

Schedule 1

Service Specification for Older People's Community based Services (5.9) (Including Home care, Live-in-Care)

East of England: Service Specification Community Services (OP)

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').

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 13 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 Individual. 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 Individual. 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 the Individual 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 Individuals equality and diversity and upholds peoples human rights and does not discriminate against people for any reason. Its policies will incorporate respect for both Staff and Individuals.
- 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: Home Care / Live-in-Care

- 3.1 The Services provided in the persons home shall be as set out in the Council's Individual Service Contract. Exceptions can be made where recorded on the Individual's Care Plan as prepared or agreed by the Individual's Care Manager and the Individual or their representative.
- 3.2 As well as personal care tasks, Service Providers should make it a clear and expected aspect of the work of their Staff that part of their role is for Staff to spend time talking to, relating with, and understanding the lives of Individuals and supporting them with appropriate activities.
- 3.3 Where Live-in Care (24 Hour) is provided:
- 3.3.1 The Provider shall ensure that continuous and adequate care, which may involve any of the activities outlined above, and cover is provided over 24 hours each and every day, including during the normal staff time off and breaks if required. Such off-duty periods are to be mutually agreed between the Provider, Service User and where appropriate a Social Care Practitioner and the Provider's Staff.

3.3.2 The Provider's Staff will normally be able to use a separate bedroom in the Service User's home. Where this is not possible, the Provider must provide a suitable portable bed for the Staff to use in the living area and separate from the bedroom or room occupied by the Service User.

3.3.3 The Provider's staff will not remain in the Service Users property while the Service User is not resident i.e. hospital admission.

TRANSPORT

3.4 Where the Service Provider is responsible for transport the vehicles used must be appropriately maintained, insured and, where appropriate, drivers must be trained and have the required vehicle category on their driving licence.

3.5 The service will be entitled to use the Individual's mobility allowance in order to fund any transportation needed. In the case of Learning Disability Services any additional funding required may be deemed to be non-care costs.

3.6 The Service Provider must be sufficiently flexible in its transportation arrangements in order to support a wide range of activities for Individuals.

3A SPECIFIC SERVICE, REQUIREMENTS & AIMS

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

3A.1 Suffolk's Strategic Priorities for Home Care

- Reliable Provision of safe care is the overriding priority.
- To ensure guaranteed good quality and reliable care for people, at all times and across all areas.
- Solutions that work for and across the whole health and care system and support a solution focused approach.
- Affordable and sustainable outcome-focused care and support in the long term with a focus on reducing demand through an enabling approach.
- Solutions that are flexible and can accommodate increasing complex people's needs that allow them to remain independent for as long as possible.

3A.2 All providers will be expected to achieve the following independent ratings:

- CQC – Outstanding or Good

3A.3. Where a provider is classed as 'inadequate' by CQC, the Council will immediately stop referrals to the service.

3A.4 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.

3A.5 The Council will monitor progress in the implementation of this corrective action plan and will at its discretion reconsider the decision under 3A – 3.1 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 Contract(s) for people referred to and accepted by the Provider. For the avoidance of doubt, the Council does not guarantee any minimum volume of work under this Contract.
- 4.2 The Services shall be available 24 hours per day, seven days per week, 52 weeks per year.
- 4.3 Services for Night Sleeping and Night Sitting shall as a matter of standard be provided between the hours of 22.00 and 07.00 The Council and the Provider will agree the actual hours depending on the needs of the individual.

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 Individual will be identified through an assessment completed by a Social Care Manager from the Council in conjunction with the Individual [and by self assessment where appropriate]. If the Individual 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 Individual and / or their representative, to identify how their personal priorities and outcomes will be met, including any needs arising from physical problems, mental health conditions or sensory loss.
<https://www.nice.org.uk/guidance/qs123/chapter/quality-statement-1-person-centred-planning#quality-statement-1-person-centred-planning>
- 5.3 The Placements and Brokerage Team shall have authority to refer Individuals to the Services on behalf of the Council. This may change over the course of the Contract and the Council will notice the provider of any such changes.
- 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 by telephone or in writing by e-mail. The Referral and the agreed start date shall be confirmed in writing with the appropriate paperwork within five [5] Business Days of the Referral being made by secure email, or secure online portal arrangements that may be developed. A copy of the Care & Support Plan will also be sent to the Service Provider by email.
- 5.6 The Service Provider shall provide the Services for the named Individual from the start date, until the Services are cancelled, suspended or varied in accordance with the Contract.
- 5.7 [NOT USED]
- 5.8 The service will only be provided for people for whom the Council have a responsibility under the 2014 Care Act
- 5.9 No referrals should be accepted for Individuals from outside this area unless by specific agreement with the Authorised Officer.

6. Information and Guidance

- 6.1 Section 4 of The Care Act 2014 places a duty on the Council to put in place measures that ensure Individuals 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 Individuals. This should be included in a Service User Guide for all new referrals and should be in an accessible format. This should explicitly include self-funders and the Council will provide this information in advance to the Service Provider. This list is not exhaustive, and the Council may in the future require for the Provider to share further information with the person being supported under this Contract.

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. Providers must be mindful that going entirely paperless will not be appropriate for every service user and their family/carer and the provider will need to facilitate access to information where this is required, this may for example be by secure email or in some circumstances through continued use of paper versions of diary records etc in the service user's home. People using a service must be able to access and contribute to their own records in their preferred format, in line with the Accessible Information - Standard NHS England
<https://www.england.nhs.uk/ourwork/accessibleinfo/>

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 Individual's needs, or in the way that an Individual 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 Individual 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.

8. Temporary suspension of individual places in the Services

- 8.1 In the event of the Individual's admission to hospital the Service Provider shall maintain appropriate contact with the Individual or their representative, unless explicitly requested otherwise.
- 8.2 The payment arrangements that apply for temporary suspension of places in the Services are set out in Schedule 4 (PRICE AND PAYMENT SCHEDULE).

9 Termination of individual places in the Services

- 9.1 Payment for the individual Service shall be terminated immediately on the death of the Individual for both Hoime Care and Live-in services.
- 9.2 The Council may terminate an individual place in the Services on giving not less than 28 day's 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 on giving not less than 28] day's notice to the appropriate Care Manager and to the Authorised Officer unless mutually agreed on a case by case basis.
- 9.4 [NOT USED]

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 needs of Individuals accessing the Service. 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 Individuals in relation to meeting their outcomes.
- 10.3 Quality assessment visits will be undertaken using the regional Provider Assessment & Market Management Solution (PAMMS) application. Once an assessment has been completed, the Service Provider will receive an email including an attachment which they will be able to download so they may comment on any factual inaccuracies. The Service Provider will have 14 days to make any comments. Once any comments have been made (or if no comments are necessary) the Provider will submit the report back to the Council by clicking the 'submit' button within the file.
- 10.4 The Contract Manager will review any comments and discuss these as required with the Service Provider. If a Service Provider does not provide any comments within 14 days, the assessment will be considered an accurate reflection of the visit and the ratings of the visit will be published on the Public Portal.

- 10.5 Once a report has been published the Service Provider will receive an email providing them with access to the Provider Portal. Service Providers are then able to login and view their reports online. If the assessment identified any areas that were rated as requires improvement or poor, then the Service Provider is required to prepare an Action Plan under this Contract. Action Plans must be completed using the PAMMS Action Planning section within the Provider Portal.
- 10.6 Once an assessment has been finalised and agreed by the Council, the ratings, reports and assessments of the PAMMS assessment will be available for local authority partners within the Eastern Region.
- 10.7 In addition to the use of PAMMS the Council will use a variety of additional methods to assess Provider quality and contract compliance. Additional assessment will include (but not be limited to) the following:
- By feedback from Individuals 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 Individual'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 Individuals 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 Individuals 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).
- 10.8 The Service Provider may also be required to complete the online Periodic Data Return which will be broadcast via the PAMMS provider portal.
- 10.9 The Council is mindful of the need to apply a proportionate approach in respect to the monitoring of Services.
- 10.10 Additionally, the Council may carry out a formal Contract Review. The Service Provider should be prepared to attend, at 4 weeks notice, a meeting with the Council to review performance under the contract. This meeting will be used to share good practice and to agree areas for improvement.
- 10.11 At the request of the Council, the Service Provider will return or give the Council access to 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) Results of the Service Provider's Annual Satisfaction Survey for Individual's accessing the Service. The Council will use the results from the Satisfaction Survey to ascertain views on the quality and performance of the Services.
- e) A copy of the Service Provider's annual report including their Service improvement plan.
- f) A copy of their training matrix for all staff.
- g) A copy of the Care Quality Commissions Quality Risk Profile (QRP) for the Service Provider.

10.12 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.

10.13 The Service Provider is required to register with the Skills for Care Adult Social Care Dataset for Social Care (ASC-DS) and will:

- Complete an ASC-DS organisational record and must update all of its organisational data at least once per annum;
- Fully complete individual ASC-DS worker records for a minimum of 90% of its total workforce (this includes any staff who are not care-providing). Individual records for workers which are included in the 90% calculation must be both fully completed and updated at least once per annum.

10.14 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.

10.15 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.

10.16 Data from [Electronic Monitoring System] will also be reviewed as part of performance monitoring (See Appendix 17 for further information)

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 the Council as soon as it is practical to do so, if any or the following occur. This list is not exhaustive, and the Council may add to it according to changing situations:

- (1) Any circumstances where the Individual has consistently refused provision of the Services, medication, or medical attention.
- (2) Serious accident, serious illness or serious injury to the Individual.
- (3) Death of the Individual
- (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 Individual.
- (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 Individual's Home.
- (11) 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. Behavioural 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:

<https://www.skillsforcare.org.uk/resources/documents/Support-for-leaders-and-managers/Managing-people/Code-of-conduct/Code-of-Conduct.pdf>

The Skills for Care, Delegated Healthcare Activities Guiding Principles available at:

[Delegated healthcare activities - Guiding principles \(skillsforcare.org.uk\)](#)

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 CQC Outcomes and 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
DOMAIN 1	Involvement & Information
Standard 1	Respecting & Involving Individuals Accessing the Service
	What outcomes can people who use your Services expect?
Core criteria in bold	<i>Individuals 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 Individuals irrespective of race and gender and treat Individuals with respect, recognise their diversity, values and human rights.
1.2	Have systems in place that uphold and maintain the Individual's privacy, dignity and independence.
1.3	Encourage and support Individuals to always express their view, choices and preferences about the way their care and support is delivered.
1.4	Put Individuals 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 Individuals' choices and preferences and discuss and explain their care and support options, including whether telecare could compliment their home care package with them. https://www.nice.org.uk/guidance/ng21/chapter/Recommendations [1.3.17]
1.6	Encourage and support Individuals to give them feedback about how they can improve their Services and act on the feedback given.
1.7	Ensure that Individuals are able to maintain relationships with family, friends and the community in which they live and will support Individuals 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 Individuals so that they can enjoy a variety of meaningful activities and social opportunities based on their preferences and strengths as part of everyday life within the Services. https://www.nice.org.uk/guidance/qs50/chapter/Quality-statement-1-Participation-in-meaningful-activity
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 Individuals 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
People's experience using adult social care services [QS182] February 2019 Social care for older people with multiple long-term conditions , [QS132] September 2016	People's experience in adult social care services: improving the experience of care and support for people using adult social care services , [NG86] February 2018 See sections 1.1 and 1.6 for specific recommendations. Also see section 1.4 for recommendations relating to privacy, dignity and independence. Older people with social care needs and multiple long-term conditions [NG22] November 2015 Transition between inpatient hospital settings and community or care home settings for adults with social care needs , [NG27] December 2015	S1: 1.1, 1.3, 1.5
Home care for older people [QS123] June 2016	Home care: delivering personal care and practical support to older people living in their own homes [NG21] September 2015	S1: 1.1, 1.2, 1.3, 1.4, 1.5, 1.7

Decision making and mental capacity [QS194] August 2020	People's experience in adult social care services: improving the experience of care and support for people using adult social care services , [NG86] February 2018: sections 1.1 and 1.6 for specific recommendations. Decision-making and mental capacity , [NG108] October 2018	S1: 1.4, 1.9
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	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 1 (continued)	Involvement & Information
Standard 2	Consent
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Where they are able, Individuals 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 Individuals with sufficient information in appropriate formats 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 with all relevant stakeholders.
2.5	Find out from the Individual how they want to be supported in decision making in accordance with principle 2 of the mental capacity act. Help Individuals 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
DOMAIN 2	Personalised Care & Support
Standard 3	Care & Welfare of Individuals
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Individuals' 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 Individuals and their carer(s) or advocates, as appropriate, are involved in their care and support planning and that the Care and Support Plan produced is clear, accessible and sufficiently detailed to enable all Staff to provide effective support for the Individual (in line with NICE guideline on Home Care for older people, recommendation 1.3.8 and 1.2.11) https://www.nice.org.uk/guidance/ng21/chapter/Recommendations
3.2	Ensure Individuals know who their care worker / key worker is and how they can contact you as the Service Provider of their service.
3.3	Assess Individuals in a way that reflects their strengths, abilities and interests and enables them to meet all of their needs and preferences through a written care & support plan.
3.4	Assess the needs of the Individual including risks to their health and wellbeing. Liaise with healthcare practitioners and other people involved in the person's care and support to ensure the home care plan promotes wellbeing, particularly in relation to: <ul style="list-style-type: none"> • medicines management • pain management • overall skin integrity and preventive care • vulnerability to health problems associated with a cold home In line with NICE guideline on Home Care for older people, recommendation 1.3.15 https://www.nice.org.uk/guidance/ng21/chapter/Recommendations and QS117 Preventing excess winter deaths and illness associated with cold homes statement 4 and 5 https://www.nice.org.uk/guidance/qs117/chapter/List-of-quality-statements
3.5	Effectively plan the delivery of care and support so the Individual remains safe; their needs are adequately met; and their welfare is protected, including specific needs arising from 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 and a copy is given to the Individual and their carers (with the person's permission) https://www.nice.org.uk/guidance/ng21/chapter/Recommendations
3.7	Assess the risk of harm to the Individual, including environmental risks, and ensure that this is effectively managed and reviewed regularly to keep the Individual safe.

3.8	Provide services in an effective, flexible and enabling way to help maximise the Individual's independence and quality of life.
3.9	Support Individuals in setting goals to help maximise their independence and improve the quality of their life.
3.10	Provide continuity of care, with Individuals receiving care from as few different care and support workers as possible.
3.11	Ensure that people using the service have a backup plan to be actioned if a missed or late visit cannot be avoided, that includes how they will communicate with the Individual and their carers (if appropriate). Providers are required to monitor missed and late visits and report these to the commissioner, in line with QS123 Home Care, statement 2: https://www.nice.org.uk/guidance/qs123/chapter/List-of-quality-statements
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain the effective care and wellbeing of Individuals.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

NICE Standard Guidance Links to East Standard Criteria:

NICE Quality Standard	NICE Guidance	Links to ADASS East Standards & Criteria
Home care for older people [QS123] June 2016	Home care: delivering personal care and practical support to older people living in their own homes [NG21] September 2015 See recommendations 1.3.8; 1.2.11 and 1.3.15 Section 1.1 Ensuring care is person centred Section 1.4 Delivering home care	S3: 3.1 S3: 3.4 S3: 3.3, 3.8, 3.9 S3: 3.10, 3.11
Preventing excess winter deaths and illness associated with cold homes [QS117] March 2016 See statements 4 and 5		S3: 3.4
People's experience using adult social care services [QS182] February 2019	People's experience in adult social care services: improving the experience of care and support for people	S3: 3.1, 3.3, 3.9

	using adult social care services , [NG86] February 2018 See section 1.1 for specific recommendations.	
Falls in older people Quality standard [QS86] March 2015, statement 1		S3: 3.7

EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
DOMAIN 2 (continued)	Personalised Care & Support
Standard 4	Meeting Nutritional needs
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Individuals 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 Individuals to make healthy choices and lead healthy lifestyles and provide access to information about healthy and balanced diet, recognising individual preferences, cultural and dietary requirements.
4.2	[NOT USED].
4.3	Food and drink are provided in a way that promotes the Individual's dignity and independence.
4.4	Use a validated malnutrition screening tool, for example the Malnutrition Universal Screening Tool (MUST) to carry out nutritional screening when a person first accesses the Service, or when there is a clinical concern.
4.5	Support Individuals to access specialist services, guidance and advice where 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 Individuals accessing the Service.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

NICE Standard Guidance Links to East Standard Criteria:

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
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EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
DOMAIN 2 (continued)	Personalised Care & Support
Standard 5	Co-operating with other Service Providers
	What outcome can people who use your services expect?
	<i>Individuals accessing the Service 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 Individual 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 Individuals 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 Individuals to access other social care or health services as required, to include specifically, supporting access to strength and balance services if Individuals are known to have a history of recurrent falls. https://www.nice.org.uk/guidance/qs86/chapter/Quality-statements
	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.
	Are aware of local referral pathways for falls and ensure that older people living in the community who have a known history of recurrent falls are referred to a service that has staff who are trained to deliver and monitor a strength and balance training programme.

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
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Falls in older people Quality standard [QS86] March 2015, statement 8		S5: 5.4
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	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
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>Individuals 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 service 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. Where a care worker is going into a person's own home to deliver services to an adult, but where there may be children present the care worker will also be trained to level 1 in child protection.
6.4	Only use Deprivation of Liberty Safeguards when it is in the best interest of the Individual and in accordance with the Mental Capacity Act 2005.
6.5	Review and update the Individual's care and support plan to ensure that Individuals are properly supported following any (alleged) abuse.
6.6	Give Individual's and their Carer's adequate information about how to identify and report abuse, as well as sources of support outside the service, including the Local Authority, and actively support and Individuals to raise issues and concerns when necessary.
6.7	Support Individuals and their carer when they have to take part in any safeguarding processes.
6.8	Ensure that Individuals 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 Individuals.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

NICE Standard Guidance Links to East Standard Criteria:

Home care for older people [QS123] June 2016	Home care: delivering personal care and practical support to older people living in their own homes [NG21] September 2015 See section 1.6	S6: 6.1, 6.2, 6.3
	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	
DOMAIN 3 (continued)	Safeguarding & Safety
Standard 7	Cleanliness & Infection Control
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Individuals' 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 Individuals, staff and visitors about infection prevention and control matters, with effective measures in place to reduce risk of transmission of infectious conditions.
7.3	Have appropriate arrangements in place for the management and disposal of waste (including where necessary sharps safety). This includes training and sharps safety.
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 with District Nurse oversight) 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	NOT USED
7.7	NOT USED
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
DOMAIN 3 (continued)	Safeguarding & Safety
Standard 8	Management of Medicines
	What outcome can people who use your services expect?
Core criteria in bold	<i>Individuals 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.
8.4	Involve Individuals in decisions regarding their medications.
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
8.7	Maintain accurate records of a person's medicines support needs in their care and support plan. The record of support needs should include the person's preferences and their expectations for confidentiality, and arrangements for supporting self-administration of medication following and agreed risk assessment.
	The Service Provider will ensure that:
	Ensure procedures are in place to inform the person's general practice and supplying pharmacy when they start to provide medicines support to an adult receiving social care in the community.
	Provide information for adults receiving medicines support in the community from a social care provider on how to raise any medicines-related problems (as per NICE QS171 statement 4).
	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 including robust processes for identifying, reporting, reviewing and learning from medicines-related problems.

NICE Standard Guidance Links to East Standard Criteria:

	Managing medicines for adults receiving social care in the community NICE guideline [NG67] 30 March 2017 See section 1.10	S8: 8.1, 8.2
	Managing medicines for adults receiving social care in the community NICE guideline [NG67] 30 March 2017 See section 1.5	S8: 8.3
Medicines management for people receiving social care in the community [QS171]: 24 July 2018 See statement 1	Managing medicines for adults receiving social care in the community NICE guideline [NG67] 30 March 2017 See recommendations 1.2	S8: 8.4
	Managing medicines for adults receiving social care in the community NICE guideline [NG67] 30 March 2017 See recommendations 1.11	S8: 8.5
	Managing medicines for adults receiving social care in the community NICE guideline [NG67] 30 March 2017 See recommendations 1.8	S8: 8.6
Medicines management for people receiving social care in the community [QS171]: 24 July 2018 Statement 3	Managing medicines for adults receiving social care in the community NICE guideline [NG67] 30 March 2017 See recommendations 1.2.5	S8: 8.7

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 3 (continued)	Safeguarding & Safety
Standard 9	Safety & Suitability of Premises
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Individuals accessing the Service, 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 office premises.
9.2	[NOT USED].
9.3	Have appropriate security arrangements in place to address the risk of unauthorised access.
9.4	[NOT USED]
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 Individuals.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 3 (continued)	Safeguarding & Safety
Standard 10	Safety, Availability & Suitability of Equipment
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Individuals, 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). Individuals 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 & support, 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
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>Individuals 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:

Home care for older people [QS123] June 2016	Home care: delivering personal care and practical support to older people living in their own homes [NG21] September 2015 See section 1.7 Recruiting, training and supporting home care workers	S11: 11.1, 11.2, 11.3, 11.4, 11.5, 11.6
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
DOMAIN 4 (continued)	Suitability of Staffing
Standard 12	Staffing and Staff Deployment
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Individuals 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 Individuals receiving a service in order to deliver safe, effective and consistent care & support.
12.3	Have robust mechanisms in place to manage both expected and unexpected changes in the service 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 Individuals 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 service) 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	S12: 12.6
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	[NG86] February 2018, See recommendation 1.5	
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	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 4 (continued)	Suitability of Staffing
Standard 13	Supporting Staff
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Individuals 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 12 weekly, that their performance is appraised and that they receive an annual review. See NICE statement 6 https://www.nice.org.uk/guidance/qs123/chapter/List-of-quality-statements
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.

NICE Standard Guidance Links to East Standard Criteria::

Home care for older people [QS123] June 2016	Home care: delivering personal care and practical	S13: 13.2, 13.4
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Statement 6	support to older people living in their own homes [NG21] September 2015 See section 1.7 Recruiting, training and supporting home care workers	
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	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 5	Quality of Management
Standard 14	Assessing & Monitoring the Quality of Service Provision
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Individuals 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 Individuals.
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 Individuals, staff or visitors to the service.
14.7	Provide information about the quality of the Services to people who use the service.
14.8	Ensure that Individuals 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, required 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: 14.1, 14.2, 14.5, 14.8
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	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 5 (continued)	Quality of Management
Standard 15	Complaints
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Individuals 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 Service Provider will:
15.1	Provide 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 Individuals 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 Individuals to access advocacy services, if this is required to enable an Individual 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 Individuals 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
DOMAIN 5 (continued)	Quality of Management
Standard 16	Records
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Individuals 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 Individuals 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 Individual to help ensure that the Individual'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 Individual 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 Individuals 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 Services 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 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 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.

2. The Performance Monitoring System

Set out below is the structure for monitoring of the contracts' Key performance indicators (KPI's).

	Performance indicators	Consequences	
1.1	Care Quality Commission (CQC) rating	<p>An Inadequate Rating will lead to Suspension by SCC either an improved CQC rating following reinspection <u>or</u></p> <ul style="list-style-type: none"> when SCC (Contract Managers and Safeguarding) evidenced by a full PAMMS in line with SCC's 'Lifted Inadequate' policy. The timing of any assessment based on the speed within which the service can implement necessary improvements. Whilst the service is in suspension will take place. 	
1.2	Safeguarding	<p>Continuous monitoring of the number of Substantiated safeguardings will occur. Significant concerns could include:</p> <ul style="list-style-type: none"> a request that the service enter into voluntary suspension SCC placing a service in suspension, pending necessary improvements. 	
1.3	Handbacks of Packages of Care	Continuous monitoring of Handbacks will occur, as to which may place a provider in breach of contract.	
1.4	Complaints/Concerns/Issues (CCI's)	All CCI's will be captured through the Experience of Residents from SCC or the ICB or complaints through SCC Customer	

Management Information

In addition to routine Contract Management visits by your Contract Officer, and full or partial PAMMS (Provider Assessment and Market Management Solutions) assessments, an periodic Health Check will be undertaken, and you will be asked to provide or prepare management information, as detailed below, in preparation for that specific visit. Where the council does not have sufficient capacity to undertake the visit, it will risk assess and undertake the check based on the PAMMS assessments.

The provider shall monitor its performance in the delivery of the services in accordance with the Management Information requirements and provide all information required therein annually. The Contract Officer will agree, by prior arrangement, a date to visit and in readiness may request some of this information electronically via an email request.

	Management information for the Health Check	Method of Monitoring:	
2.1	Business Continuity Plan	Service Provider to prepare or provide: <ul style="list-style-type: none"> • Business Continuity Plan to include how service will cope with: <ul style="list-style-type: none"> o Extreme weather conditions o Loss of Sponsorship licences <i>(if applicable)</i> 	
2.2	Insurance Certificates	Service Provider to prepare or provide: <ul style="list-style-type: none"> • All Insurance documents, including Schedules for: <ul style="list-style-type: none"> o Employers Liability o Public Liability o Professional Liability 	
2.3	Annual Service Plan/Report	Service Provider to prepare or provide: <ul style="list-style-type: none"> • An annual report detailing the outcome of quality assurance including a service improvement plan. 	
2.4	Details of Sponsorship Licences <i>(if applicable)</i>	Service Provider to prepare or provide: <ul style="list-style-type: none"> • Information to include number and expiry dates 	
2.5	CQC registration information.	Service Provider to prepare or provide: <ul style="list-style-type: none"> • To advise if dual registered CQC e.g. Children and Adults 	
2.6	Staff Training Matrix – relevant to the Customer base being contracted for	Service Provider to provide a full training matrix to include: <ul style="list-style-type: none"> • Effective communication • Equality, diversity and inclusion • Duty of care • Person centred care, enablement, support planning • Health and safety • Handling and sharing of information • Face to Face Moving and handling people training • Safeguarding vulnerable adults and safeguarding children • Mental Capacity Act • Infection control and basic life support (emergency first aid) • Medication Awareness • Food hygiene • Enabling approach to care • People Whose Behaviour Challenges • Fundamental Dementia Care • End of Life Care • Risk Assessments • Oliver McGowen training 	
2.6	Provider Incident & Accident Log for the last 12 months	Service Provider to prepare or provide: <ul style="list-style-type: none"> • Incident & Accident logs which detail all issues including 	

2.7	Outcome Based Care Planning	Service Provider to provide example care plans as defined in the contract. There will be a minimum of one care plan or a maximum of 10 care plans per service through the Council or ICB. <ul style="list-style-type: none"> • Care plans • Risk assessments • MARS Medication Charts and Daily records 	defin of 10
2.8	Staffing Details	Service Provider to prepare or provide: <ul style="list-style-type: none"> • Management structure and • current staff numbers and job roles within the org 	the org
2.9	Compliments & Complaints recorded by Provider	Service Provider to provide information relating to: <ul style="list-style-type: none"> • Compliments • Complaints • Lessons learnt • Customer Annual Survey findings • Staff Annual Survey findings 	

Management information obtained by other routes:

The Council and the ICB will obtain further checks on the Provider via other routes to monitor customer, patient and staff satisfaction. This information will be required and will be obtained via the Experience of Received Services, Complaints via Customer Rights, CQC findings, Healthwatch surveys, PAMMS assessment and the providers own Compliment and Complaint information along with annual survey findings.

General Principles

Meetings:

Contract and operational review meetings will be held between the provider's authorised representative and the Council/ICB at regular intervals. These will be regular but proportionate and will be scheduled by the Council in advance to discuss the providers performance including the results from the performance indicator monitoring and any issues/concerns from both the Council, the ICB and the provider.

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

Providers may also be expected to attend regular Provider/Locality Forums to discuss local issues including but not limited to capacity, forward planning and innovative solutions to address localised issues.

The Council and ICB will work collaboratively with providers to establish and maintain positive working relationships. The Council/ICB may call meetings which include a range of stakeholders, including but not limited to, customers, health, and social care practitioners, in order to develop services and tackle local issues affecting the delivery of services. Working relationships will be developed and maintained and will be positive and cooperative and always in the interest of the best outcome for the people using this

service. The Council/ICB expects providers to fully engage in these meetings to continue to be part of future developments.

Quality Assurance:

In addition to the above the service quality will be continuously monitored.

The Council/ICB will use a variety of methods to monitor performance and quality of this service including (but not limited to) the following **and will need access to records both electronic and paper based as and when required. For the avoidance of doubt the Council/ICB will require full access to any paper based or electronic monitoring systems as and when required.**

Any visit by the Council/ will normally be announced and indication given of length of visit and what will be required, the Council/ICB will only undertake an unannounced visit where there is good reason e.g. customer safety, business continuity. Information to be available for the Council/ICB when requested, this list is not exhaustive:

individual care and support plans, risk assessments, and daily records

- medication records
- feedback from or consultation with people using the service and/or their family carers, networks of support, advocates and service stakeholders as considered appropriate by the Council/ICB
- feedback from Council Contract and Service Development officers/ ICB Officers and Social Work Services.
- examination of (or investigation of) complaints and / or safeguarding instances
- provider performance monitoring forms/returns
- reviewing written procedures and records for both people using the service and staff
- reviewing case examples
- looking at staff training records and work rotas
- Copies of all statutory notices received;
- CQC pre-inspection return and, where requested by the Council, any supporting documentation; CQC inspection reports and any associated action plans; *Variation* to CQC Registration; CQC warning notices
- Internal quality assurance procedures and reports;
- External quality assurance certificates, where applicable; and
- Records under the complaints and suggestions procedure operated by the Provider and the outcome/investigation of any complaints made. Where the Council has a statutory duty to investigate a particular complaint, the Provider must notify the Council as soon as the Provider receives the complaint.
- Number of care packages awarded where care has not started on the required start date, including details of why this was the case.

Other:

The Council/ICB reserves the right to request a joint visit to the persons home to assess delivery of service requirements of this contract. The Council is part of the ADASS Eastern region collaborative and as such may share performance and monitoring information with regional partners and CQC.

The provider shall afford all necessary resources and facilities including contact details of staff employed by the provider to allow the Council/ICB to carry out its contract reviews and provide all reasonable information requested at no additional cost to the Council/ICB.

As the Council moves toward the service development elements contained in this specification the monitoring requirements will be reviewed and changed to reflect the required quality levels.

For the avoidance of doubt the adequate evidence of contractual performance will be determined solely by the Council/ICB.