

Schedule 1

Service Specification for Older People's 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').
- 1.2 The Provider (where the care home is in Suffolk) will be required to register on the online portals Find Care Services and Suffolk Sourcing (or their successors) and to keep their information updated. These portals provide a public record of the contract. This information will be used by the Council in the management of contracts.

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 Service User. The Service Provider must ensure that each person responsible for the delivery of care is fully aware of the requirements of the Contract Standards as well as the Fundamental Standards 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 are met.
- 2.4 The Service Provider will provide Services that meet the needs of the Individual and are provided by competent staff in a way that supports the safety and security of the Service User. The Services shall be responsive, reliable and maintain a person's dignity and respect at all times. The Services shall be accessible and delivered with understanding and without discrimination.
- 2.5 Where possible Services must always be provided in a way that enables the Service User 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 Service Users 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 Service Users.

2.8 The Service Provider must ensure 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.

3. The Service: Residential Care

3.1 The Services provided in the Care Home should include a single room (unless Service Users wish to share), toilet and bathing facilities, full board, personal care, nursing care where appropriate, staffing on a 24 hour basis, and meaningful day time and evening social activities In line with NICE QS50, statement 1:

<https://www.nice.org.uk/guidance/qs50/chapter/Quality-statement-1-Participation-in-meaningful-activity>

Exceptions can be made where recorded on the Service User's Care Plan as prepared or agreed by the Service User's Care Manager and the Service User 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 Service Users and supporting them with appropriate activities.

3.3 The Care Home shall arrange and pay for (unless paid for by the local Integrated Care Board in the case of Continuing Healthcare and Funded Nursing Care) 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 Service Users.

3.4 TRANSPORT

3.4.1 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.

- 3.4.2 The service will be entitled to use the Service User'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.
- 3.4.3 The Service Provider must be sufficiently flexible in its transportation arrangements in order to support a wide range of activities for Service Users.
- 3.4.4 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 Service Users who have been provided with a day services package as well as the 24-hour residential care.

3.5 DAY ACTIVITIES

The Care Home may also provide day activity services to customers not usually resident in the home. Payment for these services will be made in accordance with Schedule 4 of this contract

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. In addition to achieving the standards required in the East of England Service Outcomes and Standards of Care (Section 13 below) the provider will also:

- 3A.1 Include within their improvement plan targets for achieving the My Home Life vision for care homes:
- i. Best practice themes (identifies what older people want and what works)
 - ii. Relationship-centred care (provides the underlying approach to deliver best practice)
 - iii. Caring conversations (helps us to achieve relationship-centred care)

Full details can be found at <http://myhomelife.org.uk/>

- 3A.2 For services caring for residents with dementia to include within their improvement plan targets to achieve appropriate standards recommended by the Dementia Services Development Centre <http://dementia.stir.ac.uk/>

- 3A.3 All providers will be expected to achieve the following independent ratings:
- i. CQC – Outstanding or Good
 - ii. Environmental Health – Food Hygiene Rating Scheme – Rating of 5

3A.3.1 Where a provider is classed as 'inadequate' by CQC or 1 star by environmental health, the Council will immediately stop referrals to the service, in accordance with the Council's Suspensions Policy.

3A.3.2 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.3.3 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 provide places for individual Referrals as agreed from time to time and as set out in the person's Individual Placement Contract. The number of Individual Placement Contracts within the service will be reviewed periodically between the Service Provider and the Council.

5. Accessing the Services & 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 an Individual assessed needs.
- 5.2 The needs of each person being supported and cared for will be identified through an assessment completed by a Care Manager from the Council [and where appropriate by supported self assessment]. If the Service User is eligible for the Services, the Care Manager will produce a personalised and outcome focused Care Plan and a Risk Assessment, with input from the Service User and / or their representative, to identify how their needs will be met and the outcomes to be achieved.
- 5.3 The Council's Placement and Brokerage Team and Transfer of Care Facilitators shall have authority to refer Service Users to the Services on behalf of the Council. This may change over the course of the Contract and the Council will notify the Service 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. 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 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.
- 5.6 The Service Provider shall provide the Services for the named Service User from the start date, until the Services are cancelled, suspended or varied in accordance with the Contract.
- 5.7 The first 42 days (or any other period of time agreed at the time of referral) shall be regarded as a trial period unless the parties agree otherwise in writing.

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

7. Care & Support Reviews / Changes in Services

- 7.1 The Service Provider must inform the Council if they feel that there is a material change in the Service User's needs, or in the way that a Service User would prefer to have their Services provided, which may require the Council to review the Care and Support Plan.
- 7.2 A care management review will be held as often as the Care Manager considers necessary, or as requested by the Service User and / or their representative, or by the Service Provider but at least annually
- 7.3 The care management review will involve the Service User and/or their representative, the Care Manager or their representative, and where appropriate, the Service Provider or designated representative. Consideration will be given to ensure convenience and adequate notice for all participants wherever possible.
- 7.4 The care management review will consider the extent to which the outcomes set out in the Care and Support Plan are being met and will identify future objectives.
- 7.5 The Service User's individual service contract will be amended as appropriate following the review.

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 Services shall be terminated two days after the death of the Individual. The Service Provider must notify the Council using the process outlined in Clause 11 of the this Schedule.
- 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 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 to the appropriate Care Manager and to the Authorised Officer unless mutually agreed on a case by case basis.
- 9.4 At any time during the trial period of occupation of the Home by the Individual (or at any time for a Short Term placement) the Individual, the Service Provider, or the Council, shall have the right to terminate the occupation by the Individual by giving 7 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.

10 How and what the Council 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 (ICB's).

- 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 of the visit will be made public. In addition, the reports and assessments will also be available for 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 may 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 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 the Individual and/or their representative(s);
 - By the investigation of complaints and / or safeguarding instances;
 - By Service Provider Performance Monitoring Forms.
 - By reviewing written procedures and records for both Individual accessing the Service 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 At the request of the Council, the Service Provider will return the following additional information on an annual basis;

- a) Business Continuity Plan to allow for the ongoing delivery of services under this Contract.
- b) Accounts for the most recent completed financial year (audited if required by law).
- c) Insurance Schedules and Certificates.
- d) A Copy of the Service Provider Compliance Assessment tool (PCA) or equivalent The Council will examine the PCA or equivalent to identify good practice and areas for improvement.
- e) Results of the Service Provider's Annual Service User Satisfaction Survey. The Council will use the results from the Service User Satisfaction Survey to ascertain views on the quality and performance of the Services.
- f) A copy of the Service Provider's annual report including their Service improvement plan.
- g) A copy of their training matrix for all staff.
- h) A copy of the Care Quality Commission's Provider Information Request (PIR) (if completed) for the Service Provider.
- i) A full breakdown of Service costs and pricing structures.

10.11 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.

10.12 The Service Provider is required to register with the Skills for Care Adult Social Care Data Set (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.

10.13 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.

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

11. Notification to the Council

11.1 Without prejudice to its responsibilities under 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 person being supported has consistently refused provision of the Services, medication, or medical attention.
- (2) Serious accident, serious illness or serious injury to the person being supported.
- (3) Death of the person being supported.
- (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 person being supported.
- (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

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>

<https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Managing-a-service/Delegated-healthcare-activities/Delegated-healthcare-activities.aspx>

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

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

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

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

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

NICE Standard Guidance Links to East Standard Criteria:

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

	<p>People's experience in adult social care services: improving the experience of care and support for people using adult social care services, NICE guideline [NG86] February 2018: sections 1.1 and 1.6 for specific recommendations.</p> <p>Decision-making and mental capacity, NICE guideline [NG108] October 2018</p>	
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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, Service Users give valid consent to the care and support they receive. They understand and know they can change any decision that has been previously agreed about their care and support. Their human rights continue to be respected and are taken into account.</i>
	To achieve this the Service Provider will:
2.1	Ensure staff know and understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.
2.2	Assess their capacity as required to give informed consent and ensure this is reviewed regularly.
2.3	Provide Service Users with sufficient information relating to consent and ensure this is reviewed regularly.
2.4	Discuss and explain the risks, benefits and alternative options to the way Services can be delivered.
2.5	Find out from the service user how they want to be supported in decision making in accordance with principle 2 of the mental capacity act. Help service users to access support from their preferred person or advocacy services.
2.6	Follow advanced decisions in line with the Mental Capacity Act 2005.
2.7	Take account of restrictions in line with the Deprivation of Liberty Safeguards when providing care and support.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to monitor practice around consent and capacity.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

NICE Standard Guidance Links to East Standard Criteria:

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

NICE Standard Guidance Links to East Standard Criteria:

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

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
Outcome Domain 2	Personalised Care & Support
Standard 4	Meeting Nutritional needs
	What outcomes can people who use your Services expect?
Core criteria in bold	<i>Service Users are enabled and supported to have a choice of nutritional and balanced food and drink to meet their diverse needs.</i>
	To achieve this the Service Provider will:
4.1	Support Service Users to make healthy choices and lead healthy lifestyles and provide access to information about healthy and balanced diet.
4.2	Ensure that Service Users have 24hr access to a choice of food and drink that takes into account their preferences, diverse needs and dietary requirements. Ensure there is accessible information about meals and mealtimes.
4.3	Food and drink are provided in environments that promote Service Users dignity and they have a choice about whether to eat alone or with company.
4.4	Use an appropriate and validated malnutrition screening tool, for example the Malnutrition Universal Screening Tool (MUST), to carry out a full nutritional screening on admission, or where there is clinical concern. See NICE clinical guideline 32
4.5	Support Service Users to access routine health care (including dental) services and any specialist services, guidance and advice that are required.
4.6	Ensure that staff who are involved with food preparation have up-to-date food and hygiene training.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to meet the nutritional needs of Service Users.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

NICE Standard Guidance Links to East Standard Criteria:

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

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

NICE Standard Guidance Links to East Standard Criteria:

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

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

NICE Standard Guidance Links to East Standard Criteria:

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

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

NICE Standard Guidance Links to East Standard Criteria:

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

NICE Standard Guidance Links to East Standard Criteria:

	Managing medicines in care homes [SC1] 2014 recommendation 1.12; 1.13.7	S8: 8.1; 8.2
Medicines management in care homes [QS85] March 2015 see statement 1	Managing medicines in care homes [SC1] 2014 recommendations 1.7.1 and 1.7.3	S8: 8.3
Medicines management in care homes [QS85] March 2015 see statement 3	Managing medicines in care homes [SC1] 2014 recommendations 1.13.2	S8: 8.4
	Managing medicines in care homes [SC1] 2014 recommendations 1.17	S8: 8.5
Medicines management in care homes [QS85] March 2015 see statement 6	Managing medicines in care homes [SC1] 2014 recommendations 1.15.3	S8: 8.6

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

NICE Standard Guidance Links to East Standard Criteria:

Falls in older people [QS86] January 2017 statements 1, 2		S9: 9.2
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	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
Outcome Domain 3	Safeguarding & Safety
Standard 10	Safety, Availability & Suitability of Equipment
	What outcomes can people who use your Services expect?
Core criteria in bold	<i>Service Users, together with those who work in or visit the premises, are not at risk of harm from unsafe or unsuitable equipment (including furnishings or fittings). Service Users benefit from equipment that is comfortable and meets their needs.</i>
	To achieve this the Service Provider will:
10.1	Ensure that equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely and where appropriate used in compliance with the Regional Guidance for Community Equipment in Care Homes (NEAP)
10.2	Ensure that staff are appropriately trained on how to use equipment safely.
10.3	Assess the risks associated with the use of equipment and develop plans to manage any risk identified.
10.4	Provide people with an explanation and adequate information where equipment is used as part of their care, take account of their choices and preferences, and use it in a way that protects their privacy and dignity.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to ensure that equipment is properly used and maintained.
	They have appropriate mechanisms in place to monitor and record compliance with required standards of practice.

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

NICE Standard Guidance Links to East Standard Criteria:

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

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

NICE Standard Guidance Links to East Standard Criteria:

	People's experience in adult social care services: improving the experience of care and support for people using adult social care services , NICE guideline [NG86] February 2018, See recommendation 1.5	S12: 12.6
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	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
Outcome Domain 4	Suitability of Staffing
Standard 13	Supporting Staff
	What outcomes can people who use your Services expect?
Core criteria in bold	<i>Service Users are safe and their health and welfare needs are met by staff who are appropriately trained, well supervised, and receive the development opportunities they need to carry out their role effectively whilst keeping their skills and training up to date.</i>
	To achieve this the Service Provider will:
13.1	Ensure that all staff receive appropriate induction at the start of their employment in line with the Skills for Care - Care Certificate.
13.2	Ensure that all staff receive appropriate supervision at least (specify how often or add), that their performance is appraised to include appropriate skills development and that they receive an annual review.
13.3	Ensure that all staff undertake mandatory training and refresh this as required.
13.4	Support staff to acquire further skills and qualifications that are relevant to their role, the work they undertake and the needs of the Service.
13.5	Ensure that any temporary staff have the appropriate training and skills to undertake their role.
13.6	Keep training records (including evidence of attendance) for all staff.
13.7	Assess risks that may impact on performance and make reasonable adjustments to enable staff to fulfil their role.
13.8	Have appropriate policies and mechanisms in place to prevent and manage incidents of bullying, harassment and violence towards staff.
13.9	Have robust and effective HR arrangements in place around managing Sickness and other absences Including the assessment of stress and other work-related hazards.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain a sufficient number of appropriately inducted, supervised and trained staff.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

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

NICE Standard Guidance Links to East Standard Criteria:

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

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

SCHEDULE 2

PERFORMANCE MONITORING AND KEY PERFORMANCE INDICATORS

1. Introduction

Key Performance Indicators (KPI's) provide the means for measuring and assessing performance using a robust and agreed set of criteria. These assessments also offer useful indications of 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 and Section 10 of the Service Specification.

Set out below is the framework for monitoring of the contract's 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; the report with accompanying Action Plan will show 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 are evidence taken 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.	Provider participation and provision of information to support Customer Reviews carried out by the Council either on an annual basis or when required.
4	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>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>