

Schedule 1

Service Specification for Mental Health Care Homes & Accommodation based Services (5.9)

East of England: Service Specification Care Homes & Accommodation 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').

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.
- 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 14 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 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 a Service where all aspects of a person's assessed care needs are met.
- 2.4 The Service Provider will provide Services that meet the needs of the individual and ensure they 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. It remains an overriding principle that providers will not discriminate against people with a dual diagnosis (e.g. coexisting mental illness and substance misuse) and ensure that 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 people's human rights and does not discriminate against people for any reason. Its policies will incorporate respect for both Staff and Individuals accessing the Service.
- 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 care and support, where appropriate.
- 2.9 Under the Equality Act 2010, organisations have a legal duty to make changes in their approach or provision, called reasonable adjustments, to ensure that services are as accessible to people with disabilities as they are for everyone else. This duty aims to address the recognition that people with disabilities may have equal access to care and services, but without specific adjustments being made, that access may not be equitable.

A Reasonable Adjustment Digital Flag enables health and care professionals to record, share and view details of Reasonable Adjustments across the NHS, wherever the person is treated. The flag indicates that Reasonable Adjustments are required for an individual and optionally includes details of their significant impairments, underlying conditions and key adjustments that should be considered.

The requirement of social care providers in enabling the flag to be realised and actioned involves:

- Clear identification of all individuals for whom Reasonable Adjustments may be required.

- Identification and sharing of key adjustments that will help a care episode go well or happen at all (with consent).
- Ubiquitous, consistent visibility and structure of the information – wherever a patient is treated in health and care.
- Identification and maintenance of the information recorded and shared through the Reasonable Adjustment Digital Flag in conjunction with the wishes of the individual and their carers - leading to tailored, personalised care.

Further details about the Information Standard Notice mandated for actioning across all health & social care providers can be found here:

[DAPB4019: Reasonable Adjustment Digital Flag - NHS Digital](#)

3 Maximising Health and Wellbeing

- 3.1 Staff members will have the knowledge and skills to work with Individuals to support both their physical and mental health and wellbeing. This will typically include asking Individuals about their lifestyle choices and offering help to make changes, for example to stop smoking or support to address substance misuse.

In line with QS80 (see below) and QS188 Statement 1, people ages 14 and over with suspected or confirmed severe mental illness are asked about their use of alcohol and drugs. <https://www.nice.org.uk/guidance/qs188/chapter/Quality-statements>

Members of staff will be expected to demonstrate to the Council their understanding of health promotion, awareness of local programmes to support healthy lifestyles and how they work with Individuals to maintain health and wellbeing, in line with QS80 Statement 7: **Health and social care practitioners** ensure that they are aware of local healthy eating and physical activity programmes and offer these to adults with psychosis or schizophrenia. They should also offer them help to stop smoking if they smoke. <https://www.nice.org.uk/guidance/qs80/chapter/quality-statement-7-promoting-healthy-eating-physical-activity-and-smoking-cessation>

- 3.2 The provider will ensure that staff have access to learning and development opportunities that includes public health messages and an understanding of the services that can support them. Delivery of training courses should include self-advocates and family carers.
- 3.3 Any organisational learning needs analysis will include consideration of staff understanding of how to maintain good health (including oral health and mental wellbeing); local health services and initiatives, and an overview of common health conditions and health risks for people with mental illness.
- 3.4 As part of the Contract the Provider will recognise the importance of supporting annual health checks for the Individual and where this has been arranged, support and prioritise attendance over social activities. The provider will provide appropriate staff to support the Individual in attending their annual health check and will ensure that information available from annual health checks is used effectively to plan for, and respond to, the health needs of Individuals as part of the person's care and support plan. This includes plans for access to healthcare (including dental services) and medical intervention, including hospital admissions (if this requires changes to the person's support plan, the provider will contact the care manager in accordance with Clause 8 of this Specification.

- 3.5 Any staff member supporting an Individual to attend a health appointment of any type should have permission from the individual; have a good understanding of any health conditions; be able to advocate on behalf of the person and be prepared to support the individual to feed relevant information back to others. Prior to a health appointment, the staff member should meet with the individual to agree the purpose of the appointment and the Individual's expectations regarding how they wish to be supported.
- 3.6 The provider will also demonstrate a commitment to preventative care as a means of reducing the number of emergency admissions and understands the specific service requirements of people with a mental illness.
- 3.7 People in residential care often have poorer oral hygiene than the rest of the population. Providers understand that poor oral hygiene can lead to a number of serious health conditions including heart disease. They will be aware that pain as a result of toothache can also cause behaviour that challenges services and ensure that this is not overlooked when providing care services and support. The provider will ensure that staff are working with Individuals to understand and maintain good oral hygiene. People who move into a care home have their mouth care needs assessed on admission and recorded in their personal care plan. They are also supported to clean their teeth twice a day and to carry out daily care for their dentures. They should have access to the dentist at least annually.

4. The Service: Residential Care

- 4.1 The Services provided in the Care Home should include a single room (unless Individuals wish to share), toilet and bathing facilities with adaptations as recommended in any clinical risk assessment, in order to reduce risk of self-harm or suicide (e.g. no glass in picture frames, removal of ligature points). Full board, personal care, nursing care where appropriate, staffing on a 24 hour basis, and meaningful day time and evening social activities, 7 days a week should also be provided (in line with NICE QS50, statement 1: <https://www.nice.org.uk/guidance/qs50/chapter/Quality-statement-1-Participation-in-meaningful-activity>). Also, in line with QS184 statement 5 (dementia) and QS14 (Individual's experience of MH services) statement 8 <https://www.nice.org.uk/guidance/qs14/chapter/quality-statement-8-inpatient-meaningful-activities#quality-statement-8-inpatient-meaningful-activities>

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.

- 4.2 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. This should specifically include ensuring that people who have self-harmed are cared for with compassion and the same respect and dignity as any services user and that any appropriate treatment is accessed as necessary. <https://www.nice.org.uk/guidance/qs34/chapter/List-of-quality-statements>
- 4.3 The Care Home shall arrange and pay for (unless paid for by the local Integrated Care Board) any health equipment and materials, (for example, to relieve pressure,

maintain good oral health, aid continence, ensure safe handling or to provide bariatric care) required by Individuals.

4.4 TRANSPORT

- 4.4.1 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.
- 4.4.2 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.
- 4.4.3 The Service Provider must be sufficiently flexible in its transportation arrangements in order to support a wide range of activities for Individuals.
- 4.4.4 It is expected that all transportation for those in 24-hour residential care will be identified and arranged by the service. This will include those Individuals who have been provided with a day services package as well as the 24-hour residential care.

4A SPECIFIC SERVICE, REQUIREMENTS & AIMS

4A.1 The Service will support the [People at the heart of care - Suffolk County Council](#) and other subsequent strategic aspirations of the Council. The Service Provider will ensure that the following approach and core principles are applied to service delivery:-

Signs of Safety, Trauma Informed and Restorative Approach (SOS+)

Providers will be expected to adopt the Signs of Safety, Trauma Informed and Restorative approach (SOS+) for the delivery of services across Suffolk. A united approach to service delivery provides the people of Suffolk with clear expectations about how services are delivered with the aim of promoting consistent interactions across different services.

SOS+ brings together Signs of Safety, Trauma Informed and Restorative values and practices.

The approach provides:

- A set of key principles that we aspire to use.
- An overarching comprehensive framework for conversation, risk assessment, thinking and analysis.
- Practices to support working WITH people and others who are important to them.

With the aim to:

- Realise and acknowledge that peoples lived experiences play a part in how they respond, engage and function.
- Respond to support recovery and restore functioning.
- Apply a solution-oriented approach to move towards agreed safe solutions.

Information about Suffolk's use of Signs of Safety can be accessed via [Workforce Development Team - Signs of Safety+ ACS](#)

Alongside this, the Provider will adhere to the following principles when delivering services:

- To have respect for the people supported and their way of life, paying particular regard to ethnic, religious, sexual orientation and cultural issues
- To involve the people supported in all decisions which affect the delivery of the Services, including support planning, addressing their specific communication needs and being responsive to their informed choices and wishes
- To maintain people's current support networks
- To provide support that motivates services users to make choices, engage in opportunities and activities.
- To maintain the confidentiality of those supported unless a disclosure is necessary to protect the health, safety or welfare of them or other supported.
- To avoid any discriminatory practices
- The support provided should suit individual's current needs and preferences and be flexible enough to respond to future needs and preferences.
- The Service Provider should promote positive mental health without stigma or discrimination
- The Service should promote reablement, social Inclusion and independence
- Individuals should have as much control over their lives as possible.
- Services shall evidence that they are providing best value, by measuring and reviewing the efficiency and effectiveness of the service provided over the period of the contract.
- The Service Provider will meet current regulations and performance reporting requirements of commissioners.
- The Service Provider should work together with other services open to the individual, in an integrated way
- The service will work with housing providers and other partners to promote move on to more independent accommodation.
- The Service Provider will produce the performance reports set out in this specification
- The Service Provider should ensure that staff with relevant skills and experience are available to deliver an appropriate service.
- The Service Provider should make provision for staff training to ensure the needs of the the people supported are met.

A strengths-based philosophy and practice is essential to delivery of support. This is about building a meaningful and satisfying life, as defined by the those supported themselves. The service will promote hope and will enhance this by ensuring people have more active control over their lives.

The outcomes for the service that have been defined are intended to ensure that the service is promoting recovery in the way the service is designed and delivered.

In additiion to the above, to promote the quality of life of people supported, the provider must demonstrate through the delivery of the Services the following:

Competence

The Provider's organisation is run by people who are competent to do so, who recruit and employ staff competent to do the job, who comply with their legal requirements and who operate safe working practices. The Provider's organisation is properly insured and financially sound.

Security

The Provider respects that Services are to be delivered in the peoples own homes and will ensure that they employ staff who respect the people supported and their property.

Staff will be trained in Safeguarding of Vulnerable Adults (SOVA) guidelines and actively support the SOVA guidelines and to keep up to date with changes to national and local guidance and legislation.

Responsiveness

The Provider responds to peoples individual needs, gives choice to the person supported and Carers about when and how the Services are provided, and ensures that the services respond appropriately to the specific needs of race, religion, gender, disability, sexual orientation and age as appropriate. The Provider must have a process by which the people supported, carers, the council or any other interested party may make comments, suggestions, complaints, and compliments, and a system in place which will ensure that such comments, suggestions, complaints and compliments may be considered fairly and acted upon if appropriate from time to time.

Those supported and their carers may approach the Council if they wish to lodge a complaint against the Provider. The Council will investigate complaints in accordance with the Council's complaints policy where appropriate. It is expected that the Proviver takes initial responsibility for complaints and if unresolved escalates to the Council.

Reliability

The Provider shall comply with the Contract, deliver the services, give the person supported and theirs carers information about the individual services to be provided to them, and has policies to keep people and carers informed of any changes in the Services.

Understanding

The Provider shall ensure that the Staff providing the services understand the individuals needs including in respect to their race, religion, gender, disability, age or sexual orientation.

4A.2 All providers will be expected to achieve the following independent ratings:

- i CQC – Good
- ii.Environmental Health – Food Hygiene Rating Scheme – Rating of 5

Where a provider is classed as 'inadequate' by CQC or 1 star by environmental health, the Council will immediately stop referrals to the service.

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.

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.

5. Volume of Service

- 5.1 The Service Provider will provide places for individual Referrals as agreed from time to time and as set out in Individual Service Contracts.

6. Accessing the Services & Assessments

- 6.1 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.
- 6.2 The needs of each Individual will be identified through an assessment completed by a Care Manager from the Council including potential supported self assessment. If the Individual is eligible for the Services, the Care Manager will produce a personalised and outcome focused Care Plan (including a crisis plan for those that may be at risk of crisis) and Risk Assessment, with input from the Individual and / or their representative, to identify how their needs will be met and the outcomes to be achieved.
<https://www.nice.org.uk/guidance/qs14/chapter/Quality-statements>
- 6.3 The Council's Placement and Brokerage Team and/or a representative of Social Work Services shall have authority to refer Individuals to the Services on behalf of the Council.
- 6.4 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.
- 6.5 Referrals may be made by telephone or in writing. The Service Provider will respond with formal acceptance or rejection of the referral within a timely fashion. The Referral and the agreed start date shall be confirmed in writing with the appropriate paperwork within five Business Days of the Referral being made by email, by post, or facsimile transmission. A copy of the Care & Support Plan and Risk Assessment will also be sent to the Service Provider.
- 6.6 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.
- 6.7 Placements will be regarded as long term unless the Council and the Service Provider agree a trial period for the placement.

7. Information and Guidance

- 7.1 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.

7.2 Within two weeks of the start of the Services, Service Providers are required to supply the following information to all Individuals. 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.

7.3 The Council will provide this information in advance to the Service Provider.

8. Care & Support Reviews / Changes in Services

8.1 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 a Individual would prefer to have their Services provided, which may require the Council to review the Care and Support Plan.

8.2 A care management review will be held as often as the Care Manager considers necessary, or as requested by the Individual and / or their representative, or by the Service Provider but at least annually.

8.3 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.

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.

8.5 The Individual's individual service contract will be amended as appropriate following the review.

9. Temporary suspension of individual places in the Services

9.1 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.

9.2 The payment arrangements that apply for temporary suspension of places in the Services are set out in **Schedule 4**

10. Termination of individual places in the Services

10.1 Payment for the individual Services shall be terminated after two of days after the death of the Individual..

10.2 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 on a case by case basis

- 10.3 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.
- 10.4 At any time during a trial period of occupation of the Home by the Individual (or at any time for a Short Term placement) agreed under Clause 6.7 above the Individual, The Service Provider, or The Council, shall have the right to terminate the occupation by the Individual by giving [seven day's notice in writing. Notice by The Service Provider shall be given to both The Council and the Individual. Notice by The Council shall be given to both The Service Provider and the Individual. The Service Provider shall notify the Council if it receives notice from the Individual. In the event of an emergency an Individual may terminate his/her occupation without notice.

11 How and what we will monitor.

- 11.1 The Council is responsible for monitoring the quality of the Services provided and for reviewing the individual 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)
- 11.2 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.
- 11.3 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.
- 11.4 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.
- 11.5 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.
- 11.6 Once an assessment has been finalised and agreed by the Council, the ratings of the visit will be made public. In addition, the reports and assessments will also be available for partners within the Eastern Region.

- 11.7 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).
- 11.8 The Service Provider may also be required to complete the online Periodic Data Return which will be broadcast to the Service Provider via the PAMMS provider portal.
- 11.9 The Council is mindful of the need to apply a proportionate approach in respect to the monitoring of Services.
- 11.10 Additionally, the Council will 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. The meeting should be used to share good practice and to agree areas for improvement.
- 11.11 At the request of the Council, the Service Provider will return the following additional information on an annual basis;
- a) Business Continuity Plan.
 - 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 Satisfaction Survey. The Council will use the results from the 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 Commission's Provider Information Request (PIR) (if completed) for the Service Provider.

i) A full breakdown of Service costs and pricing structures.

11.12 As part of the Contract, providers are required to draw up a 'Plan for Improving Health' which should be proportionate and reasonable to the business needs of the organisation and should evidence:

- the leadership within their organisation for supporting people to have better health and wellbeing
- an effective and comprehensive workforce training programme
- staff supervision and support models
- partnership and professional links with local primary, preventative health and specialist mental health services
- implementation of recommendations in any clinician led risk assessments (e.g. to reduce risk of self-harm or suicide)
- support to access annual health checks and both mainstream, including dental services, as well as specialist health services, including mental health services
- appropriate support to implement health action plans
- delivery of health promotion information and support: e.g. QS151 oral health states Adults living in care homes are supported to clean their teeth twice a day and to carry out daily care for their dentures.
- support and planning for end of life care
- evidence of improvement or maintenance of Individuals' health and wellbeing on an annual basis.

It is expected that a senior manager within the organisation will have responsibility for drawing up, implementing and reporting on the organisation's 'Plan for Improving Health' and that this plan is reviewed at least annually.

11.13 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.

11.14 The Service Provider is required to register with the Skills for Care National Minimum Dataset for Social Care (NMDS-SC) and will:

- Complete an NMDS-SC organisational record and must update all of its organisational data at least once per annum;
- Fully complete individual NMDS-SC 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.

11.15 The Provider shall register and maintain registration of an account on Capacity Tracker and, where possible, try to ensure that they have 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 regularly updating vacancy information.

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.

- 11.16 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.

12. Notification to the Council

- 12.1 Without prejudice to its responsibilities under the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014 \(Part 3\) \(as amended\) /2936](#) the Service Provider will be responsible for notifying the Council as soon as it is practical to do so, if any or the following occur:

- (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 accessing the Service.
- (3) Death of the Individual.
- (4) Outbreak of notifiable infectious disease in the Home.
- (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) Change of manager
- (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

- 12.2 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.

13. 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:

<http://www.skillsforcare.org.uk/Document-library/Standards/National-minimum-training-standard-and-code/CodeofConduct.pdf>

The Nursing Midwifery Council (NMC) codes of conduct available at:

<http://www.nmc-uk.org>

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

- 14.1 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 Individuals Accessing the Service
	What outcomes can people who use your Services expect?
Core criteria in bold	<i>Individuals accessing the Service 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 the Individual's choices and preferences and discuss and explain their care and support options with them.
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 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/
1.10	Ensure that people who have self-harmed are cared for with compassion and the same respect and dignity as any Individual and that appropriate treatment is accessed as necessary.
1.11	Be aware of local referral pathways for supported employment programmes and offer these to Individuals who wish to find or return to work (in line with QS95 statement 8 and QS80 statement 5).
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to support equality and diversity and ensure that Individual'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 Quality Standard	NICE Guidance	Links to ADASS East Standards & Criteria
Service user experience in adult mental health services [QS14] Last updated: 31 July 2019 See statements 1, 2, 4 and 8	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.	S1: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.8
Decision making and mental capacity [QS194] August 2020	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 , [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
Self-harm [QS34] 28 June 2013 See statement 1	Self-harm in over 8s: short-term management and prevention of recurrence [CG16] 28 July 2004 See section 1.1.1	S1: 1.10
Psychosis and schizophrenia in adults [QS80] 12 February 2015 See statement 5 Bipolar disorder in adults [QS95] 23 July 2015		S1: 1.11

See statement 8		
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	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, 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 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 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: 2.1, 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 Individuals Accessing the Service
	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 are involved in their care and support planning.
3.2	Ensure Individuals know who their care worker / key worker is and how they can contact you as the Service Provider of their Services.
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 plan.
3.4	Assess the needs of the Individual including risks to their health and wellbeing and implement any recommendations from specialist risk assessments in order to reduce risk of self-harm or suicide by the Individual..
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. This should include a crisis plan if the Individual is at risk of crisis as per QS 14 https://www.nice.org.uk/guidance/qs14/chapter/Quality-statements
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 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 and enabling way to help maximise the Individual's independence and quality of life as well as reduce the number of emergency admissions.
3.9	Support Individuals in setting goals to help maximise their independence and improve the quality of their life.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain the effective care and wellbeing 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:

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 using adult social care services , NICE guideline [NG86] February 2018: See section 1.4	S3: 3.1, 3.3, 3.9
Self-harm [QS34] 28 June 2013 See statement 6		S3: 3.4
Service user experience in adult mental health services [QS14] Last updated: 31 July 2019 See statements 5 and 6		S3: 3.5

	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>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.
4.2	Ensure that Individuals 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 meal times.
4.3	Food and drink are provided in environments that promote Individuals 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 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.
	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
Outcome Domain 2	Personalised Care & Support
Standard 5	Co-operating with other Service Providers
	What outcome can people who use your Services expect?
	<i>Individuals 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. Ensure that Individuals understand the roles of the members of their multidisciplinary team and know how to contact them about their ongoing healthcare needs.
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, including dental services, as required. [For LD Services there is an expectation that organisations will work together with local statutory health providers to support Individuals to understand health action plans. This will primarily, but not exclusively, be the Individual's GP practice and local learning disability health services]
5.5	Ensure that systems and processes are in place for Individuals to agree with their care provider a structured and phased plan before their services change or are withdrawn. This should include plans for accessing services at times of crisis: https://www.nice.org.uk/guidance/qs88/chapter/Quality-statement-5-Managing-transitions
5.6	Ensure that people receiving continuing support for self-harm and moving between services have a collaboratively developed plan describing how support will be provided during the transition: https://www.nice.org.uk/guidance/qs34/chapter/quality-statement-8-moving-between-services#quality-statement-8-moving-between-services
	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
Personality disorders: borderline and antisocial [QS88]: 11 June 2015 See statement 5		S5: 5.5
Self-harm [QS34] 28 June 2013 See statement 8		S5: 5.6

	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>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 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	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 Services, including the Local Authority, and actively support and encourage 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	<p>Ensure that Individuals' human rights are promoted and protected through the assessment and delivery of care and ensure that planned restrictive interventions:</p> <ul style="list-style-type: none"> • take place within the appropriate legal framework of the Human Rights Act 1998, the relevant rights in the European Convention on Human Rights, the Mental Health Act 1983 and the Mental Capacity Act 2005, including the supplementary code of practice on deprivation of liberty safeguards • are in the best interest of the person to protect them or others from immediate and significant harm • are a reasonable, necessary and proportionate response to the risk presented <p>See NICE guideline on learning disabilities and behaviour that challenges rec 1.9.5: https://www.nice.org.uk/guidance/ng11/chapter/1-Recommendations#psychological-and-environmental-interventions-2</p>
6.9	<p>Ensure that systems are in place for people with a learning disability and behaviour that challenges to have a documented review every time a restrictive intervention is used. In line with Learning disability: behaviour that challenges Quality standard [QS101]: https://www.nice.org.uk/guidance/qs101/chapter/Quality-statements</p>
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain the safety 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:

	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
Learning disability: behaviour that challenges [QS101] Last updated: 24 July 2019	Learning disabilities and behaviour that challenges: service design and delivery [NG93] 28 March 2018	S6: 6.8, 6.9

	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>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. 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-is-followed-as-required .
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 Individuals 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>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, including the recording of an Individual'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) and co-facilitate and record annual physical health check completion in combination with GP and local Mental Health Team. For medications that require specific monitoring guidance e.g. Clozapine (Denzapine), Lithium and Warfarin individual support plans and management guidance is in place, including flow chart of actions to be taken in the event of adverse medication compliance.
8.4	Involve people in their 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.
	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

	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>Individuals, 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 Individuals 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 Individuals accessing the Service.

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>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 << add local protocol here if available>>.
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>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 [renewed every 3 years] 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

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>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 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 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 Services) to a good conversational standard.	
12.7	Ensure that staff have appropriate knowledge and understanding of current health promotion messages to help support Individuals to maximise their health and wellbeing and live a fulfilled life.	
	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
	Care and support of people growing older with learning disabilities [NG96] 11 April 2018 See section 1.7 Staff skills and expertise	S12: 12.6, 12.7

	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>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 (specify how often or add), that their performance is appraised 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.	

NICE Standard Guidance Links to East Standard Criteria::

	Workplace health: long-term sickness absence and capability to work [NG146] 20 November 2019	S13: 13.9
Healthy workplaces: improving employee mental and physical health and wellbeing [QS147] 03 March 2017		S13: 13.8, 13.9

	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>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 service 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, 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>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 the Service Provider will:
15.1	Provide Individuals 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 are accessing 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
Outcome Domain 5	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 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 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.

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 person using the service as part of this Contract on a periodic, individual basis.

2. The Performance Monitoring System

The Provider shall monitor and report to the Council its performance against any Performance Targets within the PAMMS framework, in accordance with Clause 17.5 of the Terms and Conditions of the Contract. The Council will periodically conduct a formal review of the service using the PAMMS Framework as outlined in Section 11 of the Service Specification.

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

	Description of indicator	Critical Success factors
1	Analysis of Customer feedback / satisfaction in relation to the Service being provided.	At least annually the Provider will undertake a Customer Survey and Report with accompanying Action Plan that shows how improvements will be made within the service based on Customer feedback. The report will be made available on request and should include Compliments/Complaints with evidence of action taken in response. Evidence will also be sought around Professional Experience of Received Service Feedback received.

2	Information relating to the delivery of the service within the Provider organisation.	<p>At the request of the Council, the Provider will return one or more of the following additional pieces of information on an annual basis to the Council:</p> <ul style="list-style-type: none"> a) A copy of the Provider Information Return (PIR) which is completed for CQC b) Results of the Provider's Annual Service User Satisfaction Survey c) Insurance Schedules and Certificates d) Accounts for the most recent completed financial year (audited if required by law) e) Business Continuity Plan. <p>This list is not Exhaustive, and the Council may in addition ask for other details of service delivery and also conduct an Open-book accounting exercise. Evidence of taking issues relating to Equality, Diversity and Inclusion into account in the delivery of services will be sought.</p>
3	Attending or providing information for Customer Reviews.	<p>Provider participation and provision of information to support Customer Reviews carried out by the Council either on an annual basis or when required.</p>
4	<p>The Care Quality Commission (CQC) is the regulatory body for health and social care. Where a service is required to register, the CQC will monitor, inspect and regulate services to make sure they meet Key Lines of Enquiry (KLOEs)</p>	<p>The Provider notifies the Council immediately when a Care Quality Commission (CQC) inspection identifies there is a moderate or major concern in complying with the CQC Key Lines of Enquiry (KLOEs). Concerns will be established by CQC either directly after an inspection when feedback is delivered, or when the draft inspection report is supplied.</p> <p>The Council will respond in line with their Accreditation and Suspensions Policy.</p> <p>The Provider must notify the Council immediately if any change occurs within the service that affects their CQC registration.</p>