trained in the provision of re-abling, independence promoting approaches to the delivery of care and support;
 - 25.8.6 Have been fully trained in the implications and procedures under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards;
 - 25.8.7 Can detect/prevent crisis situations and can recognise the need for additional support;
 - 25.8.8 Are familiar with this Specification, the Placement Agreement and the full scope of the conditions governing the delivery of the Services;
 - 25.8.9 Can operate in an Outcome focused way that encourages clear boundaries and minimises the creation of dependency;
 - 25.8.10 Can manage risk in a positive and enabling manner, recognising the rights of Service Users to make decisions and choices;
 - 25.8.11 Will ensure that the Service User is fully conversant with their Support Plan and Care Plan;
 - 25.8.12 Will ensure that the Service Users care and support needs are actively reviewed, and care and support is amended to reflect changing needs;
 - 25.8.13 Are kept up to date on relevant legislation, the latest approaches to care, and the policy drivers; and
 - 25.8.14 Are suitably trained with regard to risk and Health and Safety.
- 25.9 The Provider shall effectively monitor the performance of its Staff on a regular basis to ensure that Services are being delivered to the required Services Standards.
 - 25.10 The Provider shall ensure that Staff carry clearly visible identification at all times whilst delivering the Services.
 - 25.11 The Provider must support its Staff to perform their roles effectively. This shall include the provision of regular supervision, support, mentoring, and training sessions, as well as facilitating access to education and training opportunities that improve their knowledge and skills as required.
 - 25.12 The Provider must ensure that specialist training such as training regarding challenging behaviour, dementia, ageing and age related conditions, mental health, disabilities and end of life care is also provided to Staff as required.
 - 25.13 The Provider's Staff should receive appropriate training and support to meet all relevant regulatory authority standards and requirements. Staff training records shall be examined as part of the Contract monitoring process.

Code of conduct / boundaries

- 25.14 The Provider shall issue a handbook dealing with conduct and professional boundaries to all Staff prior to commencing delivery of Services to any Service Users. The main provisions of this handbook shall be included in induction training and regularly reviewed. This shall include the essential policies and procedures which are necessary for Staff to perform their duties and should set out the Provider's expectations of conduct.
- 25.15 The Provider shall make clear to its Staff in training and in the relevant policies and handbooks that Staff are not permitted to accept gifts or gratuities and should avoid, for their own protection as well as protection of the Service Users, becoming involved in financial transactions with the Service Users.
- 25.16 Where a Service User requires support from the Provider with budgeting and financial management, or where sums of money may have to be collected, safely stored and

appropriately utilised for the living needs of the Service User, in accordance with their Support Plan, the Provider shall comply with the following:

- The Provider shall ensure that an approved and comprehensive financial handling policy and procedure is in place, and that all Staff handling money on behalf of a Service User are closely monitored and supervised in the practice of this policy.
- Where financial transactions are required, the Provider shall hold itemised and verified records of all transactions on behalf of the Service User, making these records available for scrutiny by the Council. The Provider shall routinely and regularly audit any such records, ensuring Staff are aware of the scrutiny.
- The Provider shall have approved policies and procedures to ensure that Staff (and their families) are forbidden from becoming an executor, appointee or accepting power of attorney, or from having any legal involvement with property of a tenant, or having access to, or knowledge of, a tenant's bank accounts or PIN numbers.
- Where the Council holds appointeeship or Power of Attorney for a Service User, they may issue a prepaid card to the Provider for the purchase of personal items. In such circumstances the Provider must ensure that any prepaid cards are safely held, and monitor which Staff has access to them at any point. The Council shall examine any transactions on the card to ensure they relate only to the Service User's requirements.
- The Provider shall have approved policies and procedures to ensure that Staff (or their families) are not permitted to accept gifts of cash or kind from Service Users, including gratuities and bequests. Should the non-acceptance of small gifts cause major offence, Staff should notify their employer and a register of gifts/items received should be maintained, recording the nature of the gift received, by whom, from whom, and when the gift was received. The Provider shall ensure that cash or expensive gifts are never accepted by its Staff.

25.17 The Code of Conduct/Boundaries policies shall include clear instructions to Staff regarding appropriate appearance, dress codes and use of protective clothing (such as gloves and aprons) during delivery of the Services.

26 MEDICATION MANAGEMENT

26.1 The registered person must protect Service Users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

26.2 The Provider shall ensure that the Service User receives an annual review of the medication type and route for administration so that it is effective and has the least impact on the User.

26.3 The Council supports single person administration and checking in accordance with current Medicines Management Regulations and Nice Quality Standard – Managing Medicines in Care Homes 2015.

26.4 Any deviation from the above shall be agreed between the Provider and Council. The Provider shall ensure that it has appropriate systems in place for reporting any errors or omissions in medication management to the appropriate regulatory authority and the Authorised Officer, and that immediate medical advice or attendance is obtained in these instances at all times.

27 ORGANISATIONAL MANAGEMENT

- 27.1 The Provider shall manage its Services effectively. In assessing this the following factors (without limitation) will be taken into consideration:
- 27.1.1 That managers, senior and clinical Staff have the necessary expertise, aptitude, experience and qualifications relevant to the nature and scale of the Service;
 - 27.1.2 The management structure is of sufficient capacity, is organised in such a way, and is supported by appropriate administrative systems and any other necessary infrastructure, to ensure that the Services are safely, effectively and efficiently run. This must be demonstrated to the Authorised Officer during the course of Contract monitoring;
 - 27.1.3 Staff are appropriately trained, organised, supervised and supported; and
 - 27.1.4 The recruitment, selection, vetting of Staff, and terms of employment achieve appropriate competencies and balance in the Staff group.
- 27.2 The Provider shall inform the Council immediately in writing of any change affecting the ownership of a Care Home and, in any event, shall give the Council no less than three months' notice in writing of any such changes.

Operational Support

- 27.3 The Provider shall have effective operational support functions in place to maintain high standards of delivery of the Services. This will include human resources, central administration, training, and payroll.
- 27.4 Information about these functions, and how to access them, must be available to all Staff and demonstrated to the Authorised Officer during the course of Contract monitoring.
- 27.5 The Provider must have a suitable Staffing structure in place, and it should be clear how this relates to the services that are provided. The job descriptions of the Staffing roles should be clearly set out.
- 27.6 Staff must ensure that all Staff are aware of when and how their salaries are paid, and appropriately remunerate them. The Provider shall adhere to all employment legislation and minimum wages.

Financial Sustainability

- 27.7 The Provider shall maintain its business in a way that is sustainable and which minimises the possibility of 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 Service Users in receipt of the Services.
- 27.8 The Provider shall notify the Council at the earliest opportunity of any threat to its continued ability to provide the Services and must collaborate completely with the Council in its endeavours to ensure a continued provision of the Services.

Premises and Equipment

- 27.9 The Provider shall at all times provide and maintain such premises as are necessary for the proper performance of the Services. The premises must be safe and secure for the Service User, Staff, and any visitors at all times and must demonstrate a homely, comfortable environment that is suitable for the needs of Service Users as set out in their Support and Care Plans.

- 27.10 The Provider shall keep all premises in good and serviceable repair and in such condition as to enable successful performance of the Services.
- 27.11 Where the conditions above are not met in the opinion of the Authorised Officer, the Council shall be entitled to issue a written notice requiring the Provider to put any such premises into a reasonable condition within an agreed timescale, to successfully and safely deliver the full scope of the Service; the Provider must immediately take all necessary action to comply with such notices within the agreed timescale.
- 27.12 In the event of the Provider failing to carry out such action within the agreed timescale, the Council may arrange for the actions to be carried out by a person of its choosing, and the Provider shall pay to the Council the cost of completing such action, together with the administrative costs of making such arrangements.
- 27.13 The Provider shall supply at its own expense all equipment including without limitation all ICT and materials necessary for the successful delivery of the Services.
- 27.14 The Provider shall maintain the premises in a safe, serviceable and clean condition and, replace as necessary, all equipment used in the provision of the Services.
- 27.15 The Provider shall be responsible for the security of all equipment and materials used by the Care Homes in connection with the provision of the Services.

28 INFORMATION MANAGEMENT (RECORD KEEPING AND INFORMATION SHARING) AND CONFIDENTIALITY OF INFORMATION

- 28.1 The Provider shall take steps that are satisfactory in the Authorised Officer's opinion to ensure that its Staff, agents or others engaged on its behalf, have a clear understanding of the need for confidentiality.
- 28.2 Information must be handled in accordance with the Data Protection Act 1998 and the General Data Protection Regulation (Regulation (EU) 2016/679), and the Provider's written policies and procedures must reflect the best interests of each Service User.
- 28.3 Information disclosed to the Provider's agents concerning a Service User remains confidential, to be used only for the purpose for which it is disclosed.
- 28.4 The duty to respect confidentiality shall not prevent the disclosure to the Council of information that it requires in order to safeguard the interests or welfare of the Service User or others.
- 28.5 The Provider shall ensure that records and details of the Services are comprehensive and shared appropriately by:
- 28.5.1 Recording and reporting any refusal of care and support, or unplanned absence;
- 28.5.2 Reporting any significant occurrence or changes in the circumstances of the Service User; or any unmanaged risks or concerns;
- 28.5.3 Allowing the Authorised Officer access to all records relating to the Service, including the necessary aspects of Staff records;
- 28.5.4 Accommodating visits by the Council's staff, including unannounced visits;
- 28.5.5 Ensuring that written records are legible and demonstrate an acceptable standard of literacy in English; and

- 28.5.6 Ensuring Service Users are aware of their right to access their records, and that the Service User's family and/or advocate (if appropriate) also have this right, with the consent of the Service User where required.
- 28.6 Examples of official records shall include, but are not limited to: medication management records; care and support provision (including refusals); financial transactions; changes to the Service User's circumstances; use of restraint; accidents; any other information that may assist service delivery in the future.
- 28.7 Information is likely to be shared across a number of agencies, including, but not limited to, the Council, other statutory agencies such as other local authorities, local CCGs, the CQC, and the police.
- 28.8 Any information sharing must follow the Council's current information sharing protocols, and any of the Council's standard operating procedures where these are in place.

APPENDIX 1 – USEFUL LINKS

Care Certificate www.skillsforcare.org.uk/Standards/Care-Certificate/Care-Certificate.aspx

Care Improvement Network www.careimprovementworks.org.uk

Care Quality Commission (CQC) www.cqc.org.uk

Care Quality Commission (CQC) – Supported Living Scheme Guidance
<http://www.cqc.org.uk/content/supported-living-schemes>

Dementia Care <http://www.nice.org.uk/Guidance/CG42>

Dignity in Care www.dignityincare.org.uk

Driving-Up Quality in Learning Disability Services www.drivingupquality.org.uk

End of Life Care <https://www.skillsforcare.org.uk/Skills/End-of-life-care>

Infection Control and Prevention
<https://www.gov.uk/government/publications/infection-prevention-and-control-in-care-homes-information-resource-published>

NHS Continuing Care <http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/nhs-continuing-care.aspx>

NHS England – Patient Safety <https://www.england.nhs.uk/patientsafety/never-events>

NHS England – Transforming Care <https://www.england.nhs.uk/learningdisabilities/>

National Institute for Health and Care Excellence (NICE) www.nice.org.uk/guidance

National Minimum Data Set Social Care (NMDS-SC) www.nmds-sc-online.org.uk

Pan-London Multi-Agency Adult Safeguarding Policy and Procedures
<http://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/>

Positive Behaviour Support <http://pbsacademy.org.uk/commissioners-and-care-managers/>

Royal College of Speech and Language Therapists
http://www.rcslt.org/news/good_comm_standards

Skills for Care www.skillsforcare.org.uk

Skills for Health www.skillsforhealth.org.uk

Social Care Commitment www.thesocialcarecommitment.org.uk

Social Care Institute for Excellence (SCiE) www.scie.org.uk

Think Local Act Personal www.thinklocalactpersonal.org.uk