

Schedule 1

Service Specification for Extra Care Housing Services (5.9)

East of England: Service Specification Extra Care Housing Services

1. Introduction

- 1.1 The Services shall be those services to be provided by the Service Provider, as set out below, and performed in accordance with the Contract (the 'Services').
- 1.2 The Provider (where the service is in Suffolk) will be required to register on the online portals Find Care Services and Suffolk Sourcing (or their successors) and to keep their information updated. These portals provide a public record of the contract. This information will be used by the Council in the management of contracts.

1.3

2. General Requirements (of regulated Service Providers)

- 2.1 In providing the Services the Service Provider is required to be registered with the Care Quality Commission (CQC) and to maintain that registration throughout the Contract Period. All Service Providers must meet the 'Fundamental Standards' as set out in Part 3 of the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** (as amended) (the "Fundamental Standards") and Part 4 of the Care Quality Commission (**Registration) Regulations 2009** (as amended). Each Service Provider must be registered with the Care Quality Commission (CQC) and will be inspected as required by the CQC. The provider will notify the Council immediately when a CQC Review of Fundamental Standards rates the provider "Inadequate". Such CQC ratings will be deemed a failure to perform under this Contract.
- 2.2 In addition to meeting the requirements of the Fundamental Standards as set out above, the Service Provider is required to meet the specific Contract Standards, as set out in the East of England Service Outcomes and Standards of Care, section 12 below and shall have due regard to appropriate evidence-based good practice including national guidelines published by the National Institute for Health and Care Excellence (NICE).
- 2.3 Each Service Provider must ensure that it has the ability to provide the necessary Services with sufficient numbers of trained and competent staff necessary to provide care for each Service User. The Service Provider must ensure that each person responsible for the delivery of care is fully aware of the requirements of the Contract Standards as well as the Fundamental Standards of Quality and Safety and be able to demonstrate a commitment to maintaining and delivering high quality Services for adults with a variety of needs and/or conditions and provide Services where all aspects of a person's care are met.
- 2.4 The Service Provider will provide Services that meet the needs of the individual and are provided by competent staff in a way that supports the safety and security of the Service User. The Services shall be responsive, reliable and maintain a person's dignity and respect at all times. The Services shall be accessible and delivered with understanding and without discrimination.
- 2.5 Where possible services must always be provided in a way that enables people to maximise their independence, health and wellbeing and supports their social, spiritual, emotional and healthcare needs. Opportunities for the use and deployment of digital care and other assistive technology solutions to support this will be utilised where the use would be suitable and appropriate.
- 2.6 The Service Provider shall have regard to and ensure their Services comply with the Care Act 2014 and the Care and Support Statutory Guidance (as amended) issued under the Care Act 2014 by the Department of Health and the 7 principles as detailed and explained in "A Vision for adult social care: capable communities and Active Citizens (November 2010) namely:

- Prevention
- Personalisation
- Partnership
- Plurality
- Protection
- Productivity
- People

The Service Provider must also ensure that their Services are delivered in a manner which is compatible with the following duties placed on the Local Authority under the Care Act 2014:

- Section 1 - The Duty to Promote Individual Wellbeing
- Section 2 - The Duty to prevent the need for care and support
- Section 3 - The Duty to promote the integration of care and support with health services
- Section 4 - The Duty to Provide information and advice
- Section 5 - The Duty to promote diversity and quality in provision of Services
- Section 6 - The duty to co-operate with partners
- Section 42 - The duty to Safeguarding Enquiries

- 2.7 The Service Provider must ensure that its Staff have regard for the equality and diversity of people using the service and upholds people's human rights and does not discriminate against people for any reason. Its policies will incorporate respect for both Staff and Service Users.
- 2.8 The Service Provider ensures that all staff work in an enabling way that allows individuals to increase or maintain their level of independence, develop self-caring and move to a reduction in support, where appropriate.

3. The Service: Extra Care Housing (ECH)

The Service will support the [People at the heart of care - Suffolk County Council](#) and other subsequent strategic aspirations of the Council.

3.1 ECH is based on key principles:

- To promote independence – the provision of self-contained accommodation with access to on-site care and support enables individuals to live independently in the community, promotes their well-being, helps to alleviate social isolation and can help prevent deterioration in health and wellbeing.
- To have a focus on reablement and strength-based approach to promote independence.
- To be empowering for tenants (with housing rights) living within the service – primary health, care and support services should come to the individual, as and when needed, rather than the individual being required to change their accommodation in order to receive services that can and should be available in the community.
- To be accessible – where individuals live should be designed, or be capable of being adapted, to facilitate the delivery of personalised social and health care services.
- To optimise the potential for the service to provide a community for tenants and to integrate with the local community by providing services that the community may access and also by building links between the scheme and the local community.

3.2 ECH housing is purpose-built or adapted accommodation in which varying amounts of care and support can be offered and where some services and facilities are shared. For tenants it can be characterised as follows:

- Living at home – not in a care home.
- Having your own front door.
- Flexible care and support based on individual need and tailored for the individual – which can increase or reduce according to circumstance.
- The opportunity to preserve or rebuild independent living skills.
- An accessible environment with technology that makes independent living possible for people with a range of abilities.
- Being part of a community, including mixed tenures and mixed abilities

Personalised Services in Extra Care Housing in Suffolk

- 3.3 Personalisation is an approach meaning that a person who receives care and support will have choice and control over their care and support, and they have an individual care and support plan. Personalisation requires that services are tailored to the needs of every individual, rather than delivered in a one-size-fits-all fashion or delivered in a way that primarily suits organisational arrangements or preferences.
- 3.4 Personalisation can be characterised as follows
- a) Co-production; working alongside each person to agree with them what support needs there are and how they might best be met
 - b) Person centred practice that meets the changing needs of each individual person
 - c) Sharing and collaboration. This will mean working with key partners such as family carers (or other unpaid carers) professionals (eg health colleagues) to meet needs and outcomes. Also connecting with the person, and their families and communities including being pro-active in recommending how needs and outcomes might be met differently.
- 3.5 Crucial to a personalised service is a Care and Support Plan that is developed with the tenant showing how they will meet their needs and achieve their outcomes. The plan will be owned by the person. In developing the plan with the provider, the tenant in ECH will be able to say:
- I can use my hours/budget flexibly and can choose what I am supported with
 - I am supported where it makes sense for me; at home and out and about
 - I can exercise choice about who supports me. My care workers know me and I know them.
 - I get care and support on the days and at the times that are right for me
 - I have choice over how I am supported and my care workers know this is important to me
 - I have choices over the nature of the support that I receive and exercise my judgement over what is best for my health and well-being
 - I can say who else should be involved in planning my care and support and maintaining my health and wellbeing, including family members
- 3.6 The plan will take into account the tenant's life situation and build on their existing assets and personal and social networks, including their family, family carers or other unpaid carers.
- 3.7 All providers will be expected to achieve the following independent ratings:
- i. CQC – Outstanding or Good
 - ii. Environmental Health – Food Hygiene Rating Scheme (where appropriate) – Rating of 5
- 3.8 Where a provider is classed as 'inadequate' by CQC, the Council will immediately stop referrals to the service.
- 3.9 In such circumstances, the Service Provider shall, at its own expense, produce a plan of corrective action specifying timescales for the plan of action to be put into place (the "Action Plan") that are acceptable to the Council.
- 3.10 The Council will monitor progress in the implementation of this corrective action plan and will at its discretion reconsider the decision to stop referrals to the service. Once, in the Council's view, acceptable progress has been made in the implementation of the Action Plan, the suspension of new referrals will be lifted.

4. Volume of Service

- 4.1 The Service Provider will deliver the hours as set out in the individual service contracts for people supported by this contract. For the avoidance of doubt, the Council does not guarantee any minimum volume of work under this Contract.

5. Accessing the Service & Assessments

- 5.1 The Council has a statutory responsibility, within its eligibility criteria, to ensure the provision of certain statutory Services in order to meet individual assessed needs.
- 5.2 The needs of each Service User will be identified through an assessment completed by a Care Manager from the Council in conjunction with the Service User. If the Service User is eligible for the Services, the Care Manager will produce a personalised and outcome focused Care & Support Plan and a Risk Assessment, with input from the Service User and/or their representative, to identify how their needs will be met and setting out the outcomes to be achieved.
- 5.3 The ECH service provider, landlord of the scheme and the Council may together establish an Allocations Panel. This panel will include at the least the Service Provider, landlord, social work teams and Care Manager from the Council and will collaboratively agree referrals to vacancies within the scheme. The Panel can develop and change as the service requires in collaboration with all parties involved.
- 5.4 The Service Provider shall nominate those persons with authority to accept referrals and shall inform the Authorised Officer of their names, addresses and telephone numbers from time to time.
- 5.5 Referrals may be made to the provider by telephone or by email. The Referral and the agreed start date shall be confirmed in writing with the appropriate paperwork by secure email and post. A copy of the Care & Support Plan and Risk Assessment will also be sent to the Service Provider.
- 5.6 The Service Provider shall provide the Services for the named Service User from the start date, until the Services are cancelled, suspended or varied in accordance with the Contract.
- 5.7 [NOT USED]
- 5.8 Any regulated services will only be provided at, or out of, the CQC registered location(s) that have been accredited by the Council.
- 5.9 No referrals should be accepted for Service Users from outside this area unless by specific agreement with the Authorised Officer.

6. Information and Guidance; Care Reviews

- 6.1 Section 4 of The Care Act 2014 places a duty on the Council to put in place measures that ensure Service Users are supplied with appropriate information and advice.
- 6.2 Within two weeks of the start of the Services, Service Providers are required to supply the following information to all Service Users, in a format that is appropriate for the needs of the person. This explicitly includes self-funders.
- When and how to ask for an assessment from Suffolk County Council
 - Basic information on Suffolk County Council services
 - Basic information on what financial support is available from Suffolk County Council
 - Signpost to independent financial advisors
 - Basic information on the advocacy service and when and how to use it.
- 6.3 The Council will provide this information in advance to the Service Provider.

7. Care & Support Reviews / Changes in Services

- 7.1 The Service Provider must inform the Council if they feel that there is a material change in the Service User's needs, or in the way that a Service User would prefer to have their Services provided, which may require the Council to review the Care and Support Plan.

- 7.2 A care management review will be held as often as the Care Manager considers necessary, or as requested by the Service User and / or their representative, or by the Service Provider but at least annually
- 7.3 The care management review will involve the Service User and/or their representative, the Care Manager or their representative, and where appropriate, the Service Provider or designated representative. Consideration will be given to ensure convenience and adequate notice for all participants wherever possible.
- 7.4 The care management review will consider the extent to which the outcomes set out in the Care and Support Plan are being met and will identify future objectives.
- 7.5 The Service User's individual service contract will be amended as appropriate following the review.
- 7.6 The Service User's individual service contract will be amended as appropriate following the review.

8. Temporary suspension of individual places in the Services

- 8.1 The Service Provider must inform the Council if they feel that there is a material change in the Service User's needs, or in the way that a Service User would prefer to have their Services provided, which may require the Council to review the Care and Support Plan.
- 8.2 The payment arrangements that apply for temporary suspension of places in the Services are set out in Schedule 4.
- 8.3 The care management review will involve the Service User and/or their representative, the Care Manager or their representative, and where appropriate, the Service Provider or designated representative. Consideration will be given to ensure convenience and adequate notice for all participants wherever possible.
- 8.4 The care management review will consider the extent to which the outcomes set out in the Care and Support Plan are being met and will identify future objectives.

9. Termination of individual places in the Services

- 9.1 Service packages shall terminate immediately on the death of the Service User. Where the Provider is not immediately notified of the death, the Council shall pay for one abortive visit only.
- 9.2 The Council may terminate an individual place in the Services on giving not less than 28 days' notice to the Service Provider unless mutually agreed otherwise on a case-by-case basis.
- 9.3 The Service Provider may terminate an individual place in the Services by giving not less than 28 days' notice to the appropriate Care Manager and to the Authorised Officer unless mutually agreed on a case-by-case basis.

10. How and what we will monitor

- 10.1 The Council is responsible for monitoring the quality of the Services provided and for reviewing the individual needs of Service Users. However, the Council may also monitor with other strategic partners and the Provider acknowledges that the Council may undertake monitoring visits with these strategic partners including other Eastern Region and the local Integrated Care Boards (ICBs).
- 10.2 As part of this Contract the Council will periodically monitor the Service delivery to ensure compliance with the Contract Standards, The East of England Service Outcomes and Standards of Care, its Terms and Conditions as well as the Contract Schedules, and to assess

the quality and performance of the Services being delivered to Service Users in relation to meeting their outcomes.

- 10.3 To do this the Council will use a variety of methods to assess Provider quality and contract compliance. Additional assessment will include (but not be limited to) the following:
- Provider Assessment & Market Management Solution (PAMMS) application
 - By feedback from Service Users and/or their carers on the standards of Services being provided;
 - By feedback from Council officers reviewing whether or not the Service is meeting the Service User's assessed needs and meeting their outcomes in the best possible way;
 - By systematic monitoring of the Service Provider by the Council, in order to evaluate and record the Services delivered against the Specification;
 - By consulting with Service Users and/or their representatives;
 - By the investigation of complaints and / or safeguarding instances;
 - By Service Provider Performance Monitoring Forms.
 - By reviewing written procedures and records for both Service Users and Staff;
 - By the Service Provider, submitting to the Council an annual report detailing the outcome of quality assurance processes, including its service improvement plans;
 - Through external compliance reports from CQC.
 - Through monitoring against appropriate evidence-based good practice with due regard to national guidelines, for example those published by the National Institute for Health and Care Excellence (NICE).
- 10.4 The details of Performance expectations are included within Schedule 2 of this Contract.
- 10.5 The Council is mindful of the need to apply a proportionate approach in respect to the monitoring of Services
- 10.6 Additionally, the Council will carry out a formal Contract Review. The Service Provider should be prepared to attend, at 4 weeks' notice, an annual meeting with the Council to review performance under the Contract. The meeting should be used to share good practice and to agree areas for improvement.
- 10.7 At the request of the Council, the Service Provider will return the following additional information on an annual basis;
- a) Business Continuity Plan to allow for the ongoing delivery of services under this Contract.
 - b) Accounts for the most recent completed financial year (audited if required by law).
 - c) Insurance Schedules and Certificates.
 - d) A Copy of the Service Provider Compliance Assessment tool (PCA) or equivalent
The Council will examine the PCA or equivalent to identify good practice and areas for improvement.
 - e) Results of the Service Provider's Annual Service User Satisfaction Survey. The Council will use the results from the Service User Satisfaction Survey to ascertain views on the quality and performance of the Services.
 - f) A copy of the Service Provider's annual report including their Service improvement plan.
 - g) A copy of their training matrix for all staff.
 - h) A copy of the Care Quality Commissions Provider Information Request (PIR) (if completed) for the Service Provider.
 - i) A full breakdown of service costs and pricing structure(s)
- 10.8 The Service Provider acknowledges and agrees that Officers of the Council may take evidence of risks and concerns identified during contract monitoring visits, including photographs and photocopies, and for this to be used to formulate a plan of action to ensure the Service Provider complies with the Contract.
- 10.9 The Provider shall register and maintain registration of an account on Capacity Tracker and, where possible, try to ensure that they maintain two registered users able to access and use Capacity Tracker. The Provider shall make monthly submissions to Capacity Tracker as

required by the Department of Health and Social Care and ensure their details are regularly updated and maintained. This includes providing regular system updates to advise of the availability of any additional care they can provide.

Providers are encouraged to make use of the training sessions provided and / or sign up to capacity tracker communications to help ensure they remain updated of any changes to these requirements.

- 10.10 The Council is part of the eastern region collaborative and as such may share information gained through the above monitoring with regional partners. Also Council's within the region may conduct monitoring visits with, or on behalf of, other regional authorities.

11. Notification to the Council

- 11.1 Without prejudice to its responsibilities under Health and Social Care Act 2008 (Regulated Activities) Regulations 2014/2936 the Service Provider will be responsible for notifying the Customer First Team within the Council as soon as it is practical to do so, if any or the following occur:

- (1) Any circumstances where the Service User has consistently refused provision of the Services, medication, or medical attention.
- (2) Serious accident, serious illness or serious injury to the Service User.
- (3) Death of the Service User
- (4) Outbreak of notifiable infectious disease in the Services.
- (5) Any emergency situation e.g. fire, flood.
- (6) Legacy or bequests to Service Provider and/or staff.
- (7) Unplanned absence of the Service User.
- (8) Hospital admission.
- (9) An investigation related to Safeguarding of Vulnerable Adults
- (10) Where the Service Provider has been unable to gain access to the Service User's Home.
- (11) Change of manager
- (12) Change of Service User's financial circumstances that may affect the amount that the Council pays for their care and support – e.g. Continuing Health Care eligibility, third party contributions

- 11.2 When there is a change of circumstance with regard to an Individual the Council's Financial Assessment team must be updated using the Provider Portal (<https://www.suffolk.gov.uk/care-and-support-for-adults/work-with-adult-social-care/suffolk-providers-handbook/adult-social-care-provider-portal>). If the Service Provider does not currently have access to the Portal the Service Provider must contact the ASC Contracts Helpdesk team (ACSCContractsHelpdesk@suffolk.gov.uk) for advice and guidance on how to access the system. If there are genuine reasons for not using Suffolk's Provider Portal, then a CRAG200 form must be completed and returned to the Council by the Service Manager on the next working day. This form must be returned to the Council's Financial Assessment Team.

- Form: [D10-2017-01-30-CRAG200-Template.doc \(live.com\)](#)
- email: finance.assessment@suffolk.gov.uk
- Post: Beacon House, Landmark Business Park, White House Road, IP1 5PB

There is no exception to this, and it is the responsibility of the Provider to ensure that the Financial Assessment Team is notified.

Any overpayment in relation to a deceased individual will be reclaimed from the Provider by the Council.

12. Behavioral Standards and Codes of Practice

The Service Provider and its staff shall adhere to the relevant codes of conduct for their profession: The Skills for Care Code of Practice available at:

13. The East of England Service Outcomes and Standards of Care:

- 13.1 In addition to meeting all of the above requirements each Service Provider is required to meet the specific Contract Standards, as set out in the East of England Service Outcomes and Standards of Care as set out in the attached document below:

EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
Outcome Domain 1	Involvement & Information
Standard 1	Respecting & Involving People Accessing the Service
	What outcomes can people who use your Services expect?
Core criteria in bold	<i>Individual's understand the care and support choices available to them. They are encouraged to express their views and are always involved in making decisions about the way their care and support is delivered. Their privacy, dignity and independence are respected and their (or their carer's) views and experience are taken into account in the way in which the Services is provided.</i>
	To achieve this the Service Provider will:
1.1	Ensure that its Staff do not discriminate against people because of their age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity, have policies that will incorporate respect for both their Staff and Service Users irrespective of race and gender and treat Service Users with respect, recognise their diversity, values and human rights.
1.2	Have systems in place that uphold and maintain the Service User's privacy, dignity and independence.
1.3	Encourage and support Service Users to always express their view, choices and preferences about the way their care and support is delivered.
1.4	Put service users at the centre of their care by giving them adequate information in an appropriate and meaningful way to enable them to make informed decisions about the care and support they receive.
1.5	Take account of Service Users' choices and preferences and discuss and explain their care and support options with them.
1.6	Encourage and support Service Users to give them feedback about how they can improve their Services and act on the feedback given.
1.7	Ensure that Service Users are able to maintain relationships with family, friends and the community in which they live and will support Service Users to play an active role in their local communities as far as they are able and wish to do so.
1.8	Provide appropriate support to Service Users so that they can enjoy a variety of activities and social opportunities based on their preferences and strengths as part of everyday life within the Services.
1.9	Provide information in line with the Accessible Information Standard https://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to support equality and diversity and ensure that Service User's remain at the centre of their care and that their views are always taken into account.
	They have appropriate mechanisms in place to monitor compliance with the required standards of practice.

NICE Standard Guidance Links to East Standard Criteria:

NICE Quality Standard	NICE Guidance	Links to ADASS East Standards & Criteria
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<p>People's experience using adult social care services [QS182] February 2019</p> <p>Mental wellbeing of older people in care homes, Quality standard [QS50] December 2013</p> <p>Social care for older people with multiple long-term conditions, [QS132] Published date: September 2016</p>	<p>People's experience in adult social care services: improving the experience of care and support for people using adult social care services, NICE guideline [NG86] Published date: February 2018, sections 1.1 and 1.6 for specific recommendations.</p> <p>Re privacy, dignity and independence (CQ C3): People's experience in adult social care services: improving the experience of care and support for people using adult social care services, NICE guideline [NG86] Published date: February 2018, see section 1.4</p> <p>Re personalised care responsive to their needs (CQC R1): Intermediate care including reablement (guideline NG74)</p> <p>Older people with social care needs and multiple long-term conditions [NG22] Published date: November 2015</p> <p>Transition between inpatient hospital settings and community or care home settings for adults with social care needs, [NG27] Published date: December 2015</p>	<p>S1: 1.1, 1.3, 1.5</p>
<p>Decision making and mental capacity [QS194] August 2020</p>	<p>Shared decision making is a consideration in all NICE guidelines, although see People's experience in adult social care services: improving the experience of care and support for people using adult social care services, NICE guideline [NG86] February 2018: sections 1.1 and 1.6 for specific recommendations.</p> <p>Decision-making and mental capacity, NICE guideline [NG108] October 2018</p>	<p>S1: 1.4, 1.9</p>

EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
Outcome Domain 1	Involvement & Information
Standard 2	Consent
	What outcomes can people who use your Services expect?
Core criteria in bold	<i>Where they are able, Service Users give valid consent to the care and support they receive. They understand and know they can change any decision that has been previously agreed about their care and support. Their human rights continue to be respected and are taken into account.</i>
	To achieve this the Service Provider will:
2.1	Ensure staff know and understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.
2.2	Assess their capacity as required to give informed consent and ensure this is reviewed regularly.

2.3	Provide Service Users with sufficient information relating to consent and ensure this is reviewed regularly.
2.4	Discuss and explain the risks, benefits and alternative options to the way Services can be delivered.
2.5	Find out from the service user how they want to be supported in decision making in accordance with principle 2 of the mental capacity act. Help service users to access support from their preferred person or advocacy services.
2.6	Follow advanced decisions in line with the Mental Capacity Act 2005.
2.7	Take account of restrictions in line with the Deprivation of Liberty Safeguards when providing care and support.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to monitor practice around consent and capacity.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

NICE Standard Guidance Links to East Standard Criteria:

Decision making and mental capacity [QS194] August 2020	Decision-making and mental capacity , NICE guideline [NG108] October 2018	S2: 2.2, 2.3, 2.6, 2.7
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EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
Outcome Domain 2	Personalised Care & Support
Standard 3	Care & Welfare of Service Users
	What outcomes can people who use your Services expect?
Core criteria in bold	<i>Service Users' experience appropriate, effective, care and support in an enabling way that safely meets their needs, protects their rights and maximises their independence, health and wellbeing.</i>
	To achieve this the Service Provider will:
3.1	Ensure that Service Users and their carer(s) or advocates, as appropriate, are involved in their care and support planning.
3.2	Ensure Service Users know who their care worker / key worker is and how they can contact you as the Service Provider of their Services.
3.3	Assess Service Users in a way that reflects their strengths, abilities and interests and enables them to meet all their needs and preferences through a written care plan.
3.4	Assess the needs of the Service User including risks to their health and wellbeing.
3.5	Effectively plan the delivery of care and support so the Service User remains safe; their welfare is protected and their needs, including specific needs arising from sensory impairment, are adequately met (in line with statement 4, Mental wellbeing of older people in care homes Quality standard [QS50] December 2013): https://www.nice.org.uk/guidance/qs50/chapter/quality-statement-4-recognition-of-sensory-impairment#quality-statement-4-recognition-of-sensory-impairment .
3.6	Regularly review the effectiveness of care and support plans and ensure that these are kept up to date to support the changing needs of the Individual.
3.7	Assess the risk of harm to the Service User, including environmental risks, and ensure that this is effectively managed and reviewed regularly to keep the Service User safe whilst promoting independence.

3.8	Provide services in an effective and enabling way to help maximise the service user's independence and quality of life as well as reduce the number of emergency admissions.
3.9	Support Service Users in setting goals to help maximise their independence and improve the quality of their life.
3.10	Ensure that the Service User's mouth care needs are recorded in their personal care plan (including any help and support required) and that this is reviewed and updated as required.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain the effective care and wellbeing of Service Users.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

NICE Standard Guidance Links to East Standard Criteria:

People's experience using adult social care services [QS182] February 2019 Mental wellbeing of older people in care homes , [QS50]: December 2013	People's experience in adult social care services: improving the experience of care and support for people using adult social care services , NICE guideline [NG86] February 2018: See section 1.4	S3: 3.1, 3.3, 3.9
Statement 4, Mental wellbeing of older people in care homes , [QS50]: December 2013	[Enter URL / link]	S3: 3.5
Medicines management in care homes [QS85] March 2015 Falls in older people [QS86] January 2017	Managing medicines in care homes Social care guideline [SC1] Published date: March 2014 See section 1.13	S3: 3.7
Statement 2, Oral health in care homes [QS151] June 2017	Oral health for adults in care homes [NG48] July 2016, see section 1.2	S3: 3.10

EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
Outcome Domain 2	Personalised Care & Support
Standard 4	Meeting Nutritional needs
	What outcomes can people who use your Services expect?
Core criteria in bold	<i>Service Users are enabled and supported to have a choice of nutritional and balanced food and drink to meet their diverse needs.</i>
	To achieve this the Service Provider will:
4.1	Support Service Users to make healthy choices and lead healthy lifestyles and provide access to information about healthy and balanced diet.
4.2	Ensure that Service Users have 24hr access to a choice of food and drink that takes into account their preferences, diverse needs and dietary requirements. Ensure there is accessible information about meals and mealtimes.

4.3	Food and drink are provided in environments that promote Service Users dignity and they have a choice about whether to eat alone or with company.
4.4	Use an appropriate and validated malnutrition screening tool, for example the Malnutrition Universal Screening Tool (MUST), to carry out a full nutritional screening on admission, or where there is clinical concern. See NICE clinical guideline 32
4.5	Support Service Users to access routine health care (including dental) services and any specialist services, guidance and advice that are required.
4.6	Ensure that staff who are involved with food preparation have up-to-date food and hygiene training.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to meet the nutritional needs of Service Users.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

NICE Standard Guidance Links to East Standard Criteria:

Care of dying adults in the last days of life , [QS144] March 2017 See statement 4	Care of dying adults in the last days of life. [NG31] 2015, recommendations 1.4	S4: 4.2
Nutrition support in adults , [QS24] Published date: November 2012	Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition [CG32] August 2017 See recommendations 1.2.4; 1.2.6; 1.3	S4: 4.4
Statement 2, Oral health in care homes [QS151] June 2017	Oral health for adults in care homes [NG48] July 2016, see section 1.1 Older people with social care needs and multiple long-term conditions [NG22] November 2015, see section 1.2.5	S4: 4.5

EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
Outcome Domain 2	Personalised Care & Support
Standard 5	Co-operating with other Service Providers
	What outcome can people who use your Services expect?
	<i>Service Users receive safe, coordinated care and support where more than one Service Provider is involved, or where they are moved to another Service Provider.</i>
	To achieve this the Service Provider will:
5.1	Co-operate and communicate with other Service Providers of the Individual's care and support when this responsibility is shared, or when the Service User is transferred to one or more Services. Ensure that there is a named individual to support any transition.
5.2	Ensure that the care and support plan includes effective arrangements for when Service Users are transferred to another service ensuring that this includes everything the receiving service needs so the needs of the Individual can continue to be met safely.
5.3	Keep appropriate records and information and ensure that it is shared in a confidential manner in line with the Contract and the requirements of the Data Protection Act.

5.4	Support service users to access other social care or health services, including dental services, as required.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to effectively co-operate with other Service Providers.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

NICE Standard Guidance Links to East Standard Criteria:

Transition between inpatient hospital settings and community or care home settings for adults with social care needs [QS136] December 2016, statement 1	Transition between inpatient hospital settings and community or care home settings for adults with social care needs (NG27), December 2015 see sections 1.1, 1.2	S5: 5.1, 5.2, 5.3
Statement 2, Oral health in care homes [QS151] June 2017	Oral health for adults in care homes [NG48] July 2016, see section 1.1 Older people with social care needs and multiple long-term conditions [NG22] November 2015, see section 1.2.5	S5: 5.4

EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
Outcome Domain 3	Safeguarding & Safety
Standard 6	Safeguarding People who use the Service from abuse
	What outcome can people who use your Services expect?
Core criteria in bold	<i>Service Users are protected from abuse or the risk of abuse and their human rights are respected and upheld.</i>
	To achieve this the Service Provider will:
6.1	Take action to identify and prevent abuse from happening in the Services and respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.
6.2	Be aware of, and follow, their responsibilities under the Local Authority's safeguarding and whistle-blowing policy and procedures.
6.3	Ensure that appropriate guidance and training about safeguarding adults from abuse is accessible to staff, put into practice, implemented and monitored.
6.4	Where possible, only use Deprivation of Liberty Safeguards when it is in the best interest of the Service User and in accordance with the Mental Capacity Act 2005.
6.5	Review and update the Service User's care and support plan to ensure that Individuals are properly supported following any (alleged) abuse.
6.6	Give Service User's and their Carer's adequate information about how to identify and report abuse, as well as sources of support outside the Services, including the Local Authority, and actively support and encourage Service Users to raise issues and concerns when necessary.
6.7	Support Service Users and their carer when they have to take part in any safeguarding processes.
6.8	Ensure that Service Users' human rights are promoted and protected through the assessment and delivery of care.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain the safety of Service Users.

	They have appropriate mechanisms in place to monitor compliance with required standards of practice.
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NICE Standard Guidance Links to East Standard Criteria:

	Safeguarding adults in care homes [NG189] 26 February 2021	S6: 6.1, 6.2, 6.3, 6.5, 6.6, 6.7
Decision making and mental capacity [QS194] August 2020	Decision-making and mental capacity [NG108] October 2018	S6: 6.4, 6.8

EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
Outcome Domain 3	Safeguarding & Safety
Standard 7	Cleanliness & Infection Control
	What outcomes can people who use your Services expect?
Core criteria in bold	<i>Service Users experience care and support in a clean environment that protects them from, and reduces the risk of, infection.</i>
	To achieve this the Service Provider will:
7.1	Have effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.
7.2	Provide sufficient information to Service Users, staff and visitors about infection prevention and control matters. This includes clearly evidencing the actions taken if a person requires isolation, with effective measures in place to reduce risk of transmission of infectious conditions and prevention of outbreaks.
7.3	Have appropriate arrangements in place for the management and disposal of waste (including where indicated sharps safety). This includes training and sharps safety (if indicated i.e., care homes with nursing)
7.4	Provide staff with appropriate training (at induction and annual refresher sessions) relating to infection prevention and control. Including, but not limited to, correct 'Donning & Doffing' of PPE, safe management of devices such as urinary catheters, vascular access devices or enteral feeding tubes) and ensure guidance (in line with NICE QS 61 infection prevention and control. https://www.nice.org.uk/guidance/qs61/chapter/List-of-quality-statements
7.5	Senior management (manager/duty and lead) lead their team by example with exemplary role modelling in IPC and behaviours which foster and embed a culture of safety empowering staff to address poor IPC practices, share learning ensuring people receive safe effective care
7.6	Suspected or confirmed outbreaks of infectious diseases are notified to the LA and followed up through seeking advice from UK Health Security Agency on IPC, on testing and additional control measures such as closures.
7.7	Records are maintained on uptake of essential vaccinations for service users and staff. Individuals are supported to complete courses (unless exempt) to ensure the safety of the staff working in services and the people they care for.
7.8	All staff are aware of their individual roles and responsibilities in preventing transmission of infection. This is reflected in job descriptions, employment contracts and policies. Local process in place for escalation through to disciplinary if consistent non-compliance identified.
	The Service Provider will ensure that:

	They have appropriate policies, training and arrangements in place to maintain a clean environment and effective infection control.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

NICE Standard Guidance Links to East Standard Criteria:

Infection prevention and control [QS 61]	Healthcare-associated infections: prevention and control in primary and community care [CG139] 15 February 2017, see key priorities for implementation	S7: 7.2, 7.3, 7.4, 7.5, 7.8
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EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
Outcome Domain 3	Safeguarding & Safety
Standard 8	Management of Medicines
	What outcome can people who use your Services expect?
Core criteria in bold	<i>Service Users will have the medicines they are prescribed, at the times they need them, and in a safe way.</i>
	To achieve this the Service Provider will:
8.1	Handle medicines safely, securely and appropriately.
8.2	Ensure that medicines are stored and administered safely including any homely remedies and covert medication.
8.3	Keep appropriate records around the (prescribing) administration, monitoring and review of medications, including the recording of a service user's medicines on the day that they transfer into the home, (see Managing medicines in care homes (2014) NICE guideline SC1, recommendations 1.7.1 and 1.7.3).
8.4	Involve people in their decisions regarding their medications. Assume that a service user can take and look after their medicines themselves (self-administer) unless a risk assessment has indicated otherwise. https://www.nice.org.uk/guidance/sc1 (see recommendation 1.13.2).
8.5	Ensure that staff handling medications undertake the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.
8.6	Have effective and robust mechanisms in place to monitor the management of medications whether prescribed or not. Only administer medicine covertly if a management plan is agreed after a best interests meeting, (see Managing medicines in care homes (2014) NICE guideline SC1, recommendation 1.15.3).
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain safe and effective medication management.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

NICE Standard Guidance Links to East Standard Criteria:

	Managing medicines in care homes [SC1] 2014 recommendation 1.12; 1.13.7	S8: 8.1; 8.2
Medicines management in care homes [QS85] March 2015 see statement 1	Managing medicines in care homes [SC1] 2014 recommendations 1.7.1 and 1.7.3	S8: 8.3
Medicines management in care homes [QS85] March 2015 see statement 3	Managing medicines in care homes [SC1] 2014 recommendations 1.13.2	S8: 8.4
	Managing medicines in care homes [SC1] 2014 recommendations 1.17	S8: 8.5

Medicines management in care homes [QS85] March 2015 see statement 6	Managing medicines in care homes [SC1] 2014 recommendations 1.15.3	S8: 8.6
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EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
Outcome Domain 3	Safeguarding & Safety
Standard 9	Safety & Suitability of Premises
	What outcomes can people who use your Services expect?
Core criteria in bold	<i>Service Users, together with those who work in or visit the premises, are in safe and accessible surroundings that promotes and protect their wellbeing.</i>
	To achieve this the Service Provider will:
9.1	Protect people, staff and others against the risks of unsafe or unsuitable premises.
9.2	Ensure that premises take account of Service Users with specific needs and that effective risk management is in place to reduce identified risks.
9.3	Have appropriate security arrangements in place to address the risk of unauthorised access to protect the people who use the premises.
9.4	Carry out a risk assessment for the use of premises.
9.5	Assess any risks to premises and facilities and act on any risks identified.
9.6	Ensure that staff undertake fire safety training as well as risk assessment and risk management training.
	The Service Provider will ensure that:
	The premises remain suitable for the effective delivery of the care and support required by Service Users.

NICE Standard Guidance Links to East Standard Criteria:

Falls in older people [QS86] January 2017 statements 1, 2	S9: 9.2
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EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
Outcome Domain 3	Safeguarding & Safety
Standard 10	Safety, Availability & Suitability of Equipment
	What outcomes can people who use your Services expect?
Core criteria in bold	<i>Service Users, together with those who work in or visit the premises, are not at risk of harm from unsafe or unsuitable equipment (including furnishings or fittings). Service Users benefit from equipment that is comfortable and meets their needs.</i>
	To achieve this the Service Provider will:
10.1	Ensure that equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.
10.2	Ensure that staff are appropriately trained on how to use equipment safely.
10.3	Assess the risks associated with the use of equipment and develop plans to manage any risk identified.

10.4	Provide people with an explanation and adequate information where equipment is used as part of their care, take account of their choices and preferences, and use it in a way that protects their privacy and dignity.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to ensure that equipment is properly used and maintained.
	They have appropriate mechanisms in place to monitor and record compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
Outcome Domain 4	Suitability of Staffing
Standard 11	Requirements relating to staff recruitment
	What outcomes can people who use your Services expect?
Core criteria in bold	<i>Service Users are safe and their health and welfare needs are met by staff who have been appropriately recruited and who have the right qualifications, skills and experience.</i>
	To achieve this the Service Provider will:
11.1	Have effective recruitment and selection procedures in place.
11.2	Carry out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body. <<Minimum requirements set out in WEBLINK>>.
11.3	Ensure that when staff are provided by an external organisation that those staff, whether agency, bank or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff.
11.4	Ensure that other people who provide additional services are subject to any appropriate and necessary checks.
11.5	Ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.
11.6	Assess risks around working environment and conditions and make reasonable adjustments to enable staff to fulfil their role.
11.7	Have robust and effective arrangements around the appropriate behaviour of staff, particularly in their relation to their code of professional conduct and the assessment of stress and other work-related hazards.
	The Service Provider will ensure that:
	They have appropriate policies, procedures and arrangements in place to ensure effective staff recruitment.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

NICE Standard Guidance Links to East Standard Criteria:

	Safeguarding adults in care homes [NG189] 26 February 2021 see recommendation 1.2	S11: 11.5, 11.7
Healthy workplaces: improving employee mental and physical health and wellbeing [QS147] March 2017	Workplace health: management practices. NICE guideline NG13 (2015 updated 2016), recommendation 1.3	S11: 11.7

		EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
Outcome Domain 4		Suitability of Staffing
Standard 12		Staffing and Staff Deployment
		What outcomes can people who use your Services expect?
Core criteria in bold		<i>Service Users and their health and welfare needs are met by sufficient numbers of appropriate staff with the right qualifications, knowledge, skills, approach and experience.</i>
	To achieve this the Service Provider will:	
12.1	Make sure that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.	
12.2	Have enough staff on duty that know and understand the specific needs of the Service Users receiving Services in order to deliver safe, effective and consistent care.	
12.3	Have robust mechanisms in place to manage both expected and unexpected changes in the Services in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).	
12.4	Have effective mechanisms in place to identify and manage risks that result from inadequate staffing levels.	
12.5	Ensure that staff are aware of and trained in the organisation's Business Continuity Processes.	
12.6	Ensure that staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs. Staff should have a basic understanding and appreciation of different cultures and be able to speak and understand English (or the language most appropriate to the Services) to a good conversational standard.	
	The Service Provider will ensure that:	
	They have appropriate policies, training and arrangements in place to maintain and deploy a sufficient number of appropriately trained staff.	
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.	

NICE Standard Guidance Links to East Standard Criteria:

	People's experience in adult social care services: improving the experience of care and support for people using adult social care services , NICE guideline [NG86] February 2018, See recommendation 1.5	S12: 12.6
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		EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
Outcome Domain 4		Suitability of Staffing
Standard 13		Supporting Staff
		What outcomes can people who use your Services expect?
Core criteria in bold		<i>Service Users are safe and their health and welfare needs are met by staff who are appropriately trained, well supervised, and receive the development opportunities they need to carry out their role effectively whilst keeping their skills and training up to date.</i>
	To achieve this the Service Provider will:	

13.1	Ensure that all staff receive appropriate induction at the start of their employment in line with the Skills for Care - Care Certificate.
13.2	Ensure that all staff receive appropriate supervision at least (specify how often or add), that their performance is appraised to include appropriate skills development and that they receive an annual review.
13.3	Ensure that all staff undertake mandatory training and refresh this as required. (Including see WEBLINK for specific requirements)
13.4	Support staff to acquire further skills and qualifications that are relevant to their role, the work they undertake and the needs of the Service.
13.5	Ensure that any temporary staff have the appropriate training and skills to undertake their role.
13.6	Keep training records (including evidence of attendance) for all staff.
13.7	Assess risks that may impact on performance and make reasonable adjustments to enable staff to fulfil their role.
13.8	Have appropriate policies and mechanisms in place to prevent and manage incidents of bullying, harassment and violence towards staff.
13.9	Have robust and effective HR arrangements in place around managing Sickness and other absences Including the assessment of stress and other work-related hazards.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain a sufficient number of appropriately inducted, supervised and trained staff.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
Outcome Domain 5	Quality of Management
Standard 14	Assessing & Monitoring the Quality of Services Provision
	What outcomes can people who use your Services expect?
Core criteria in bold	<i>Service Users benefit from safe, quality care due to effective decision making and management of risks to their health, welfare and safety because lessons are learned and the quality of Services is effectively monitored.</i>
	To achieve this the Service Provider will:
14.1	Continually gather and evaluate information about the quality of Services delivered to ensure that people receive safe and effective care and support << see appendix X for required information (to be developed with Service Providers)>> .
14.2	Have a clear decision-making framework in relation to care and support of Service Users.
14.3	Have mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly.
14.4	Ensure that incidents are reported and investigated in accordance with the appropriate policies and procedures.
14.5	Improve Services by learning from, and acting on, any information including, but not limited to comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.
14.6	Identify, manage and monitor risks to Service Users, staff or visitors to the service.
14.7	Provide information about the quality of the service to people who use the service.
14.8	Ensure that Service Users are involved in all decisions about their care and support.
	The Service Provider will ensure that:

	They have appropriate policies, training and arrangements in place to assess and monitor the quality of Services provided. They learn lessons and implement changes to improve the Services delivered.
	They have appropriate mechanisms in place to monitor compliance with current legislation, standards and evidence-based guidance to achieve effective outcomes.

NICE Standard Guidance Links to East Standard Criteria:

People's experience using adult social care services [QS182] February 2019, statement 4.	People's experience in adult social care services: improving the experience of care and support for people using adult social care services , NICE guideline [NG86] February 2018, See recommendations 1.1, 1.6.7	S14: 14.8
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EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
Outcome Domain 5	Quality of Management
Standard 15	Complaints
	What outcomes can people who use your Services expect?
Core criteria in bold	<i>Service Users and / or their nominated representative can be sure that the Service Provider listens to and acts on their complaints and comments. They know that they will not be discriminated against for making a complaint or raising an issue.</i>
	To achieve this the Service Provider will:
15.1	Provide Service Users and / or their carers with adequate information, in an appropriate and suitable format, about the complaints process, including information on how to contact the Local Authority and the Local Government Ombudsmen.
15.2	Support Service Users to raise a complaint or make comments about the service.
15.3	Consider fully, respond appropriately and resolve, where possible, any comments and / or complaints.
15.4	Support people throughout the complaints process keeping them informed of the progress and outcome of their complaint in a timely manner.
15.5	Support Service Users to access advocacy services, if this is required to enable a Service User to make a complaint or raise a comment about the service.
15.6	Ensure that learning is taken and shared to improve the experience of Service Users who use the Services.
15.7	Keep adequate records about the complaint, including any relevant and factual information about the investigation, responses, outcome and actions taken.
15.8	Share details of complaints and the outcomes with the Local Authority.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to effectively manage and learn from any complaints.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
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Outcome Domain 5		Quality of Management
Standard 16		Records
		What outcomes can people who use your Services expect?
Core criteria in bold		<i>Service Users are confident that the records kept by the Service Provider about their care and support (including those that are required to protect their safety and wellbeing) are accurate, fit for purpose, held securely and remain confidential.</i>
	To achieve this the Service Provider will:	
16.1	Ensure that the personal records of Service Users receiving Services are clear, accurate, factual, complete, personalised, fit for purpose, up to date, held securely and remain confidential.	
16.2	Use these records to plan the care and support of the Service User to help ensure that the Service User's rights and best interests remain protected and their needs are met.	
16.3	Only share information on a need to know basis, with the consent of the Service User and / or in line with the contract.	
16.4	Only keep and store records in line with the Data Protection Act and in line with the Local Authorities requirements as set out in the contract.	
16.5	Support Service Users to access information about their care and support when they request it.	
16.6	Ensure that when information is inappropriately shared, transferred or lost, this is reported, investigated and acted on in accordance with the appropriate incident reporting procedures.	
16.7	Ensure that other records necessary for the operation and management of the service are stored in accordance with the Service Provider's and Council's policies and procedures.	
16.8	Monitor the standards of practice through a programme of effective audits.	
	The Service Provider will ensure that:	
	They have appropriate policies, training and arrangements in place to maintain effective records in line with the Data Protection Act 2018 and the requirements of the Local Authority.	
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.	

SCHEDULE 2

PERFORMANCE MONITORING AND KEY PERFORMANCE INDICATORS

1. Introduction

Key Performance Indicators (KPI's) provide the means for measuring and assessing performance using a robust and agreed set of criteria. These assessments also offer useful indication on the progress towards an organisational or change objective. Appropriate KPIs have been developed to be agreed with the Provider as an effectively highlight areas of concern and lead to a focus for the operational and management team's attention.

Effective performance management is required to help ensure that the contract delivers what is intended.

This Schedule contains the framework for managing the performance of the Contract. The Service Provider is required to operate the framework for managing performance and evolve it throughout the life of the Contract Period. It includes a framework that supports effective service monitoring; measurement of continuous improvement and helps ensure ongoing focus.

The Council will periodically monitor (at least annually) the service delivery to ensure compliance with this specification, the Contract and to assess the quality, effectiveness and performance of the service being delivered to tenants.

The Council may ask to visit the service at any time and/or at short notice.

The Council may monitor with other strategic partners and may undertake monitoring visits with or on behalf of these strategic partners including other Eastern Region local authorities. The Council will also review the needs and outcomes of each tenant using the service on a periodic, individual basis.

The Council will develop and agree with the Provider a variety of methods to monitor the services including (but not be limited to) the following:

- By feedback from or consultation with tenants using the service and/or their family carers, networks of support, advocates and service stakeholders as considered appropriate by the Council
- By feedback from Council reviewing and monitoring officers, including feedback gained from visits to the service.
- By examination of (or investigation of) complaints and / or safeguarding instances
- By provider performance monitoring forms/returns
- By reviewing written procedures and records for both people using the service and staff
- By reviewing case examples
- By looking at staff training records and work rotas
- By the provider submitting to the Council an annual report detailing the outcome of quality assurance processes, including its service improvement plans
- Through external compliance reports from CQC

The provider acknowledges and agrees that Officers of the Council may take evidence of risks and concerns identified during monitoring visits, including photographs and photocopies, to be used to formulate a plan of action to improve performance and ensure the provider complies with the contract and/or improves the quality of the service.

The Council is mindful of the need to apply a proportionate approach in respect to the monitoring of the service and contract compliance.

The Council will carry out a formal contract review. The provider will be prepared to attend and submit information in advance, a meeting (at least annual) with the Council to review performance under the contract. The meeting will be used to share good practice and to agree areas for improvement.

At the request of the Council, the provider will return the following additional information on an annual basis;

- l) Business Continuity Plan for the service
- m) The Operation Policy for the service
- n) Insurance Schedules and Certificates.
- o) A Copy of the Service Provider Compliance Assessment tool (PCA) or equivalent The Council will examine the PCA or equivalent to identify good practice and areas for improvement.
- p) Results of the provider's annual Service User Satisfaction Survey. The Council will use the results from the Service User Satisfaction Survey to ascertain views on the quality and performance of the service.
- q) A copy of the provider's annual report including their service improvement plan.
- r) A copy of the training matrix for all staff.
- s) A copy of the Care Quality Commissions Quality Risk Profile (QRP) for the provider.
- t) An anonymised sample of tenant care and support plans tool (or accumulated data) which indicate tenants' outcomes which have been met or not.

The provider is required to register with the Skills for Care National Minimum Dataset for Social Care (NMDS-SC)

The Council is part of the ADASS Eastern region collaborative and as such may share information gained through the above monitoring with regional partners.

KEY PERFORMANCE INDICATORS – to be discussed and agreed between the Council and the Provider

The provider will submit quarterly information indicating its achievement of the key outcomes and performance expectations for each Scheme.

The details of exactly what this will comprise and look like will be discussed and agreed with the successful bidder, within 6 months of contract award.

Key Performance Indicators (KPI's) provide the means for measuring and assessing performance using a robust and agreed set of criteria. These assessments also offer useful indication on the progress towards meeting outcomes.

KPIs reporting will be developed to effectively highlight areas of success or concern and lead to a focus for the operational and management team's attention.

Effective performance management is required to help the provider and the commissioner ensure that the contract delivers what is intended.

The provider will operate a framework for managing performance and evolve it throughout the life of the Contract

The monitoring will involve collecting data on Key Performance Indicators (KPIs) which monitor performance against base levels. Reporting and ongoing service monitoring is implicit within this – with continuous service improvements being the goal.

KPIs to be monitored will include:

- **Reporting on aggregated outcomes for Tenants**

- Tenants in the Schemes are able to improve and maintain physical and mental/emotional wellbeing and are able to manage their healthcare needs.
- Tenants are supported to be able to do as much for themselves as they can and/or enabled to do so, thereby reducing the amount of care being delivered
- Tenants in the Schemes are able to exercise choice and control
- Tenants in the Schemes are able to be connected to people who are important to them, to their community and avoid feelings of loneliness or isolation
- Tenants in the Schemes are able to recover from any health issues at home and develop resilience.
- Tenants in the Schemes are able to maintain their tenancy and their home
- Tenants in the Schemes are able to avoid hospital admissions
- Tenants in the Schemes are able to be discharged from hospital in a timely and safe way and return to their home
- **Occupancy levels**
- **Void periods**
- **Diversity of applicants/tenants and staff**
- **Any refusals into service by the allocations panel/landlord**
- **Staffing**
- **The number of care and support hours that are delivered in the service**
- **Staff Sickness levels**
- **Wellbeing, advice and guidance and activities and events**
- **Use of agency staff.**
- **Complaints**
- **Safeguarding**
- **Incidents**
- **Hospital admissions and discharges**
- **End of life care**

The submission dates for returns will be at the end of each quarter. The quarters will start from April. The exact dates for submissions to be set by agreement.