

**EXECUTIVE BOARD COMMISSIONING SUB-COMMITTEE**  
**27<sup>th</sup> JULY 2012**

<b>Title of paper:</b>	<b>PROCUREMENT OF RESIDENTIAL CARE SERVICES FOR ADULTS WITH LEARNING DISABILITIES</b>	
<b>Director(s)/ Corporate Director(s):</b>	Candida Brudenell – Director of Quality and Commissioning Ian Curryer – Corporate Director for Children and Families	<b>Wards affected:</b> All
<b>Portfolio Holder(s):</b>	Councillor Jon Collins, Health, Commissioning & Human Resources Councillor Liversidge, Housing, Adults and Community Sector	<b>Date of consultation with Portfolio Holder(s):</b> 25 <sup>th</sup> June 2012
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<b>Other colleagues who have provided input:</b>	Antony Dixon - Strategic Commissioning Manager Darren Revill – Finance Analyst, Strategic Finance Tony Maione – Solicitor	
<b>Key Decision:</b>		
	Yes	
<b>Reasons for Key Decision:</b>		
Revenue expenditure of £1,000,000 or more taking account of the overall impact of the decision	✓	
Revenue income of £1,000,000 or more taking account of the overall impact of the decision		
Savings of £1,000,000 or more taking account of the overall impact of the decision		
Capital expenditure of £1,000,000 or more taking account of the overall impact of the decision		
Capital income of £1,000,000 or more taking account of the overall impact of the decision		
To be significant in terms of its effects on communities living or working in an area consisting two or more wards in the City	✓	
<b>Relevant Council Plan Strategic Priority:</b>		
World Class Nottingham		
Work in Nottingham	✓	
Safer Nottingham	✓	
Neighbourhood Nottingham	✓	
Family Nottingham	✓	
Healthy Nottingham	✓	
Leading Nottingham		
<b>Summary of issues (including benefits to citizens/service users):</b>		
This report seeks approval for the procurement of a framework of providers for residential care services for adults with a learning disability. The recommendation is based on modernising the current process for the procurement of residential and nursing care for citizens with a learning disability. The specification will encourage a cultural shift in the delivery of these services in line with national guidance in particular Putting People First, Valuing People Now and Our Health		

Our Care and Our Say. A draft service specification for the proposed procurement is attached at Appendix 1.

**Recommendation(s):**

1	That Committee approves the procurement of a framework of providers for residential and nursing care for adults with a learning disability. It is proposed to commence the tender process from October 2012 and for new contracts to be in place from April 2013 onwards.
2	That Committee agrees that the Director of Quality and Commissioning has delegated authority to approve the outcome of the tender process and therefore confirm the list of providers that will be offered a framework agreement once the financial modelling has been undertaken. The framework agreement will carry no guarantee of work and, therefore, there is no direct financial impact from awarding contracts to successful providers. However, conversion of care placements onto new contracts may have a financial resource implication and it is not possible to establish a value at this stage. The purchase of services under the framework will be through a 'call off' process to be established and which will be based on assessed need and choice of citizens and value for money considerations.
3	That Committee agrees that the framework agreements resulting from the tender process are agreed with the providers and signed by the Head of Quality and Efficiency once the tender outcome is approved.
4	That Committee note that approval to spend against these contracts is covered within the Council's Constitution with the exception of care packages over £2,500 per week.

**1 BACKGROUND**

- 1.1 Nottingham City Council currently holds in the region of 1437 contracts for residential and nursing care services across client group categories of older people, learning disabilities, physical disabilities & sensory impaired, mental health services and drugs & alcohol misuse. Contracts are currently issued to providers based on registration with the Care Quality Commission. The Council currently contracts with 20 learning disability residential and nursing care providers in the City, 81 in the County and 13 outside of the County area. There are currently 255 learning disability placements in residential and nursing care with a gross annual cost of approximately £13.6m.
- 1.2 In October 2011 a 'Residential Efficiencies' Project was established with the aims of releasing substantial savings from the Adult Residential Care budget, establishing a consistent model for determining the cost of placements and improving the quality of outcomes for adults in residential and nursing care settings. During the analysis phase of the Project, learning disabilities was identified as the main category where savings were likely to be realised and it was decided that the project would focus on this category and would include:
- Identification of provider costs;
  - Consultation with providers on potential efficiencies;
  - Contract negotiations around prices;
  - Procurement of services against a new service specification.
- 1.3 The project identified that the weekly price of packages varies between citizens placed (ranging from £375 to £3,000 per week) and that the cost of packages is often negotiated by the care manager at the point of placing a service user in a home.
- 1.4 In the first phase of the project a detailed financial review of service costs was undertaken and this informed targeted negotiations with providers identified to have 'triggered' against set criteria relating to service costs. Targeted negotiations took place with these providers

between February and March 2012. This phase of the review is now complete and full year effect savings of £330k have been achieved through the provider negotiations.

- 1.5 A draft Service Specification for the procurement of residential and nursing care for people with learning disabilities has been developed and is attached at Appendix 1. The Service Specification has been developed in liaison with Adult Assessment Colleagues and through consultation with other stakeholders including providers, for example at provider engagement meetings held.

## **2 REASONS FOR RECOMMENDATIONS (INCLUDING OUTCOMES OF CONSULTATION)**

- 2.1 The proposal to procure a framework of providers for residential and nursing care for people with learning disabilities will meet the Council's aims to ensure value for money, quality and variety of services and will support the modernisation agenda.
- 2.2 The high number of residential care homes particularly within the learning disabilities category is out of line with national guidance including Putting People First, Valuing People Now and Our Health Our Care and Our Say. The specification for the proposed procurement will encourage a cultural shift in the commissioning and delivery of these services.
- 2.3 The proposed framework procurement will modernise the process for issuing contracts across residential care categories (currently based on CQC approval only) and will address the key areas below:
- robust quality measures and outcomes using person centred approaches;
  - commissioner led service and fair price management as opposed to micro price fixing within some categories;
  - market management and the direction of travel in light of key national guidance
  - enable a platform for macro organisation and support from provider to provider to promote good practice strategies such as workforce development and shared learning;
  - embed a move on and an enablement culture that provides citizens with greater choice and more control. Service providers will be encouraged to play a role in supporting citizens to a less restrictive (thus less costly) care and support model.
- 2.4 Due to the nature of social care placing citizens in residential care/nursing homes often requires a quick turnaround. Placements should not be delayed by the need for Care Managers to negotiate package prices and for a new contract to be awarded at the time of each placement being made. The proposed new model will be responsive and should enable a quick turn around at the stage of a placement being made with a provider on the framework.
- 2.5 Consultation with learning disabilities service providers and other stakeholders during the Residential Efficiencies Project has proved positive and feedback has been obtained on the proposed model of service and service definitions.
- 2.6 It is proposed to implement a framework procurement process that can be re-opened periodically to allow new providers to be added to the framework, therefore increasing citizen choice and the capacity and competitiveness of the market.

### **3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS**

- 3.1 The option to do nothing would not address the need for the modernisation in this area both in terms of the quality and outcomes delivered by services and the process involved in commissioning care packages. Contracts would continue to be issued based on CQC registration which would not be in compliance with the Council's Contract Procedure Rules and Financial Regulations. Additionally the Council would not have the opportunity to manage the market and pricing mechanisms.
- 3.2 Other procurement and contracting models which have been considered are as follows:
- Block contracts. This model is not recommended as it would commit a fixed level of funding to each home regardless of whether places are occupied or not, therefore placing greater risk with the Council. Providers would have no incentive to be creative or adapt to changing needs.
  - Spot contracts. This model has a number of limitations including insecurity of the supply market, less control for the Council over pricing and access to services, lack of audit trail and risk of challenge due to there being no established procurement process.
  - An accreditation process. This would provide a pre-qualification process only and contractual terms would need to be established through a formal tender process.

### **4 FINANCIAL OBSERVATIONS (INCLUDING VALUE FOR MONEY)**

- 4.1 The first phase of the Residential Efficiencies project has achieved savings of £0.330m in 2012/13 through negotiations with external providers. There are further savings of £0.107m to be identified and achieved in the current financial year.
- 4.2 The proposed framework will carry no guarantee of work and therefore no commitment of funding is undertaken in awarding contracts to successful providers. However, conversion of care placements onto new contracts may have a financial resource implication and it is not possible to establish a value at this stage.
- 4.3 During the procurement process financial modelling will need to be undertaken to quantify the potential savings that may be achieved or additional funding required before from the framework agreement is agreed.
- 4.4 Approval to spend the budget supporting these contracts is set out in the Council's Constitution, Part 2 – Responsibility for Functions, Section 9 – Scheme of Delegation, reference 273. There is a delegated limit of £2,500 per week and placements above this level will require appropriate approval.

### **5 RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)**

- 5.1 Adult social care services are categorised as 'Part B' services under the European Union Procurement Directives therefore are not subject to the full application of these Regulations, however the procurement exercise must still comply with the principles of the European Regulations and must be open, fair, transparent and non-discriminatory.
- 5.2 The proposed framework process will ensure compliance with the Council's Contract Procedure Rules and Financial Regulations Contract Procedure Rules in the award of

contracts to providers of residential and nursing care for learning disabilities and in the purchasing of individual packages under these contracts.

- 5.3 There are a number of potential risks associated with this project which require further consideration prior to the tender process. Work has commenced on the analysis of these risks and to develop a plan of mitigating actions.
- 5.4 An area of risk is that of currently contracted providers with citizens placed by the Council not being accepted onto the framework of providers. This may arise if providers elect not to engage with the procurement process (for example because they are not happy with the terms of the agreement) or if they are unsuccessful in the procurement process. A number of options exist in these circumstances including: continuing to fund existing placements on a 'spot purchase' basis; continuing with existing placements under the existing 'core contract' or seeking to move citizens to alternative services from the framework of providers. The implications of these options will be further considered with operational colleagues.
- 5.5 Initial consideration has identified a number of actions to mitigate the risks arising from this project, which include:
- Undertaking a pilot of new service level definitions on a sample of current packages. This will assist with the development of the service specification and the work to develop of a realistic and sustainable pricing model.
  - Obtaining legal advice on the model of pricing and procurement
  - Development of a comprehensive plan for implementation to reduce the exposure to risk, particularly in the transition to providers on the framework

#### **Legal Observations:**

- 5.6 The recommendations in this report raise a number of legal issues. These include (a) compliance with external and internal governance requirements; (b) terms and conditions for the framework agreements; (c) terms and conditions for the subsequent call-off agreements; (d) ensuring that a mechanism for robust contract management is in place; (e) ensuring that the appropriate legal mechanisms are in place to cover any issues arising from transfers or other identified risks (including those in paragraphs 5.4 and 5.6 above); and (f) to ensure that there is sufficient legal flexibility to enable other risks and any unforeseen circumstances to be dealt with in the best interests of service users and the Council.
- 5.7 Compliance with external and internal governance requirements will be monitored throughout to ensure that the overall process is compliant from end to end. The external framework is covered in the Public Contracts Regulations 2006. The services contemplated in this report have been correctly identified as falling within the definition of Part B services under those regulations. Part B services are deemed non-priority services of limited cross-border interest and therefore the full ambit of the regulations does not apply. However the award of Part B services is governed by the principles contained in the Treaty on the Functioning of the European Union. This provides for the free movement of goods, people and the provision of services and capital throughout the entirety of the EU without barriers. This requires the Council to comply with the following key principles when awarding public contracts, including those for Part B services: (i) Proportionality; (ii) Mutual recognition; (iii) Transparency; (iv) Non-discrimination and (v) Equal treatment. The European Court of Justice has found that principles (iv) and (v) require transparency in the procurement process and that this

necessitates a “degree of advertising sufficient to enable the market to be opened up to competition.”

5.8 Legal services will work closely with and assist the service area in respect of points (b) to (f) inclusive from paragraph 5.7 above to ensure that, at all times, the interests of services users and the Council are protected to the greatest degree commercially and reasonably possible.

5.9 It is noted that the recommendations in this report are restricted to the approval of the procurement of a framework of willing providers. It is the call-off process that encompasses the legal relationship between service users and the framework provider(s).

## **6 EQUALITY IMPACT ASSESSMENT (EIA)**

6.1 Has the equality impact been assessed?

- (a) not needed (report does not contain proposals for new or changing policies, services or functions, financial decisions or decisions about implementation of policies development outside the Council)
- (b) No
- (c) Yes – Equality Impact Assessment attached

6.2 An Equality Impact Assessment was undertaken in respect of the initial work undertaken as part of the Residential Efficiencies Project. This will be updated at an appropriate stage in the procurement process when the implications are clearer, for example whether current providers are successful in being accepted onto the framework and any policy implications arising from this.

## **7 LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

7.1 None

## **8 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

8.1 None.

**Residential Care Services for  
People with a Learning Disability**

**SERVICE SPECIFICATION**

**DRAFT (V1)**

**DRAFT**

**CONFIDENTIAL**

## Appendix 1 – Draft Service Specification

### 1. Introduction

#### 1.1 Purpose of the Specification

This specification sets out standards for the provision of residential services for people with learning disabilities from the age of 18 upwards.

The Service is to be commissioned on a fixed price basis [confirm once pricing model agreed], with additional complementary services (e.g. additional hours of support) to be commissioned as required according to the assessed needs of each citizen as determined by NCC Adult Assessment.

It is intended that the Provider delivers the Service in a spirit of partnership with the Council. More specifically, it is intended that the following principles will underpin all service delivery under this contract:

- The Provider will work with providers of other services to develop meaningful activity or provision which meets the identified needs of the citizen using the service and their family carer(s) wherever possible;
- The Provider will work with the Council to deliver continuous improvement and transformation of the service where possible in order to develop more independent and inclusive models of support;
- The Provider will work in co-operation with providers of other learning disability services to ensure that support for the individual is more coherent and better co-ordinated wherever possible.

The Provider will ensure that the practices, procedures and management of the Service comply with all legislation and Codes of Practice relevant to residential services now and in the future, including but not limited to those described in section 2.4 of this document.

#### 1.2 Background & Demand for Service

##### 1.2.1 Demand for Services

Nottingham City Council serves a growing population of over 300,000 citizens. It is estimated that approximately 6,200 adults aged 18 or older who have a learning disability are currently live in Nottingham City.<sup>1</sup>

The number of adults with a learning disability resident in Nottingham is expected to increase towards 2030, with a slightly faster growth rate predicted in the number of adults within this group with either moderate or severe learning disabilities (Table 1).

In addition, the greatest increases in the number of people with a learning disability are predicted to occur in the 85+, 67-74 and 35-44 age ranges. These increases

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<sup>1</sup> Nottingham Joint Strategic Needs Assessment: Adults with Learning Disability (2011)

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are likely to be associated with even greater changes in demand for need and support.

Prevalence rates for severe learning disabilities are higher in South Asian groups in the UK, with rates approximately 3 times higher among 5-34 year olds compared to none Asian communities (Emerson et al. 1997).

*Table 1: Population Projections for Adults with a Learning Disability Resident in Nottingham City 2011-2030*

Client group type	2011	2015	2020	2025	2030	Nottingham	England
Total population aged 18 and over predicted to have a learning disability	6,187	6,434	6,633	6,877	7,210	17%	14%
Total population aged 18 and over predicted to have a moderate or severe learning disability	1,316	1,377	1,436	1,509	1,596	21%	14%
Total population aged 18-64 predicted to have a severe learning disability	346	360	373	391	413	19%	11%
Total population aged 18-64 with a learning disability, predicted to display challenging behaviour	99	103	106	109	113	14%	11%

Source: [www.pansi.org.uk](http://www.pansi.org.uk)

Not all of these citizens are likely to require support from the local authority to meet their care needs. On average, approximately 795 adults per annum are currently in receipt of social care services funded by the Council. Of these, 24% use a residential based solution and 6% use a nursing based solution to meet their needs. It is anticipated that in the future, more citizens will be supported to elect for community based solutions to meet their care needs.

Further information on the profile of citizens and demand for services can be found in the Council's Market Position Statement on Learning Disability, available at:

[Link to online Market Position Statement]

### 1.2.2 Safeguarding Vulnerable Citizens

Recent cases, such as the abuse of residents at Winterbourne View uncovered by BBC Panorama Programme have highlighted the particular vulnerability of citizens with a learning disability who require residential care services. As such, protection of service users from abuse is a key requirement of the Service that the Council is seeking to purchase.

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### 2. Service Provision

This section describes the services that are required to be delivered by the Provider from the commencement of the Service.

#### 2.1 Level of Need

Residential services are used by service users with a diverse range of needs including those with mild to moderate needs, people with complex health needs, challenging behaviour, mobility problems and physical disabilities.

[Pricing and the final structure and model to be added once agreed]

#### 2.2 Service Eligibility Criteria

Service users are eligible if they have been assessed by the Council's Community Learning Disability Team as meeting the following criteria:

- They are 18 years or over;
- They have a significant learning disability.

Service users are not eligible if they have any of the following:

- Acquired brain injury post age 18 years, e.g. following a head injury;
- Development disorders not associated with a learning disability e.g. Asperger's syndrome, ADHD (unless IQ <70 +/-5);
- Specific learning difficulties, e.g. dyslexia, dyspraxia, unless associated with a generalised learning disability;
- Offending behaviour which is not clearly related to a learning disability and is not likely to benefit from the interventions available within the Service;
- Problems arising from social exclusion issues which require social care rather than residential care;
- Physical needs which are more appropriately met within primary care, acute trust or a non learning disability type of residential home.

#### 2.3 Services

The Provider is required to manage all building related services and requirements in accordance with the Care Quality Commission's Essential Standards of Quality and Safety.

##### 2.3.1 Service Provision

From the commencement of the Service, the Provider is required to ensure that each residential service is registered as a Residential Care Home with the Care Quality Commission (CQC). The Provider is required to comply with the section 20

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Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

The Provider is required to meet the Care Quality Commission (CQC) Essential Standards of Quality and Safety. The Provider is required to provide all current care, support, leisure and management services including but not limited to the following:

### **2.3.2 Social, Emotional & Personal Care and Support**

The Provider is required to provide social, emotional and personal care and support in a residential / respite setting.

The Provider is required to ensure effective, safe and appropriate, person centred care, treatment and support through coordinated assessment, planning and delivery.

The Provider is required to ensure continuity in the care and support of people who use the Service as a result of establishing effective communication channels between all parties involved in their care, including carers and other service providers e.g. providers of day opportunities and transport providers, and health professionals, taking into account any language related needs clients and carers may have.

The Provider is required to ensure that in times of emergencies, effective procedures are in place to ensure the care and welfare needs of service users are met.

### **2.3.3 Recreational, Leisure, Educational & Vocational Activity**

The Provider is required to plan, deliver and facilitate positive and person centred experiences and support service users to access community facilities.

The Provider will co-ordinate enjoyable and fulfilling experiences that meet the individual needs and preferences of each Citizen using the Service. The Provider will support service users to be involved in planning, arranging and promoting activities within residential services.

The Provider will arrange and deliver a programme of opportunities to develop social, interpersonal and daily living skills in a supportive environment, taking into account any language related needs clients and carers may have

The Provider will consider sourcing meaningful activities if the Provider does not have infrastructure to offer this level of support.

### **2.3.4 Management of Services**

The Provider is required to manage the residential services effectively.

The compatibility of service users and the need to maintain a welcoming, inclusive environment where harassment against service users to staff is not tolerated should be a primary consideration when managing the Service. Compatibility considerations should also take into account issues such as age, gender, language religion and culture.

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### **2.3.5 Availability of Service**

Residential services are provided 24 hours a day, 7 days per week for 365 days per year.

The Provider will be required to review and develop the Service in line with the needs of both citizens using the Service and those of their carer(s).

### **2.3.6 Pathways and Partnerships**

The Provider is required to maintain and further develop the existing pathway and partnership organisation relationships, including those with:

Nottingham City Learning Disability Partnership Board  
NHS Nottingham City  
Nottingham City Council  
Care Quality Commission  
National Care Standards  
Carers / individual citizens' carer(s)  
Providers of day opportunities  
Advocacy providers

### **2.3.7 Transport and Travel**

The Provider is required to make arrangements to meet the specific transport and travel requirements of each service user, and to promote person centred solutions to transport which maximise independence, choice and control. A variety of transport and travel methods should be considered by the Provider in seeking to make suitable arrangements to meet the transport and travel needs of each citizen using the Service.

### **2.3.8 Meals**

The Provider is required to provide a choice of food and drink that reflects personal preferences and needs, including religious and cultural requirements. The Provider will be required to support service users to eat their food and drink as independently as possible, and prepare food and drink independently where appropriate, to maintain and develop independent living skills.

The Provider will support service users to make healthy living choices concerning exercise, diet and lifestyle and will consult service users regarding the provision of balanced, healthy nutritious meals.

The Provider is required to ensure the provision of meals does not restrict activities by making arrangements for meals which fit around planned activities. For example, packed lunches 'picnics', party food for social occasions and flexible meal times within the services for those service users out on trips or days out.

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### 2.3.9 Access to the Service

[Once complete, the Call Off Procurement Process (i.e. to be determined by the procurement model) will inform this section. Citizen and carer choice will be considered paramount]

Individual assessments will be agreed by care managers within the Council's Community Learning Disabilities Teams (CLDT). A Support Plan will be agreed and developed with the care broker/manager following the assessment of need. All relevant information will be shared with the Provider. Individuals will have a health action plan; relevant information will be shared with the Provider to ensure that service users receive support with their health needs. The Provider will have access to health advice via the Health Facilitation Service provided by Nottingham CityCare Partnership.

The Provider will ensure that clear information, contact details and referral routes for residential services is widely available in different formats across the Nottingham city area, at local access points and on the internet.

#### 2.3.10 Admissions

On accessing residential services, the new service user and/or their family carer/advocate will be issued with:

- A copy of the complaints procedure in an accessible easy to read format
- An introductory pack about the service also in accessible format
- A copy of the tariff for services additional to those described within this specification offered by the Provider.

Where users and/or carers do not speak English as a first language, consideration should be given to ensuring information is provided in a format and/or manner that is easy to understand.

New service users will be able to make introductory visits to services to enable them to decide if they wish to access the service.

Vacancies within the service will be available to be filled by NCC at all times through the Council's Call Off Procedure.

#### 2.3.11 Compatibility Assessment and Review

The Provider is required to undertake a compatibility assessment in conjunction with the care coordinator to determine the person's potential compatibility with the other existing service users.

Where a placement is made from outside the Nottingham City area, the Provider is required to ensure that a similar compatibility assessment is undertaken, and that no placement takes place if it is deemed likely to be detrimental to the wellbeing of the existing service users.

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Following this, the individual placed into the Service will live in the home on an introductory basis for a minimum of 28 days (The Introductory Period) or a period of time agreed with the care coordinator.

During the Introductory Period, appropriate steps should be taken to maintain a welcoming, inclusive environment where harassment against service users or staff is not tolerated.

At the end of the Introductory Period, the Contractor is required to hold a review at which the Council's Care Manager and other relevant health professionals are present.

The purpose of the review will be to establish if the Introductory Period had been successful or not and to continue with the placement or not.

If the Introductory Period has not been successful, the Care Coordinator will arrange alternative accommodation; however, a full and valid reason must be provided to all representatives including the Citizen and their Family Carers.

If the Introductory Period is successful the contractor is required to confirm the placement with the Council's Community Learning Disability Team and Nottingham City NHS Continuing Care Team.

### **2.3.12 Hospital Admissions**

If a Service user is admitted to hospital for any reason, the contractor is required to ensure a smooth transition between the residential service and hospital, by providing all relevant information on the service user in a timely manner to the hospital and its staff.

The contractor is required to inform CLTD and Adult Residential Services team as soon as a hospital admission or discharge takes place.

Where required, the contractor will provide transport to and from the hospital with an escort, and will ensure all means are undertaken to guarantee the safe transport of the service user at the required time(s).

If the service user is not to return to the same home, the Contractor will discuss future arrangements with the Council representative and work with Council in the transition to new accommodation.

The Contractor is responsible for ensuring that the service user's personal property is safeguarded whilst they are in hospital.

If, for whatever reason, the Citizen does not return to the residential home, the placement will be terminated by the Council and the Contractor will inform the Council of the vacancy available as soon as they become aware that the service user will not return.

The Contractor is required to inform the Care Manager/CLDT, Council's Strategic Procurement team, Health Facilitator and Adult Residential Services as soon as possible if a death occurs whilst in hospital, and in any event within 24 hours.

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### **2.3.13 Notice of Commencement & Termination of Use and Arrangements in the Event of the Death of a Citizen in Receipt of the Service (Not Related to Safeguarding)**

In the event of the death of a service user not related to safeguarding, the Provider shall notify the Council as soon as is reasonably practicable by telephone to the Council's Authorised Officer, and in any event within three business days in writing.

In the event that a service user discharges themselves from the service without notice, the date of discharge shall be regarded as the commencement of the normal period of notice.

In the event that the service cannot meet the needs of the service user, and they need to be referred on to a different service, the Provider will notify the Council's Contract Manager as soon as possible, and work with the Council as far as possible to manage the transition for the service user.

### **2.3.14 Charges**

The Provider will publish clear details of charges for services offered, together with a clear procedure of the collection of charges from the Council and service users, as appropriate. The Provider's charges information must distinguish between those charges to be met by the Provider, the Council and those to be met with individuals. This may change from time to time. If a Council charging policy for an element of the service changes, the Provider will be required to amend their charges information accordingly within 30 days of the change.

### **2.3.15 Health Action Plan**

The Provider must ensure that the Citizen's health needs are documented within their Health Action Plan. The Health Action Plan should demonstrate the Citizen's access to health checks to cover primary health needs, such as screening, dentist checks, opticians, access to a General Practitioner etc. It is expected that the Provider will ensure access to health care professionals at the appropriate and required times.

The provider will work alongside health professionals in respect of implementing the Clinical Management Plans as a way of managing long term health conditions.

The provider will support the needs and required outcomes detailed in the table below and will carry out an assessment of the Citizen's needs on admission. These will be monitored and reviewed by the Provider as appropriate for the welfare of the Citizen. The Provider will refer the Citizen to specialist healthcare services as appropriate to their needs.

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### Example of a Health Action Plan

Medication and Symptom Control	<ul style="list-style-type: none"> <li>Medication is provided in a safe and timely manner in order to optimise the care and clinical condition of the Citizen</li> <li>The Citizen is advised of the purpose of medication and actively engaged in the decision making and review of it</li> <li>Privacy and dignity is maintained at all times</li> <li>Citizen's pain levels are reduced and comfort optimised</li> <li>The negative impacts of pain on the citizen's daily life is minimised</li> </ul>	<ul style="list-style-type: none"> <li>Ensure a pain assessment is completed on admission. Monitor and review as appropriate</li> <li>Ensure a range of communication skills are utilised to assess the characteristics of pain, e.g. location, severity on a scale of 1 – 10, type, descriptors frequency, precipitating factors, relief factors</li> <li>Administer analgesia as prescribed and monitor effect using pain assessment tool</li> <li>Utilise appropriate non-pharmacological methods to reduce pain and discomfort</li> <li>Maintain prompt access to all required medication, including self medication where appropriate</li> </ul>
		<ul style="list-style-type: none"> <li>Ensure appropriate recording of medication and escalation of non compliance</li> </ul>
		<ul style="list-style-type: none"> <li>Inform the Citizen and their representatives (as appropriate) of any likely side effects of medication</li> </ul>
		<ul style="list-style-type: none"> <li>Monitor the side effects of medication and refer to the appropriate prescriber.</li> </ul>
		<ul style="list-style-type: none"> <li>Work with the specialist care teams to anticipate Citizen requirements prior to immediate need</li> </ul>
		<ul style="list-style-type: none"> <li>The provider must have a robust medication policy in place</li> </ul>
		<ul style="list-style-type: none"> <li>Ensure that medication information is available in an accessible format focused on the Citizen e.g. pictorial, tape, Braille, translated</li> </ul>
		<ul style="list-style-type: none"> <li>Ensure that medication administration is in accordance with prescriptions and in line with the medication policy</li> </ul>

The Provider is required to ensure that the Citizen using the service is registered with a General Practitioner within 7 days of admission.

The Citizen should be allowed to choose or retain his/her own General Practitioner, and should be able to exercise the right to request a visit by a General Practitioner.

The Citizen's right to privacy must be maintained during all examinations.

### 2.3.16 Medication

The Provider will ensure that Staff who provide support with any aspect of the medication administration process are appropriately trained and competent to do so. Such Staff will receive accredited and appropriate training in the safe handling of medication, and will have their competency in practice assessed periodically.

The Provider ensures the continuity of medication for residential service users through effective communication and coordination with permanent carers.

The Provider has clear procedures followed in practice, monitored and reviewed for medicines handling that include, safe storage, preparation, administration,

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monitoring and disposal. Policies can be obtained from the NHS Nottingham City Medicines Management Team.

The Provider ensures Staff correctly use records of any medication taken by service users, and follow clear procedures that are monitored and reviewed that explain:

- Their role in regard to helping Citizens to take their medicines;
- What Staff should do if the Citizen using the service is unable, or refuses, to take their medicines.

The Provider supports and reminds service users to self-administer their medicines independently where they are able and wish to do so, including where assistive technology is being used.

### **2.4 Organisation Management**

In providing the Service, there are a number of factors the Provider must take into consideration:

#### **2.4.1 Operational Support**

The Provider must have operational support functions in place. This will include Human Resources, Central Administration, Training and Payroll. Information about these functions, and how to access them, must be made available to all staff.

Staff must be aware of when and how their salaries are paid, and have contact details for payroll queries.

#### **2.4.2 Relationship Management**

The Provider will work in a spirit of partnership with the Council to achieve shared goals. To this end the Provider will work closely with the Council's representatives and services including Commissioners, Procurement Managers, Care Management, Community Mental Health Trust, the Contract Compliance Officers, day services and Health Professionals where appropriate.

The Provider will have a clear interface between its existing structure and the services. This will include identified posts with clear roles and responsibilities, and clarity over how these roles relate to and with management positions within the existing residential services structure.

Roles within the relationship and how they will operate will be discussed with the Council's representatives, and agreed in advance of day one of the new contract operation.

The Provider will develop and maintain clear communication channels with service users and family carers (using accessible formats), to assist in building strong and effective relationships with the people who use residential services and their family carers.

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### **2.4.3 Staffing**

The Provider is required to ensure that staff rotas reflect an efficient use of resources whilst maintaining the service to current standards.

When determining staffing arrangements, the following factors must be adequately supported:

- The number and level of dependency of service users
- The diversity profile of the local area and/or users of the service (for example gender, ethnicity and language spoken)
- Whether service users require moving and assisting support
- Whether service users require special assistance due to behaviour/functional ability
- How the layout and design of the building facilitates staff support for service users (where a building based service is being provided)
- Service users' individual support plans
- The Provider must ensure that all staff receive a comprehensive induction and are aware of the services policies, procedures, legislation and standards.

The Provider will ensure that all staff are effectively integrated into their organisation. Staff will be made aware of the aims and objectives of the organisation, and of their position within the organisational structure.

The Provider will ensure that staffing arrangements will provide sufficient flexibility to enable adjustments to respond to changing need and make best endeavours to enable continuity of staff delivering care and support to service users.

The Provider will ensure that as a minimum staff are trained in the following:

- Safe handling of medication
- Moving and handling
- Person Centred Planning
- Epilepsy and its management
- Promoting a healthy lifestyle
- First Aid
- CPR
- Cultural diversity
- Listening and responding to people with learning disabilities
- Customer care
- Lone working
- Safeguarding adults/protection from abuse
- Training in the use of intervention, including breakaway
- Food hygiene
- Communicating with people with learning disabilities and their families
- Equality and Diversity
- Risk Assessment
- Managing challenging behaviour
- Mental Capacity Training
- Deprivation of Liberty Training
- Continence Management

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On occasion, should it be necessary for the Provider to use temporary, agency or bank staff, the Provider will ensure that staff have received relevant training and have the relevant knowledge, skills and experience to support the service users. Temporary, agency or bank staff will be subject to the same checks as permanent staff.

Where temporary or agency staff are used, the Provider will ensure introduction and 'getting to know the service user' is carried out, and will familiarise the staff member with the service user's assessment and care plan.

### **2.4.4 Equality Requirements**

The Provider will recognise the Council's new single duty to promote equality under the Equality Act 2010. As a consequence of this, the Provider will ensure that the service delivered has due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by or under the Equality Act 2010;
- advance equality of opportunity between people between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between people who share a relevant protected characteristic and persons who do not share it.

## **2.5 Standards**

### **2.5.1 Statutory Service Requirements**

Upon award of Contract, as a minimum, the Service shall be provided in accordance with the following:

The Provider must be registered under the Registered Homes Act 1984.

Upon award of Contract, as a minimum, the Service shall be provided in accordance with the following (this is not an exhaustive list):

#### **Acts**

- Carers Recognition and Services Act (1995)
- Children's Act (1989 & 2004)
- Chronically Sick and Disabled Persons Act (1970)
- Community Care (Direct Payments) Act (1996)
- The Data Protection Act (1998)
- Disability Discrimination Act (1995)
- Equal Pay Act (1970)
- Equality Act (2010)
- Food Safety Act (1990)
- Health & Social Care Act (2008)
- Health and Safety at Work Act (1974) and all subsequent guidance
- Human Rights Act (1998)
- Mental Health Act (1983 )and (2007)

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- National Care Standards Act (2000)
- Mental Capacity Act (2005)
- Misuse of Drugs Act (1971)
- Medicines Act 1(968)
- NHS & Community Care Act (1990)
- Public Interest Disclosure Act (1998)
- Race Relations Act (1976), Race Relations Amendment Act (2001) and all subsequent guidance.
- Rehabilitation of Offenders Act (1974)
- Safeguarding Vulnerable Groups Act (2006)
- Sex Discrimination Act (1975)
- Freedom of Information Act 2000
- Health and Social Care Act 2008

### **Regulations**

- CQC (Registration) Regulations 2009
- Safer Management of Controlled Drugs Regulations 2006

### **Guidance and Strategies**

- Control of Substances Hazardous to Health (COSHH)
- Council corporate plan and standards
- General Social Care Council Code of Practice (2004)
- Our Health Our Care Our Say (2006)
- The National Carers Strategy (2008)
- National Occupational Standards (NOS)
- Lifting Operations and Lifting Equipment Regulations (1998)
- Management of Health and Safety at Work Act Regulations (1999)
- Manual Handling Regulations (1992)
- Provision and Use of Work Equipment (1999)
- Putting People First 2007
- Personalisation through Person Centred Planning 2010
- Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations (1995) (RIDDOR)
- Valuing People (2001)
- Valuing People Now (2009)
- The Working Time Regulations (1998 Working Together for Change (2009)
- Working together to safeguard children (2010)
- Local Safeguarding Policies and Procedures

### **2.5.2 Additional Service Requirements**

The Service will be provided by an experienced Provider and management team.

Depending on the area of need, each manager responsible for a service will have experience of managing a team of staff working with people who are on the autistic spectrum, people with complex learning disabilities and people who present with behaviours that challenge.

To ensure that the service will be delivered by trained and experienced staff, the Provider will have in place policies in relation to the recruitment, training and supervision of staff. Any staff to be involved in delivering the Service who

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commences employment with the Provider after the contract start date should have a comprehensive, planned induction, and is to be subject to a six month probationary period. Staff will receive ongoing training and supervision.

The Provider will ensure that systems are in place to ensure the provision of the service during periods of staff absence due to holidays, sickness or for other reasons. Robust management support structures and emergency contract arrangements will be in place.

The Provider will ensure that Staff have relevant knowledge, experience, qualifications and skills to support individuals receiving the service in line with their individual support plan to ensure that positive outcomes are achieved and that the requirements of the Service are met.

The Provider will notify the nominated contact within the Council's Strategic Procurement team of any expressions of dissatisfaction, complaints, and untoward incidents that are investigated and are relevant to the contract.

The Provider shall act in accordance with the Nottingham and Nottinghamshire multi-agency Adult Safeguarding policy and procedures (available at <http://www.mynottingham.gov.uk/index.aspx?articleid=9861>).

The Provider is to ensure that all Staff have received appropriate Safeguarding Adults training.

## 2.6 Principles

The contractor is required to operate the service with regard to the following principles, which have been developed from guidance including: Valuing People (2001), Valuing People Now (2007) and Our Health Our Care Our Say (2006).

The Council expects that the Services will:

- Be monitored and evaluated by the Provider to ensure they are effective and efficient, and achieving their aims
- Observe Citizens and carers rights to confidentiality
- Ensure cultural and religious preferences are respected and accommodated
- Meet the statutory obligations of the agencies involved
- Understand and respond to how the Citizen using the Service wants to live
- Ensure person centred approaches underpin the way in which care and support is provided. Person centred approaches place the person and others who know and care for them at the centre of the activity of the Service.
- Ensure individuals receive care and support as and when they need it, in accordance with their needs and not by the needs and routines of the Provider
- Ensure that the care and support a person has is in line with their culture and chosen lifestyle
- Focus on a 'can do' attitude - taking a constructive approach, providing care and support for things an individual cannot do, and creating opportunities for learning and developing competence for those things a person can do.

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- Use ordinary language, avoiding the use of agency jargon. Ordinary everyday language, it is suggested, helps in the process of focusing on people and not services.
- Be delivered as part of an active partnership between the person, their families, the Provider and other supporters e.g. advocates
- Be focused around cultural needs and in accordance with the personal choice and empowerment of the Citizen using the Service
- Be of high quality, with appropriately trained staff experienced in working with people with a learning disability, and who understand the need for risk assessment and are sensitive to their particular needs and issues of confidentiality.
- Engage with relevant local, regional and national Provider forums
- Maximise the potential of the Citizen using the Service, and meet their needs for privacy, dignity, independence, choice and realisation of personal fulfilment.
- Provide an effective assessment, Care Planning and review process to determine the best way of meeting the physical, emotional, social, intellectual and specific rehabilitation needs of the Citizen using the Service as identified in the initial Care Plan provided by the Funding Authority.
- Involve the Citizen using the Service in all decision making which concerns them. Where the Citizen is clearly unable to express a choice, assistance from an advocate shall be sought. An “advocate” for the purposes of this specification is defined as “a relative, carer, friend, adviser or authorised representative”. Ideally this would be someone unconnected to the Provider, although the Citizen may choose anyone to act on their behalf
- Provide accurate and up-to-date information about the home and services provided to both Citizens using the service and prospective users of the service. Where necessary, this shall be provided to an advocate acting on behalf of the Citizen. Wherever possible, this information will be available in appropriate languages, Braille, large print or on tape. The services of an interpreter shall be made available if necessary.
- Respect the ethnic, religious and social and cultural backgrounds of Citizens using the Service. They will, therefore, ensure that individual’s religious, dietary and social and cultural needs are assessed and provided for, and regularly reviewed. This shall include such things as ensuring the Service user can participate in worship, providing a range of ethnic meals, making non-English language videos available, enabling Service users to attend appropriate festivals, etc.
- Encourage rehabilitation back to the community, particularly where specified in the Citizen’s agreed Care Plan.
- Have in place policies in relation to the recruitment, training and supervision of Staff, to ensure that the service is delivered by competent, experienced and trained staff. Any member of staff involved in the delivery of the Service who commences employment with the Provider after the contract start date should have a comprehensive, planned induction and be subject to a six month probationary period. Staff will receive ongoing training and supervision.
- Have systems in place to ensure the provision of the Service during periods of staff absence due to holidays, sickness or for other reasons. Robust management support structures and emergency contact arrangements will be in place.
- Ensure that Staff have relevant knowledge, experience, qualifications and skills to support Citizens are receiving the Service in line with their individual

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support plan, in order to ensure that positive outcomes are achieved and that the requirements of the Contract are met.

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### 3. Financial

#### 3.1 Cost Model

The Service is to be commissioned on a fixed price basis, with additional complementary services (e.g. additional hours of support) to be commissioned as required according to the assessed needs of each citizen as determined by NCC Adult Assessment.

[Further detail is to be added once the cost model for procurement has been agreed]

#### 3.2 Continuous Improvement

The Council is currently, and will continue to be, under severe cost constraints for the term of this contract.

It is important that a continuous improvement ethos is applied to this contract with regards to service improvement and cost efficiencies. The Council is seeking a Provider that can operate in a spirit of partnership with the Council to align business and service objectives and share any benefits.

The Provider shall have an ongoing obligation throughout the term of the contract to identify new or potential improvements to the services, and to report these back to the Council where appropriate:

- The emergence of new and evolving relevant technologies which could improve the Services;
- New or potential improvements to the services including the quality, responsiveness procedures, benchmarking methods, performance mechanisms and service user support services in relation to the Services;
- New or potential improvements to the interfaces or integration of the services with other services provided by third parties or the Council which might result in efficiency or productivity gains or in reduction of operational risk; and
- Changes in ways of working that would enable the services to be delivered at lower costs and/or at greater benefits to the Council.

#### 3.3 Assets

##### 3.3.1 Information Management

The Provider must have systems in place for the secure storage and management data and information relevant to the delivery of the Service.

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### **3.3.2 IT & Telephony**

The Provider must have a networked IT system in place to support the day to day operation of the service, communication between staff, and maintenance of service information.

Service users and family carers must be informed of the complaints procedure in accessible language and easy read formats.

### **3.3.3 Additional Funding Sources**

The Provider will support the Council in identifying and deploying additional funding sources, which may be used to further develop the service.

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# 4. Performance Management

## 4.1 Quality Assurance

Quality monitoring is a regular process undertaken by the Council to ensure that Providers comply with the requirements of the contract and are performing effectively. All Services will be subject to ongoing quality monitoring work to maximise the performance of the service in delivering positive outcomes to citizens using the Service.

The Provider is required to fully engage with all aspects of both the Council's and NHS Nottingham City's quality assurance processes, to include all processes and mechanisms utilised by the Council and/or NHS Nottingham City to monitor and promote the quality of the service and positive outcomes for users of the Service. The Provider is also required to work with the Council to make any improvements to the Service necessary to meet the standards as set by the Council and/or by NHS Nottingham City. The Council will undertake unannounced quality visits as appropriate and in conjunction with NHS Nottingham City to assess the quality of services provided.

The Council intends to use a Quality Monitoring Framework to monitor the performance of residential services, based on the aim of ensuring the effective delivery of the Service in accordance with the Care Quality Commission Essential Standards. **[Quality monitoring framework to be included in appendix]**

The Council intends to undertake an annual assessment of the quality of the Service based on the Quality Monitoring Framework. The Provider is required to co-operate with the Council's representatives, including allowing access to the residential service to observe the Service being delivered, sharing relevant information and documentation (e.g. care plans, staff rotas, etc) and making staff and management available to discuss the delivery of the Service.

Where services are found to require improvement(s) in one or more areas based on the outcome of the assessment by the Council using the Quality Monitoring Framework, the Provider may be required to produce an improvement plan to outline how these areas of Service delivery will be improved. The Provider is expected to work independently to deliver and evidence improvements in these areas, with support from the Council to do so where this is appropriate and can be provided.

The Council may also undertake ad hoc assessments of the quality of the Service using the Quality Monitoring Framework or any part of the Framework at any time it requires.

Both the Quality Monitoring Framework and overall quality assurance procedures may be revised by the Council at the Council's discretion in order to reflect changing expectations of the service in delivering outcomes to citizens, e.g. as a consequence of new guidance on the delivery of residential care home services.

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### Roles and Relationships

Role	Council Job Title	Provider Job Title
Quality Assurance	Contract Compliance Officer	
Contract Management	Procurement Officer	

The Provider is required to complete the above table by identifying roles and responsibilities within its own organisation and agree this with the Council's Procurement Officer within one month of contract commencement.

The Provider will establish and maintain effective relationships with other services such as care management, residential day services and health professionals. Providers are to ensure seamless, co-ordinated services for the service user.

When service user information is passed to other health and social care service providers or professionals this will be done in a timely manner so that no interruption to their services and support results.

Appropriate means of communicating with service users and family carers about information relevant to them about the services must be in place. These communications must be in accessible formats and by a variety of media designed to reach as wide an audience as possible.

#### 4.2 Complaints System

A complaints system must be in place which covers service user, family carer and staff complaints.

There must be a clear escalation and resolution process.

A record must be kept of the number and nature of complaints made, and their resolution and outcome. The Provider must be able to demonstrate where lessons have been learned as a result of a complaint and what changes have been made in response.

All the above information about complaints must be freely shared with the Council.

#### 4.3 Whistleblowing

The Provider must have a whistle blowing procedure in accordance with the Public Interest Disclosure Act 1998. This must clearly explain the principles and objectives of the policy and procedures involved.

#### 4.4 Safeguarding

The Provider will fulfil their responsibility to safeguard the service user from potential abuse and adhere to the Essential Standards as a foundation of good practice.

The Provider will sign up to and be familiar with the Nottingham and Nottinghamshire Multi Agency Policy, Procedures and Guidance and their roles and responsibilities detailed within the policy.

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The following is taken directly from the Health and Social Care Act 2008 Regulation 11:

Outcome: People who use the services are protected from abuse, and their human rights are respected and upheld.

- a) This is because Providers who comply with the Regulations will;
- Take action to identify and prevent abuse from happening in a service
  - Respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.
  - Ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice.
  - Make sure that the use of restraint is always appropriate, reasonable, proportionate and justifiable to that individual.
  - Only use de-escalation or restraint in a way that respects dignity and protects human rights, and where possible respects the preferences of people who use services.
  - Understand how diversity, beliefs and values of people who use services may influence the identification. Prevention and response to safeguarding concerns.
  - Protect others from the negative effect of any behaviour by people who use services.
  - Where applicable, only use Deprivation of Liberty Safeguards when it is in the best interests of the person who uses the service and is in accordance with the Mental Capacity Act 2005.

The registered person must make suitable arrangements to ensure that the service users are safeguarded against the risk of abuse by means of

- a) taking reasonable steps to identify the possibility of abuse and prevent it before it occurs, and
- b) responding appropriately to any allegation of abuse.

Where any form of control or restraint is used in the carrying on of the regulated activity, the registered person must have suitable arrangements in place to protect Citizens against the risk of such control or restraint being-

- a) unlawful; or otherwise excessive

The registered person must have regard to any guidance issued by the Secretary of State or an appropriate expert body in relation to-

- a) The protection of children and vulnerable adults generally; and
- b) In particular, the appropriate use of methods of control or restraint.

For the purpose of paragraph (1) “abuse” in relation to a service user, means-

- a) Sexual abuse; physical or psychological ill- treatment; theft, misuse or misappropriation of money or property; or neglect and acts of omission which causes harm or place at risk of harm.

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In addition to the above, it is expected that provider's duties to safeguard extend to;

Ensuring that their policies on safeguarding people align with Nottingham and Nottinghamshire Multi Agency Policy, Procedures and Guidance and all incidents of abuse covered by that procedure are referred to it without delay

Ensuring that all referrals of alleged abuse are made up to the appropriate point without delay and not exceeding 24 hours of the Alert being received. The commissioning organisation and appropriate regulatory body are informed, and police should a crime be suspected.

Ensuring managers and staff understand policies on safeguarding and whistle-blowing and evidence this in supervision records.

Co- operates with investigation of abuse.

Ensuring there is a clear process known to staff for action in response to concerns or allegations that a member of staff has perpetrated or contributed to abuse. This includes the process for suspension, transfer to a non- care position or supervised work on a precautionary basis and interface with any police investigation.

Having a clear recruitment staff procedure which is always followed and includes adequate pre- employment checks in line with the regulations.

Taking appropriate action to protect people where staff are alleged to have perpetrated abuse, including use of disciplinary processes and referral to the POVA list and the Independent Safeguarding Authority upon implementation.

Managers, staff or volunteers who are dismissed because it is believed they have harmed a vulnerable adult to leave/ resign when they have been dismissed on these grounds, are referred to the POVA list and the Independent Safeguarding Authority upon implementation.

Ensuring staff are trained on how to safeguard people and that this is reinforced through team meetings and supervision.

### **4.5 Assessment & Support Planning**

The Provider must have appropriate systems to contribute to the creation of support plans for each Citizen using the Service.

Plans will provide detailed information on specific goals for the individual, and the Provider must be able to demonstrate the extent to which these goals have been achieved.

The Provider is required to have an outcome-focussed information recording system. This must be able to provide the information as required by the Council.

### **4.6 Communication**

The Provider must have processes and procedures for the efficient and effective communication with staff, service users, family carers and the Council.

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This must include communication by a variety of media and in formats which are accessible by service users and family carers, taking into account any language related needs service users and family carers may have.

### **4.7 Information Management**

#### **4.7.1 Staff Records**

The Provider must have clear procedures in place to ensure all staff records are maintained accurately and regularly and are stored in a secure manner which protects confidentiality.

#### **4.7.2 Service User Records**

The Provider must have clear procedures in place to ensure all service user records are maintained accurately and regularly and are stored in a secure manner which protects confidentiality.

The Provider must follow all legislation and guidance in respect of Freedom of Information Act 2000 and the Data Protection Act 1998 is followed by all staff when a request for access to records is received.

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### 5 Outcomes

The Provider is required to provide services which meet the CQC outcomes detailed below:

#### 5.1 Care & Welfare of People Who Use Services

**Outcome: People experience effective, safe and appropriate care, treatment and support that meet their needs and protect their rights (links to CQC outcome 4).**

Service users will have safe and appropriate care and support because their individual needs are established prior to the delivery of the service and on an ongoing basis.

The Care Home provider will ensure effective, safe and appropriate, person centred care and support through coordinated assessment, planning, implementation and evaluation of care delivery.

The Provider will ensure that the assessment, planning and delivery of care and support is centred on the individual and considers all aspects of their circumstances. Plans of care, treatment and support are implemented, flexible, regularly reviewed for their effectiveness.

The Provider maintains each Service user's welfare and wellbeing by taking account of all their needs, including physical, mental, social, personal relationships, emotional and daytime and evening activity 24 hours 7 days a week.

The Provider ensures continuity in the care and support of citizens who use Residential Care Home services, as a result of establishing effective communication channels between all parties involved in their care, including with the citizen's carer(s) and other service providers.

Service users are supported to make healthy living choices concerning exercise, diet and lifestyle and are consulted on the provision of balanced, healthy meals where appropriate.

Service users are involved in identifying their care and support options and the alternatives, risk and benefits of each are explained. Service users are supported to make informed decisions where they are unable to do this by themselves. Service users receive appropriate care, treatment and support which reflect their unique social, cultural and environmental needs and aspirations.

The Provider coordinates enjoyable, creative, fulfilling and stimulating experiences that meet the individual needs and preferences of people who use Residential Care Home services. Service users are involved in planning, arranging and promoting these activities within and outside of the Residential Care Home services with key staff members made aware of local and regional events.

The Provider offers a programme of opportunities to develop social, interpersonal and daily living skills in a supportive Residential Care Home environment.

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Service users are assured that in times of emergencies, effective procedures are in place to ensure their care and welfare needs are met. The Provider ensures that the impact of emergency and unplanned usages of the Residential Care Home for Respite on the planned use of the Residential Care Home by others is minimised.

The Provider ensures that referral and admissions for Residential Care Home consider the mix of people accessing a service at a given time subject to compatibility, including challenging behaviour, to enable all people accessing services to have positive experiences.

### 5.2 Assessing and Monitoring the Quality of Service Provision

**Outcome: People benefit from safe, quality care because effective decisions are made and because of the management of risks to people's health, welfare and safety (links to CQC outcome 16).**

The Provider has appropriate systems for gathering, recording and evaluating accurate information about the quality and safety of the care and support the service provides, and its outcomes.

The Provider gathers information about the safety and quality of their service from all relevant sources, including feedback from people who use services, carers, comments and complaints.

The Provider gathers information about the risks to people's health, welfare and safety. This includes people who use the service, the service's staff, and anyone else involved in the regulated activities provided by the service.

The Provider has a system to continuously identify, analyse and review risks, adverse events, incidents, errors and near misses. Information about this is used to develop solutions through robust action planning and the sharing of lessons learned with staff to minimise identified risks to the lowest practicable levels.

The Provider makes sure that there are open, transparent and confidential systems and processes for staff to raise concerns about risks to people, poor practice and adverse events. Staff will understand the reporting system and feel confident to use it, without fear that they will be treated unfairly as a result of raising a concern.

The Provider involves people who use the service, others acting on their behalf, staff and all those who provide support in decisions about taking appropriate risks in a way that complies with relevant legislation.

The Provider uses information about the quality of experiences of people who use services, or others acting on their behalf (advocates) and the views of staff to understand where improvements to services are needed. Action plans will be developed to ensure that improvements are made and any actions taken will be evaluated.

Service user's committees or focus groups and their advocates (including family carers) committees or focus groups will be promoted.

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The Provider makes information that may be produced about the quality of the service available to people who use the Care Home services or are considering using it in accessible formats.

The Provider ensures that important decisions about care and support involve the person who uses the service and they are clear about what types of decisions will require Service users to be consulted and involved in.

NCC and NHS Nottingham City authorised officers have the right to carry out announced and unannounced inspections/audit to evaluate performance against the contract at anytime.

The Provider promotes an open-door policy for the Service users family carers (or advocates) to visit the home at anytime within reason.

The Provider provides performance information on service provision to NCC and NHS Nottingham City as described in section 7.3 of this document. The Provider is invited to suggest additional information it will provide in order to support the proper monitoring of the service and its performance against the contract.

### **5.3 Safeguarding People Who Use Services From Abuse**

**Outcome: People are safeguarded from abuse, or the risk of abuse, and their human rights are respected and upheld (links to CQC outcome 7).**

People receive a service from a Provider who takes steps to prevent abuse and does not tolerate any abusive practice should it occur. The Provider minimises the risk and likelihood of abuse occurring by:

- Ensuring that staff and people who use services understand the aspects of the safeguarding process that are relevant to them
- Ensuring that staff understand the signs of abuse and raise this with the right person when those signs are noticed, and that there is a clear process for doing so
- Ensuring that people who use services are aware of how to raise concerns of abuse
- Having effective means to monitor and review incidents, concerns and complaints that have the potential to become an abuse or safeguarding concern.

The Provider works collaboratively with other services, teams, individuals and agencies in relation to all safeguarding matters and has safeguarding policies that link with those of Nottingham City Council that are consistent with the Nottingham and Nottinghamshire Multi-agency Safeguarding Policy and Procedures.

Service users receive care and support from all staff who are committed to maximising people's choice, control and inclusion and protecting their human rights as important ways of meeting their individual needs and reducing the potential for abuse.

The Provider ensures that staff are aware of and understand what abuse is, the forms it may take and the risk factors for abuse and what they must do if a person

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is being abused, suspected of being abused, is at risk of abuse or has been abused.

The Provider works collaboratively with all relevant services, teams and agencies to safeguard and protect the welfare of people who use services.

The Provider understands the value of a stimulating environment, meaningful activity and effective communication in preventing behaviour that presents a risk, taking into account that over-stimulation can sometimes adversely impact the behaviour of people who use services.

The Provider use of restraint and management of behaviour that presents a risk is practised in a way that protects the dignity and respect of people who use services and protects their human rights.

Service users can be confident that their care and support will not be compromised if they raise issues of abuse.

Service users have access to information about what abuse is in easy read format, the form it may take, how to recognise the signs and what they should do if they or another person are being abused or suspect abuse.

### **5.4 Cleanliness & Infection Control**

**Outcome: People experience care in a clean environment, and are protected from acquiring infections (links to CQC outcome 8)**

The Provider must have robust policies, procedures and measures in place to protect individuals from infection.

The Provider has systems in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible Service users are and any risk that their environment and other users may pose to them.

The Provider maintains a clean and appropriate environment in Residential Care Home premises that facilitates the prevention and control of infections.

The Provider ensures that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of cross infection to other people.

The Provider maintains accurate records in relation to the individual's infection status and these should be made available to other providers where care is shared or if they are transferred to another setting.

The Provider ensures that all staff are fully involved in the process of preventing and controlling infection.

The Provider ensures as far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.

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Service users are supported to contribute towards maintaining a clean environment and where appropriate have opportunities to develop their independent living skills.

The Provider ensures Residential Care Home services provide clean and homely environments, allowing for Service users personal effects and with furnishings which promote relaxation and wellbeing.

### 5.5 Management of Medicines

**Outcome: People have their medicines when they need them, and in a safe way. People are given information about their medicines (links to CQC outcome 9).**

The Provider has clear policies and procedures in place for medicines management and handling to include obtaining, safe storage, preparation, administration, monitoring and disposal. These can be obtained from the NHS Nottingham City Medicines Management Team. These policies and procedures will be monitored and reviewed at regular intervals and adhered to by staff at all times in practice.

The Provider ensures that staff handling medicines have received the appropriate training and have the necessary competence and skills needed.

The Provider maintains an up-to-date list of medicines taken by a Service User when they begin to use the service.

The Provider has clear procedures, that are followed in practice, monitored and reviewed, for the safe handling and storage of controlled drugs, including:

- Investigations about adverse events, incidents, errors and near misses
- Sharing concerns about mishandling with CQC, NHS Nottingham City and NCC (CQC outcome 20)
- *Liaise with the Senior Pharmacy Technician for Care Homes to ensure all entries regarding medicines is appropriate*

The Provider ensures staff correctly use records of any medication taken by Service Users and follow clear procedures that are monitored and reviewed, that explain:

- Their role with regards to helping people take their medicines
- What staff should do if the person using service is unable, or refuses, to take their medicines.

The Provider supports and reminds Service users to self-administer their medicines independently where they are able and wish to do so.

The Provider ensures the continuity of medication for Residential Care Home Service users through effective communication and coordination with permanent carers.

The Provider will ensure that staff regularly review the Service users needs and requirements for medication in conjunction with the Service users General Practitioner and will report any concerns to the Service users General Practitioner. The Provider will ensure that the Service user is referred at least every 6 months if

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over 65 and on 4 or more medicines annually, for all other service user to their General Practitioner for a full medication review.

The Provider will have systems in place to ensure that they comply with the requirements of the Medicines Act 1968, Misuse of Drugs Act 1971, and their associated regulations and the Safer Management of Controlled Drugs Regulations 2006 and Regulations 13 Health and Social Care act 2008 Regulations 2010.

### 5.6 Meeting Nutritional Needs

**Outcome: People are encouraged and supported to have sufficient food and drink that is nutritional and balanced, and a choice of food and drink to meet their different needs (links to CQC outcome 5).**

The Provider minimises the risk of poor nutrition and dehydration by encouraging and supporting people to maintain a nutritional and balanced diet.

The Provider will provide choices of food and drink for people to meet their diverse needs, making sure the food and drink they provide is nutritionally balanced and supports their health.

The service users support and health action plan will be followed and any concerns communicated to the relevant health facilitator this may include PEG feeding regimes. Staff will receive appropriate training from the health facilitator or community matron to support individuals with PEG feeding.

The Provider ensures staff identify when Service users are at risk of poor nutrition, dehydration or have swallowing difficulties, when they first begin to use the service and as their needs change. A MUST screening risk assessment will be carried out within 48 hours of admission to the service and reassessed as required dependant upon the Service user's level of need in accordance with MUST screening guidelines.

Following this assessment if a Service user is deemed at risk of malnutrition, the appropriate action will be taken and a care plan will be implemented to minimise further risk. If required referrals will be made promptly to other health professionals for example dieticians and speech and language therapy (SALT) and any action identified as being required will be implemented within the Service users care plan.

The Provider ensures that staff involved in food preparation produce food to help facilitate a healthy, balanced diet.

The Service user has food and drink which:

- is handled, stored, prepared and delivered in a way that meets the requirements of the Food Safety Act 1990.
- is presented in an appetising way to encourage enjoyment
- is provide in an environment that respects their dignity
- Meets the requirements of their diverse needs
- Takes account of any dietary intolerance they may have.

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Service users can be confident that staff will support them to meet their eating and drinking needs with sensitivity and respect for their dignity and ability.

Service users are supported to prepare food and drink independently where appropriate, and to maintain and develop independent living skills and are also enabled to eat their food and drink as independently as possible.

Service users have a choice for each meal that takes account of their individual preferences and needs, including their religious and cultural requirements. Where a service user requires (for example) Halal or Kosher meat, care should be taken to source and prepare meals appropriately; it is not sufficient to simply offer a vegetarian option for each meal.

Service users have mealtimes that are reasonably spaced and at appropriate times and have information on what constitutes a balanced diet to help them make an informed decision about the type, and amount, of food they need to address any risk of poor nutrition and/or dehydration.

Service users shall be consulted regularly on menus where possible. These wishes will be taken into account when planning meals.

Menus will be in an accessible format i.e. 'easy read' and use of photographs of dishes and drinks where possible.

The Provider ensures the provision of meals does not restrict activities within services, by making arrangements for meals which fit around planned activities, for example packed lunches 'picnics', party food for social occasions and flexible meal times within the nursing care home services for those out on trips or days out.

### **5.7 Safety & Suitability of Premises**

**Outcome: People receive care in, work in or visit safe surroundings that promote their wellbeing (links to CQC outcome 10).**

The Provider ensures the premises are suitable for the regulated activity.

The Provider ensures services meet the requirements of the Health and Safety at Work Act 1974 and associated regulations and the Regulatory Reform (Fire Safety) Order 2005 and other relevant legislations.

The Provider ensures that the premises protect people's rights to privacy, dignity, choice, autonomy and safety.

The Provider ensures the premises have space, heating, lighting and ventilation that conform to relevant and recognised standards.

The Provider ensures that all safety precautions are in place and tested with regard to all specialist equipment and engineering systems that are physically fixed to the premises.

The Provider ensures the premises are accessible to people who need to enter the service and meet the appropriate requirements of Approved Part M of the Building

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Regulations 2010 (Access to and use of buildings) and the Equality Act 2010 in relation to access for disabled people.

The Provider ensures security arrangements are in place to protect people who use services and others who have access to the premises and any associated grounds.

Service users can be confident that there are clear procedures, followed in practice, monitored and reviewed which cover:

- How the premises are maintained
- The identification, assessment, management and review of risks
- Where necessary the prevention, collection, storage, handling, transport, treatment and disposal of waste.

The Provider and Service users understand what to do in the event of an emergency.

The Provider will have the appropriate business continuity plans and emergency procedures which can be implemented in the event of any emergency, e.g. fire, flood, loss of power etc. All staff within the Residential Care Home will be aware of these plans and how to implement them.

Business continuity plans and emergency procedures will be reviewed at regular intervals to ensure that they fit for purpose.

### **5.8 Safety, Availability & Suitability of Equipment**

**Outcome: Where equipment is used, it is safe, available, comfortable and suitable for people's needs (links to CQC outcome 11)**

The Provider ensures there is adequate and appropriate equipment, which is safe, correctly installed, maintained and available in sufficient quantities to meet the needs of people who use the services.

The Provider considers the availability of equipment during the allocation of Residential Care Home services to ensure Service user individual needs can be met.

The Provider ensures that all staff involved in using the equipment have the necessary training, competency and skills to use the equipment safely.

Service users are trained, where appropriate, on any equipment they are given to use themselves whilst receiving a Residential Care Home service.

The Provider has clear procedures that are followed in practice, monitored and reviewed for the use of medical and all other devices.

The Provider has systems and processes in place to receive safety alerts and takes the appropriate actions to minimise risks and has recorded evidence to support this process.

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The Provider will adhere to the requirements within the NHS Nottingham City and NCC Equipment Policy for care homes and any subsequent documents that may supersede this.

### 5.9 Respecting & Involving People Who Use Services

**Outcome: People understand the care and treatment choices available to them. They can express their views and are involved in making decisions about their care. They have their privacy, dignity and independence respected, and have their views and experiences taken into account in the way in which the service is delivered (links to CQC outcome 1).**

The Provider explains and discusses each Service user's care and support options with them. Service users or those acting on their behalf express choices and preferences around the care, treatment and support they receive.

The Provider respects each Service user's right to take informed risks, while balancing the need for preference and choice with safety and effectiveness. Service users receive information to help them to understand their care, treatment and support, including the risks and benefits and their rights to make decisions.

The Provider ensures individualised assessments and plans of care and support are based on Service user needs, choices and preferences.

The Provider promotes and respects the privacy, dignity, independence and human rights of people who use the services by placing their needs, wishes, preferences and decisions at the centre of assessment, planning and delivery of care and support.

The Provider ensures that the environment allows privacy in which the intimate care, treatment and support needs of the person who uses services are met.

The Provider has clear procedures followed in practice; monitored and reviewed that ensures staff understand the concepts of privacy, dignity, independence and human rights and how they should be applied to the people who use the service.

The Provider actively listens to and involves people who use services, or other acting on their behalf, in decision making.

The Provider maintains a programme of involvement and consultation with Service users, carers and stakeholders around the development of Residential Care Home services throughout the duration of the contract.

The Provider ensures that staff recognise and respect the diversity and human rights of people who use services.

The Provider ensures staff are aware of, understand and recognise each service user's social and cultural diversity, values and beliefs that may influence their decisions and how they want to receive care, treatment and support.

Service users can influence how the services are run as they are given opportunities to take part in decision making, including informal discussions,

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periodic surveys, representative user groups, and links with other relevant user forums.

The Provider fully engages with existing and potential Service users, staff, carers and stakeholders in meaningful ways during the development of existing and new services such as more choice and tenancy based services.

The Provider will promote continuous improvement in Service User and carer experience by embedding the regular monitoring and reporting of views and outcomes together with actions on how negative feedback will be improved. This monitoring and reporting should take account of the need to ensure due regard for equality, which may require disaggregated equality information to be recorded and reported.

The Provider will ensure that it regularly reviews its approaches used to engage with Service users and carers, identify issues raised as concerns, take appropriate action, share examples of good practice highlighted by Service users and carers. The Provider will also update Service users and Carers progress on towards resolutions and provide evidence to inform Service users and Carers how the Provider has improved the service as a result of the feedback received.

### **5.10 Consent to Care & Treatment**

**Outcome: People give consent to their care and understand and know how to change decisions about things that have been agreed previously (links to CQC outcome 2).**

The Provider ensures that consent is sought by a person who has sufficient knowledge about the Service users, and the care and support options they are considering in order that the Service user can make an informed decision.

The Provider ensures that the risks, benefits and alternative options are discussed and explained in a way that the person who uses the service is able to understand.

The Provider respects the right of Service users to have an advocate to assist them in understanding their options and enable them to make an informed decision.

The Provider ensures that sufficient details about the care and support options available should be provided in order for them to make an informed decision.

The Provider benefits from staff who understand that some people who use services may require more support than others in obtaining consent.

The Provider is required to ensure that it understands and acts on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards Code of Practice guidance.

The Provider will ensure that its policies and procedures reflects and acts on the principles set out in the Mental Capacity Act 2005, Deprivation of Liberty Safeguards guidance and subsequent guidance and the procedures set out by the Council and NHS Nottingham City. The Provider will make all staff involved in the delivery of the Service familiar with these policies and procedures.

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### 5.11 Complaints

**Outcome: People and those acting on their behalf have their comments and complaints listened to and acted on effectively, and know that they will not be discriminated against for making a complaint (links to CQC outcome 17).**

The Provider has clear procedures followed in practice, monitored and reviewed, for receiving, handling, considering and responding to comments and complaints, and a named contact who is accountable for doing so and these will reflect the standards within the **Local Authority Social Services and National Health Services Complaints (England) Regulations 2009**

The Provider ensures that the complaints process is available, understood and well-publicised (taking into account any language related needs service users and family carers may have), and reflects established principles of good complaints handling and available in accessible format.

The Provider will ensure that investigations into complaints are both proportionate and sufficiently thorough and will share the findings of these with authorised staff from NCC if requested to do so.

The Provider will scrutinise complaints and comments to identify safeguarding concerns and ensure alerts are made.

The Provider encourages and supports a culture of openness that ensures any comment or complaint is listened to and acted on.

Service users are supported to make a complaint where they lack confidence or capacity to do this alone. In addition, the Provider accepts comments and complaints made by others acting on their behalf.

If a Service user makes a complaint or is involved in a serious incident they will be offered the appropriate support from staff to reflect and debrief.

The Provider will ensure systems are in place for any 'lessons learnt' from complaints to amend current and promote good practice.

### 5.12 Records

**Outcome: People's personal records are accurate, fit for purpose, held securely and remain confidential. The same applies to other records that are needed to protect their safety and wellbeing (links to CQC outcome 21).**

The Provider has clear procedures that are followed in practice, monitored and reviewed, to ensure personalised records and medical records are kept and maintained for each person who uses the service.

Staff ensure that records about the care, treatment and support of people who use services are updated as soon as practical.

The Provider will ensure that records are kept in a secure location at all times.

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The Provider ensures that records about care, treatment and support are clear, factual and accurate and maintain the dignity and confidentiality of the people who use services.

Protocols exist with other organisations for secure information sharing.

The Provider ensures that records about people who use services are used to plan appropriate care, treatment and support to ensure their rights and best interests are protected and their needs are met.

The Provider follows all legislation and guidance in respect of Freedom of Information Act 2000 and the Data Protection Act 1998 is followed by all staff when a request for access to records is received.

The Provider will ensure that social care records for adults are kept or disposed of in accordance with the Data Protection Act 1998 and three years from the last date of entry.

### 5.13 Requirements Relating to Workers

**Outcome: People are kept safe, and their health and welfare needs are met, by staff that are fit for the job and have the right qualifications, skills and experience (links to CQC outcome 12).**

The Provider ensures that all staff are honest, reliable, trustworthy and treat the people who use services with respect.

The Provider ensures that staff are physically and mentally able to carry out their role and are able to respond flexibly to the needs and preferences of the Service users.

The Provider ensures that staff are able to communicate effectively and where appropriate use aids with people who use services and other staff, to ensure that the care, treatment and support of Service users is not compromised.

The Provider ensures that staff have the relevant qualifications, knowledge, skills, competency and experience to carry out their role with respect to the individuals Service Users needs and have these reviewed on a regular basis to ensure they keep up to date with current practice.

The Provider ensures that all staff working within the Residential Care Home have up to date job descriptions and are clear about their and other staff members' roles and responsibilities.

The staff team can identify and respond to the changing and diverse needs of people who access Residential Care Home services in a way which ensures positive experiences for people who use services.

The Provider ensures that staff recognise and promote the independence of people who use services.

The Provider recruits staff that are highly motivated and enthusiastic in the role of treatment, care and support and reflect the local demography NCC.

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The Provider promotes good working practices such as team work and good relations between frontline staff and management.

The Provider ensures all new staff receive a comprehensive induction and are aware of the services' policies, procedures, legislation and standards.

The Provider has clear procedures that are followed in practice, monitored and reviewed, to ensure recruitment and selection is carried out in accordance with national legislation about employment, equalities and human rights. When recruiting new staff the Provider ensures that there is an application process, interview, references and that records are kept of the above.

The Provider where possible will involve Service users within the recruitment and selection process.

The Provider will ensure that staff are only allowed to start work when the Provider is in receipt of a full and satisfactory Enhanced Criminal Records Bureau CRB check and the Provider must have received an ISA Adult First check that confirms that the staff member is not barred.

The Provider will ensure that staff who are from outside the United Kingdom meet the same standards of competency, qualification and experience for as is required in the United Kingdom.

The provider will take steps where possible to recruit a workforce that is reflective of the local population and/or service user profile at all levels.

### 5.14 Staffing

**Outcome: People are kept safe, and their health and welfare needs are met, because there are sufficient numbers of the right staff (links to CQC outcome 13).**

The Provider has clear and efficient management structures, systems and clear human resources procedures followed in practice, monitored and reviewed to enable effective maintenance of staffing levels.

The Provider can demonstrate that there are sufficient numbers of experienced staff and skill mix to include temporary or agency with the right competencies, knowledge, qualifications, skills and experience to meet the different needs of people accessing Residential Care Home services, taking into account the age of Service users, level of disability and interests, ethnic/cultural background and/or language spoken, to reflect the profile and the needs of the local area.

When temporary or agency staff are used the Provider will ensure introduction and 'getting to know the Service user' is carried out including the staff member familiarising with the Service users' assessments, Care Plans, environment and relevant policies and procedures.

Service users receive a consistency of care, as there are enough staff who know the needs of people using the service. The Provider manages the allocation of

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planned Residential Care Home for people with a learning disability in a way in which ensures all Service user needs can be met by staff.

The Provider has processes in place to respond to unexpected changing circumstances in the service, for example to cover sickness, vacancies, absences and emergencies

The Provider has processes in place to respond to expected changing circumstances in the service, with particular regard to planned service developments, workforce changes, staff training, planned absences and changes in legislation.

Provider will comply with workforce time directive and ensure staff fit for work at all times when on duty.

### 5.15 Supporting Workers

**Outcome: People are kept safe, and their health and welfare needs are met, because staff are competent to carry out their work and are properly trained, supervised and appraised (links to CQC outcome 14).**

The Provider ensures that all staff receive a comprehensive induction that takes account of recognised standards with the sector and is relevant to their workplace and their role.

The Provider has a learning and development plan which leads to the development of a programme of activity that meets mandatory, sector body and professional requirements for the designated roles and enables staff to meet their professional registration and development requirements.

The Provider ensures that staff receive the learning and development opportunities they need to carry out their role and keep their skills up to date and which supports individuals' personal development aims.

Providers ensure that staff are supported and managed at all times in a way that values diversity, are not subject to harassment or discrimination on the grounds of race, sex, disability, transgender identity, religion or belief, sexual orientation, age, marriage or civil partnership or any other reason that cannot be shown to be justified, are offered reasonable adjustments in relation to disability where appropriate and are clear about their lines of accountability.

Supervisory or peer support arrangements are in place, monitored and reviewed, for all staff involved in delivering care, treatment and support.

The development of staff is supported through a regular system of appraisal that promotes their professional development and reflects any relevant regulatory and/or professional requirements.

The Provider ensures that new and TUPE transferred staff are effectively integrated into their organisation. Staff are aware of the aims and objectives of the organisation, management structures and where they sit within the organisations structure.

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All staff receive clear communication from the Provider, via supervisions, appraisals, team meetings, email and intranet.

### **5.16 Cooperating with Other Providers**

**Outcome: people receive safe and coordinated care when they move between providers or receive care from more than one provider (links to CQC outcome 6).**

Service users can be confident that when their care and support is provided by more than one service, team, individual or agency, that this is coordinated in a way which ensure that all their needs are met and this will be achieved by effective liaison and partnership working.

The Provider ensures that they cooperate with the planning and provision of care, treatment and support for Service users with all others involved in their care, where appropriate.

Service users can be confident that when information about their care and support needs to be passed to another service, team, individual or agency, this is done so confidentially and is organised so there is no delay to any future assessment of their needs are no interruptions to the continuity of care, treatment and support for the person who uses services.

The Provider will ensure that clear lines of communication and information sharing between the service and family carers are maintained to ensure continuity of care for the person using the service and reassurance for family carers.

The Provider will ensure that clear information, contact details and referral routes for Residential Care Home services is widely available in different formats across the Nottingham City area, at local access points, the internet and with other local providers.

The Provider will undertake promotional activities to raise the profile of Residential Care Home services in the Nottingham City area.

The Provider will establish and maintain effective working relationships with day services, health professionals and or other service to ensure Service users receive seamless and coordinated services.

The Provider will work closely with the range of individual transport providers to ensure coordinated transport to and from Residential Care Home services based on individual needs.

The Provider will be committed to work in collaboration with appropriate stakeholders in any incident and/or complaints investigations.

## 6. Additional Essential Standards of Quality and Safety

In addition to the above, the Provider will be expected to comply with the other 12 regulations which relate more to the routine day-to-day management of services and the outcomes of these regulations for people who use services.

### 6.1 Requirement where the Provider is an individual or partnership (links to CQC outcome 22)

People have their needs met because services are provided by people who are of good character, fit for their role, and have the necessary qualifications, skills and experience.

### 6.2 Requirement where the Provider is a body other than a partnership (links to CQC outcome 23)

People have their needs met because services are managed by people who are of good character, fit for their role, and have the necessary qualifications, skills and experience.

### 6.3 Requirements relating to registered managers (links to CQC outcome 24)

People have their needs met because services have registered managers who are of good character, fit for their role, and have the necessary qualifications, skills and experience.

### 6.4 Registered person: training (links to CQC outcome 25)

People have their needs met because services are led by a competent person who undertakes the appropriate training.

### 6.5 Statement of purpose (links to CQC outcome 15)

People know that the Care Quality Commission (CQC) is kept informed of the services being provided.

### 6.6 Financial position (links to CQC outcome 26)

People can be confident that the Provider has the financial resources needed to provide safe and appropriate services.

### 6.7 Notifications – notice of absence (links to CQC outcome 27)

People can be confident that, if the person in charge of the service is away, it will continue to be properly managed.

### 6.8 Notifications – notice of changes (links to CQC outcome 28)

People can be confident that, if there are changes to the service, its quality and safety will not be affected.

### 6.9 Notification of death of a person who uses services (links to CQC outcome 18)

People can be confident that deaths of people who use services are reported to CQC so that, if necessary, action can be taken.

### 6.10 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental health Act 1983 (links to CQC outcome 19)

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People who are detained under the Mental Health Act can be confident that important events that affect their health, welfare and safety are reported to CQC so that, if necessary, action can be taken.

### **6.11 Notification of other incidents (links to CQC outcome 20)**

People who use services can be confident that important events that affect their health, welfare and safety are reported to CQC so that, if necessary, action can be taken.

### **6.12 Fees (links to CQC outcome 3)**

People who pay for services know how much they are expected to pay, when and how, and what service they will get for the amount paid.

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