



Service Specification

Provision of a Care and Wellbeing Service – Extra Care Housing

2016 - 2019

Service Specification for the provision of a Care and Wellbeing Service – Extra Care Housing

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1. INTRODUCTION

- 1.1 This document sets out the service specification relating to the provision of a personalised Care and Wellbeing service for older people and vulnerable adults aged 18yrs or over, who are ordinarily resident of the Borough of Poole or are the responsibility of the Borough of Poole.
- 1.2 Extra care housing (ECH) is a concept rather than a housing type that covers a range of specialist housing models. The Extra care housing umbrella is used to describe developments that comprise of self contained homes with design features and support services available to enable self care and independent living. Extra care housing is popular with people whose disabilities, frailty, vulnerability or health needs make ordinary housing unsuitable, but who do not need to or want to move to long term residential care. Although older people make up the majority of tenants of Extra care housing, people with disabilities are increasingly making use of this type of housing.
- 1.3 Extra care housing should provide a real alternative to a residential care home provision and or unsuitable housing and should be seen as a 'home for life'.
- 1.4 For Poole, Extra Care housing means accommodation that provides enhanced care and support for older people and vulnerable adults who have increased care needs.
- 1.5 Poole's Extra care housing strategic vision is:

"The Borough of Poole is committed to providing a real alternative to residential care, under-occupation and or unsuitable housing by providing accommodation that has sufficient on site care and support yet allowing older people and vulnerable adults regardless of the level of need to be independent, enjoy an inclusive lifestyle and have their housing and care needs met in a holistic manner."
- 1.6 This Service specification is for the provision of a Care and Wellbeing service for people living in Extra Care Housing in the following schemes:

- I. Belmont Court
- II. Delphis Court
- III. Trinidad Village

The hours specified for each scheme are unique to the residents projected needs and assurance of a staffing presence 24 hours a day, 7 days per week.

The projected hours are for guidance, although they are unlikely to change vastly on award.

All hours include all the Care and Wellbeing support delivered and needed by all residents, including Person Centred care, background floating Care and support as and when needed.

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Belmont Court	Projected Hours of between 250-350 hours per week.
Delphis Court	Projected Hours of between 400-500 hours per week.
Trinidad Village	Projected Hours of between 700-800 hours per week.

- Please note these are based on current Care packages delivered to residents in Belmont Court and Delphis Court.

- 1.7 This document also sets out the service specification, individual outcomes and quality standards which apply to the provision of Care and Wellbeing to older people and vulnerable adults who are funded either solely or jointly by the Borough of Poole who reside in the above schemes. It describes the key features of the service being commissioned and the expectations of the partners involved. This Service Specification should be read in conjunction with the terms and conditions of the contract.
- 1.8 The Service to be provided in the Extra Care Housing Schemes is intended to support independence, achieved by enabling people to do things for themselves rather than doing things for them. In delivering the Service every opportunity should be taken, through enabling to maximise the Service Users capacity to carry out tasks themselves.
- 1.9 Whilst the Service to be delivered is to meet personalised needs identified in the Clients Care and Wellbeing Plans, an element of flexibility is built in to enable staff to respond flexibly to temporary and unpredictable fluctuations in need, and to emergencies.
- 1.10 Individual tenants may choose to have a Direct Payment rather than the on site care provision.
- 1.11 Adult Social Care Services Unit and The Commissioning and Improvement – People Services Unit of the Borough of Poole (the Council) are fulfilling their Obligations and Duties under Part 111 of the National Assistance Act 1948 and in accordance with the National Health Service and Community Care Act 1990 for the provision of ‘welfare services’ to disabled persons and to carry out an assessment of the person’s needs for those services and then decide whether the person’s needs call for the provision by them of a service.
- 1.12 This Service Specification reflects new legislation namely the Care Act 2014 its guidance and sets out the philosophy and care standards to be adhered to in the provision of such care.
- 1.13 The Borough of Poole, in partnership with Service Users and providers, has an outcome based approach to the commissioning and provision of services which is reflected in this Service Specification.
- 1.14 The Borough of Poole wishes to work in partnership with the Provider in delivering high quality service to Service Users. The aim is to maximise the use of available resources by establishing longer-term, more integrated relationships with Providers.

1.15 By signing up to a “Partnership Approach”, the Borough of Poole and the Provider are making a commitment to:

- i) Share key objectives.
- ii) Collaborate for mutual benefit.
- iii) Communicate with each other clearly and regularly.
- iv) Be open and honest with each other.
- v) Listen to, and understand, each other’s point of view.
- vi) Share relevant information, expertise and plans.
- vii) Avoid duplication wherever possible.
- viii) Monitor the performance of both/all parties.
- ix) Seek to avoid conflicts, but where they arise, to resolve them quickly at a local level, wherever possible.
- x) Seek continuous improvement by working together to get the most out of the resources available and by finding better, more efficient ways of doing things.
- xi) Share the potential risks involved in service developments.
- xii) Promote the partnership approach at all levels in the organisations (e.g. through joint induction or training initiatives).

- xiii) Have a contract, which is flexible enough to reflect changing needs, priorities and lessons learnt, and which encourages Service User participation.

2. CLIENT GROUP

2.1 In respect of this Service specification Service Users are Older people aged over 55 years, Vulnerable adults aged over 18 years of age with an assessed appropriate Care and wellbeing need who are residents of a named Extra Care Housing Scheme in the Borough of Poole and, following an assessment by the Service Purchaser, have eligible Care and Wellbeing needs identified in their Care and Wellbeing Support Plans.

2.2 In addition to the above to be eligible for this service a person must:

- Be ordinarily resident in or are the responsibility of the Borough of Poole.

3. EXCLUSIONS

3.1 Exclusions to this service specification are as follows:

3.2 This Service excludes any aspect of housing provision, building, community alarm provision or housing management, which will be undertaken by the Housing Provider. However, the Service Provider must develop and maintain a close, collaborative working relationship with the Housing Provider to ensure that the Service and housing management within the Extra Care Housing

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Scheme are carried out in a way that provides a seamless service for Service Users. A partnership agreement may be put in place.

- 3.3 The Service Provider will work in conjunction with the Housing Provider to develop a Memorandum of Understanding which should identify to whom the property belongs, the Housing Providers relationship with the Service Provider and their relative responsibilities.
- 3.4 This memorandum will include such things as rent collection, disposal of clinical and general waste, property maintenance, repairs needed and other housing management functions.
- 3.5 The Housing Provider shall provide as a minimum such space as is reasonably required by the Service Provider to fulfil their functions. The Service Provider and Housing Provider are then to negotiate on any office space the Service Provider may require to carry out their duties in the properties listed in clause 1.6. The Borough of Poole will not be involved in these negotiations or hold any responsibilities regarding the lease of any office space.
- 3.6 In accordance with the Memorandum of Understanding the Service Provider will be expected to work to ensure the success of the Extra Care Housing Scheme as a whole.

4. DEFINITIONS AND INTERPRETATIONS

- 4.1 Any reference in this document to any statutory provision includes any modifications, re-enactment or replacement of it. Nothing contained in this document absolves compliance with any statute or regulation that may be in force.
- 4.2 Any reference to The Borough of Poole, Adult Social Care, Dorset Clinical Commissioning Group or independent sector providers includes employees, members, volunteers and agents of these organisations.

5. SERVICE OBJECTIVES

- 5.1 The objectives of the service are as follows:
 - To develop or sustain Service Users capacity to live independently within the community.
 - To reduce the number of people entering into residential/nursing home care.
 - To reduce the number of emergency admissions to hospital.
 - To increase the number of people able to remain in the community.
 - To provide support to carers.

- To maximise the number of people who are supported to participate in community activities.

6. SERVICE OUTCOMES

- 6.1 This Service specification requires the provider to meet a range of agreed and shared outcomes which should ensure people irrespective of illness, disability or age are supported to achieve those broad outcomes.
- 6.2 More specifically the Provider is required to meet a range of service outcomes which are contributed to and determined by the achievement of Service User outcomes.
- 6.3 The design of the service should be knowledge based around what are the factors that are most likely to maintain somebody in their own home and the way in which the Service Users want and expect their support to be delivered.
- 6.4 The service will need to be delivered in a holistic manner. This could mean that the service is not always delivered on site at the Schemes.
- 6.5 Whilst it is essential that the focus of the service delivery is on Individual outcomes as described in the Service user's support plan, the provider also needs to ensure that its Service outcomes are met.
- 6.6 The following details the five main outcomes.

OUTCOME 1 - Support the ongoing care and wellbeing needs of the Service Users to reduce the likelihood of admission to long term care or hospital.	
<ol style="list-style-type: none"> 1. Improvement and maintenance or minimised deterioration in ability to undertake daily living functions 2. Improvement and maintenance or minimised deterioration in ability to self care 3. Improvement and maintenance or minimised deterioration in mobility function 4. Improvement and maintenance or minimised deterioration in confidence and independence in own home 5. Improvement and maintenance or minimised deterioration in health and wellbeing 	
Measures	<ul style="list-style-type: none"> • % of Service Users who perceive that their ability to undertake daily living functions has improved since entering the scheme • % reduction in the number of hours visits attending to Service Users daily living outcomes • % of Service Users who perceive that their ability of self care has improved

Methodology	<ul style="list-style-type: none"> • Self assessment assisted assessment via discussion • Provider records • Service User files
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OUTCOME 2 - Introduction to and maintenance of social contact and company to enhance quality of life	
<ol style="list-style-type: none"> 1. The quality of life for Service Users will be maintained or improved 2. Service Users will be supported to participate in and contribute to other community activities otherwise unavailable to them; 3. Service Users will be able to exercise greater self-determination; 4. Service Users will feel less isolated; 5. The risk of Service Users being socially excluded will be reduced. 6. Carers will feel better supported; 7. Enable Service Users to participate in local community and behave with respect and combat isolation. 	
Measures	<ul style="list-style-type: none"> • % of Service Users perceive there are part of a community • Service Users perceive that their feelings of isolation have reduced • % of Carers feel better supported • Service Users perceive that they have a voice and are empowered to have their say.
Methodology	<ul style="list-style-type: none"> • Self assessment assisted assessment via discussion • Provider records • Service User files

OUTCOME 3 - Ensure personal safety and security	
Measures	<ul style="list-style-type: none"> • % of Service Users who perceive that their mobility has improved • % reduction in the number of hours visits attending to mobility • % of Service Users who feel less anxious about their personal safety and security • Number of Service Users that attend on site personal safety sessions • % reduction in the number of hours visits attending to Clients who feel anxious and reassured about safety

Methodology	<ul style="list-style-type: none"> • Self assessment assisted assessment via discussion • Provider records • Service User files • Community Policing sessions
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OUTCOME 4 - Maintaining accommodation	
<ol style="list-style-type: none"> 1. Service Users will be supported to perform some tasks for themselves which they might otherwise be unable to do 2. Service Users will acquire skills and confidence to manage their own affairs where possible 3. Service Users will be able to remain in their chosen environment; 4. Service Users will be less likely to lose their home or tenancy 5. Admission or readmission of Service Users to institutional forms of care will be less likely 6. The maintenance of service Service Users terms and conditions of tenancies and leases. 7. Enable Service Users to effectively manage and maximize finance 8. Enable Service Users and Carers to access benefits and support 	
Measures	<ul style="list-style-type: none"> • % of Service Users who perceive that their confidence has improved • % reduction in the number of hours and visits attending to Service User's confidence. • Service Users perceive that their feelings of isolation have reduced. • % reduction in Service User evictions • % reduction in Service User admissions to institutional care • % of Service Users perceives that their home is a home for life and is a place of choice for end of life.
Methodology	<ul style="list-style-type: none"> • Self assessment assisted assessment via discussion • Provider records • Service User files

OUTCOME 5 Keeping healthy / improved health & well-being:	
<ol style="list-style-type: none"> 1. Service Users' health and well-being will be monitored and maintained 2. Service Users' access to general medical services will be improved 3. Service Users' engagement with treatment interventions will be improved 4. Enable Service Users to ensure that physical health, mental health, self care is maintained and or improved 5. Health and social care services becoming better co-ordinated to meet the needs and wishes of individuals with long term needs 6. Service users will be assisted in pursuing opportunities for leisure and accessing mainstream services. 	
Measures	<ul style="list-style-type: none"> • % of Service Users who perceive that information advice and guidance has contributed to enabling their self help to live independently stay healthy and recover quickly form illness or accident • Number of Service Users and non Service Users who have been provided with information advice and guidance • Number of Service Users and non Service Users attending the on site wellbeing and catering services • Number of Service Users and non Service Users attending the on site medical services • % of Service Users who perceive that the support had contributed to their lives feeling positive active and productive • % of Service Users who perceive that their general wellbeing has been enhanced • % of Service Users who have engaged in volunteering activities • % of Service Users who perceive that they have seen an improvement in the overall health .
Methodology	<ul style="list-style-type: none"> • Self assessment assisted assessment via discussion • Provider records • Service User files

6.6 The outcomes stated above are not an exhaustive list. All Service Users outcomes will be different and so an individual care and wellbeing plan may not include all of the outcomes all of the time.

6.7 It is recognised that for the service to be truly personalised the care and wellbeing needs for each Service User will be different, therefore 3 categories of care and wellbeing/support will be in place and Service Users take up the most appropriate one that meets their needs. They are:

Category	Hours allocated	Description
Basic	As and when required	Floating back ground service
Level 1	1 - 9 hrs per week (average 5 hrs per week)	For Service Users who will need brief daily monitoring visits and assistance in the week to maintain or improve their outcomes
Level 2	9 -15 hrs per week (average 12 hrs per week)	For Service Users who need frequent assistance or supervision through the day and or night to monitor their health safety and wellbeing.
Level 3	15- 21 hrs per week (average 18 hrs per week)	For Service Users who need intensive assistance or supervision through the day and or night to monitor their health safety and wellbeing.

The hours in the bandings above were used for our financial modelling and are flexible if required, i.e there is not a cap on a maximum of 21 hours per week, the hours are linked to the personalised plans.

7. SERVICE DESCRIPTION

- 7.1 The objectives of the Service will be achieved through the provision of a 24 hour, 365 days per year (366 days in a leap year) on-site team of workers with the necessary skills to provide Care and wellbeing to meet the needs of Service Users identified in their care and wellbeing Plans and to respond flexibly to temporary and unpredictable fluctuations in need, and to emergencies as these arise.
- 7.2 The Service Provider shall ensure that at all times at least one member of staff is on site. This will include a waking-night staff(s) that will be required to carry out planned care tasks and respond to emergencies throughout the night.
- 7.3 In providing a holistic service to individuals living in an Extra Care Housing Scheme the Service Provider's staff will be expected to undertake both Care and Wellbeing tasks to meet the needs of Service Users as outlined in Care and wellbeing Plans
- 7.4 The Service is to be provided anywhere on the site as required and as detailed in the Care and Wellbeing care Plan.
- 7.5 The purchaser, delegated to the care manager, is responsible for assessing the care and wellbeing needs of the Service Users but the service provider is responsible for working with the Service User to determine how their allocated

care and support hours will be delivered throughout the week to meet the outcomes specified in the personalised plan.

7.6 Wellbeing Tasks

Wellbeing puts the needs and goals of the individual at the heart of the assessment and care planning. It must promote:

7.6.1 Improve the individual's wellbeing which relates to the following areas

- Must have regard to the individuals views wishes feelings and beliefs.
- The need to consider all relevant circumstances, protect people from abuse and neglect, minimise any restriction on rights or freedoms.
- The importance of beginning with the assumption that the individual is best placed to judge their own wellbeing.
- Preventing and delaying future needs and reducing existing needs
- Maximising the participation of the individual (do not exclude from decisions)
- Balancing the wellbeing of the individual and their carers.

7.6.2 The above approach should lead to a holistic approach that considers an individual need in the context of their skills ambitions and priorities as well and the other people in their life. It is core to independent living

7.6.3 Wellbeing areas



7.7 Personal Care Tasks

7.7.1 All Personal care must be undertaken with great sensitivity; Provider staff must have an awareness of the importance of the preservation of the Service Users dignity and improving where possible their quality of life. By way of example, these tasks may include:

- (a) Dressing/undressing.
- (b) Assisting with transfers from or to bed/chair/toilet.
- (c) Assistance with eating meals and drinking
- (d) Promotion of personal hygiene by encouraging regular washing and changing of clothes.
- (e) Washing and trimming hair.
- (f) Assisting with personal washing.
- (g) Assisting with bathing/showering.
- (h) Assisting with shaving.
- (i) Assisting with cleaning teeth.
- (j) Assisting with toileting.
- (k) Assisting with washing feet.
- (l) Cutting and filing of fingernails.
- (m) Assisting user in preparation for trips or visits outside their own home
- (n) Administration of medication in accordance with the medicines policy and medicines procedure guidelines attached at Appendix 2 and 3.

7.7.2 This list is not exhaustive and is intended to be illustrative only.

7.8 Enabling tasks

7.8.1 Enabling tasks involve assisting Service Users by supporting and encouraging them to participate in housework and living skills, to restore lost confidence, regain lost skills, gain new skills and achieve and maintain maximum independence and self-reliance. Enabling tasks may include:

- (a) Supporting and guiding the Service User to maintain a healthy balanced diet through provision of advice in relation to fluids and nutrition, menu planning and preparation of meals;
- (b) Supporting and guiding the Service User with household budgeting;
- (c) Supporting and guiding the Service User in carrying out household functions in so far as they enable the Service User's outcomes to be achieved, for example in relation to maintaining a clean and comfortable house and/or garden;
- (d) Escorting Service Users on shopping trips or to attend specific appointments, ie hospital, dentist optician. (Subject to suitable insurance if a motor vehicle is used).
- (e) Providing information about opportunities for involvement in local community activities, encouraging the continuation of interests and social

- activities and/or developing the opportunity for involvement in new activities.
- (f) Encouraging and assisting in development or maintenance of a healthy lifestyle including the continuation of any exercise prescribed following training.
- (g) Encouraging the use of aids provided, following professional training. The use of assistive technology is encouraged and to be arranged in conjunction with the Care Manager.
- (h) Enabling and encouraging the Service User in the self-administration of medication.

7.8.2 This list is not exhaustive and is intended to be illustrative only.

7.9 Domestic Care Tasks

7.9.1 Domestic care is the provision of domestic services identified as appropriate to meet the Service User's specified outcomes and due to the Service Users inability to carry out these tasks on their own or with support. Where domestic duties have been identified as part of the Wellbeing and care Plan the Provider will work with the Service User and / or the Purchaser to ensure that the timing of the Service provision meets the Service Users needs and is also conducive to the Provider's responsibilities regarding the delivery of personal care tasks for other Service Users. Domestic Care may include enabling tasks and domestic tasks. Domestic Tasks may include:

- (a) Benefit/Pension collecting, bill paying and banking money on the Service User's advice.
- (b) Bed-making, including cleaning up after incontinence.
- (c) Emptying and cleaning commodes.
- (d) General internal domestic cleaning.
- (e) General tidying.
- (f) Washing up.
- (g) Laundry.
- (k) Dealing with household refuse.
- (l) Coping with pets
- (m) Shopping.
- (n) Cooking and meal preparation.
- (p) Transporting Service Users (e.g. taking them shopping) subject to suitable insurance if motor vehicles are used.

7.9.2 This list is not exhaustive and is intended to be illustrative only.

7.9.3 Domestic Care may include enabling tasks and domestic tasks, but will not include personal care tasks.

7.10 Night Care

For the purposes of this Service specification the provision of Night Care is Waking Night Care services which are as follows:

- 7.10.1 Waking Night Care may include a mixture of personal care tasks, enabling care tasks and quiet domestic tasks provided between the hours of 10.00 pm and 7.00 am, 7 days per week and will be provided by a care assistant who will remain awake throughout the night.

7.11 Wellbeing and Care Plans

The plans will be drawn up by Care Manager and Service User to specify desired outcomes and the probable numbers of hours care required to achieve these. Provider will negotiate the day to day details care and support with each Service User.

- What the Service User wants in their life and how to get here.
- What the Service User shall be enabled to do as a result of the care and support provided.
- What action is planned for a Service User and who will undertake it and when

- 7.11.1 The plan will be reviewed bi – monthly or sooner should needs change. The Provider will have a system in place to record actions taken to meet a Service User's needs, significant observations and important events in a Service User's life.

- 7.11.2 Outcomes are defined as the impact effect or consequence of a service.

- 7.11.3 Outcome focused services are therefore those that meet the goals aspirations or priorities of a individual Service User therefore by implication are also personalised.

- 7.11.4 The Borough of Poole recommends use of electronic monitoring systems that provide accurate and up to date information regarding Service User's care and support, including achievements against identified individual outcomes, as part of a wider quality assurance program and good practice.

8. GEOGRAPHICAL AREA

- 8.1 This service specification relates to all Service Users residing in the following Extra Care Housing Schemes located within the Borough of Poole.

- I. Belmont Court, Glen Road, Parkstone, Poole, BH14 OHF
- II. Delphis Court, Avenal Way, Poole, BH15 1YT
- III. Trinidad Village, Rossmore Road, Poole, BH12 3NF

- 8.2 The Provider is required to fully operate all services from a CQC registered office to be ideally situated within the Borough of Poole. If a local office is not available full contingency plans must be in place to ensure the service is operational to a high standard at all times, i.e cover of staff shortages.

The Contingency arrangements must be approved by the Borough of Poole.

In agreement with Clause 3.5, The Borough of Poole have no objection to a Service Provider reaching agreement for office space and registering this as a CQC registered office. Payment for all CQC relevant costs will be incurred by the Service Provider.

- 8.3 A telephone number will be made available to both the purchaser and Service User and be staffed twenty four hours, seven days a week, 365 days a year.

9. SERVICE DELIVERY AND AVAILABILITY

9.1 General

The Service shall be delivered by the Service Provider at all times to meet the assessed needs of the Service Users. The Service Provider shall ensure the availability of sufficient staff to deliver the Service to the Service Users, as recorded in their Care and wellbeing Plans as well as respond to emergencies arising on site relating to the Care and wellbeing Support needs of Service Users living in the Extra Care Housing Scheme(s), 24 hours a day including bank holidays

- 9.1.1 In the first instance, the Service Provider shall make every endeavour to deliver the Service. There is an expectation that, whilst certain personal care tasks need to be delivered within a certain window of time, in accordance with Service Users needs and reasonable choices, planned care and support will be delivered flexibly throughout the day to make optimal use of staff time. The onsite care team will be comprised of consistent and reliable members of staff.
- 9.1.2 The Service Provider will ensure that a contact point is available at all times for the Service Purchaser and Service Users to use.
- 9.1.3 If sickness or other events prevent the usual worker from attending it is the responsibility of the Service Provider to make appropriate alternative arrangements and to notify the Service Users of the arrangements.

9.2 Scheme Specific

The Schemes covered by this Service specification are:-

Belmont Court, Glen Road, Poole, BH14 0HF.

The scheme is situated off Glen Road in Parkstone and is managed by Poole Housing Partnership. It consists of 35 one-bedroom flats and one two-bedroom bungalow. All the flats and the bungalow have lifeline equipment installed.

There are bus stops within easy walking distance, and a good shopping area in Ashley Road. There is a meal service that operates from the kitchen within the scheme to provide affordable and healthy hot meal for residents. The main ethos of Belmont Court is to promote independence within an Extra Care housing environment.

Delphis Court, Avenel Way, Poole.

This purpose built development in Avenel Way, Poole consists of 45 one and two bedroom apartments. These are spacious independent homes with their own front door, within a community, that are designed to meet the needs of both active and less active people who require care and support associated with ageing or those with lifelong disabilities.

All private and communal areas have pull cords linked to a care line to ensure residents' safety at all times. The development is managed by Synergy Housing and is within level walking distance of the Dolphin Centre, the Quay and buses/trains. 16 of the flats at Delphis are 2 beds and there is a minimum household size of two for these homes. This might be, for example, be an applicant and their carer, or a household with an older child who needs support.

Trinidad Village, Rossmore Road, Poole, BH12 3NF

From 2016, Poole will have a brand new purpose built development which will be situated off Rossmore Road, Parkstone and managed by Poole Housing Partnership. The block of 54 extra care apartments with communal facilities is currently being built. 6 of these flats will be sold for Private leasehold.

Trinidad Village will provide much-needed extra care housing in Poole, as well as becoming a focal point for the Rossmore community. Plans include a central courtyard with seating areas, landscaped gardens and terraces which will provide a relaxing environment for residents to enjoy. Residents and the local community will also benefit from brand new, state-of-the-art facilities, including restaurant, spa and beauty salon. An attractive entrance will welcome visitors to the site, which will be easily accessible for all.

The anticipated start date for Trinidad Village is July 2016 and will involve a phased implementation working with the Service Purchaser. Full occupancy is expected approximately three to six months from completion

10. SERVICE STANDARDS

- 10.1 The Service Provider shall provide the Service in accordance with its Obligations under this Agreement and with all the skill, care and diligence to be expected of a competent provider of services of this type.
- 10.2 The Service Provider shall ensure that sufficient numbers of people of appropriate ability, skill, knowledge, training or experience, are available so as to properly provide and to supervise the proper provision of the Service and to meet the assessed needs of Service Users as detailed in the Service Users Care and Wellbeing Support plan where this has been supplied as part of the referral process.
- 10.3 All records shall be accurate, factual, objective, concise and relevant and will provide evidential records of the care and support that is being provided in response to meeting Service User's assessed need and outcomes. Records

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shall be used as a means of communication between the Care Workers and others involved in the care package and as evidence in respect to assessing Service User's eligibility for Social Care or Health funding. The Purchaser shall have access to these records on request.

- 10.4 Care must be taken by the Provider to ensure that all recording of this type is appropriate and that confidentiality is maintained at all times in line with Purchaser's Information Governance Policy.
- 10.5 Any Service User, or their relative or representative acting on their behalf, refusing to have records kept in their home is requested to sign and date a statement confirming the refusal and this shall be kept on their personal file at the Provider's premises. Representatives must provide evidence of their Lasting Power of Attorney for health and welfare to enforce this change.
- 10.6 The Provider shall operate a staff code of conduct, which all staff must be aware of and adhere to at all times.
- 10.7 Written records demonstrating compliance with all of the requirements above shall be held by the Provider on an individual staff file for each employee. The Provider shall ensure that all employees are requested to give consent for their staff file to be accessed as required by the Purchaser to carry out Service monitoring, and evidence in writing where this has been refused.
- 10.8 The Provider shall comply with any programme of continuous improvement that has been agreed and reviewed with the Purchaser.
- 10.9 The Provider shall regularly monitor the use and quality of documentation in the Service User's home as part of their quality assurance activities.
- 10.10 All parties involved in the service shall demonstrate a strong commitment to partnership working.
- 10.11 The Provider must evidence a culture of consistently achieving good practice and commitment to the ongoing improvement of services.
- 10.12 Providers must operate a quality assurance and improvement framework which actively uses intelligence and feedback from Service Users, families and their wider circle of support in respect to this service on a routine basis. This should also include feedback from Commissioners, Contracts, Service Improvement, and other professionals involved in care of Service Users, as well as learning from good practice at national, regional and local level. The Provider will publish their findings and make this available to the Purchaser upon request.
- 10.13 The Provider will work in partnership with the Commissioner in the event of the Commissioner transferring packages to an alternative service provider as a result of a safeguarding or other issue which in the opinion of the Commissioner places Service Users at risk to their health and wellbeing.

10.14 The Provider will engage in provider/purchaser meetings/Forums as requested in the spirit of service improvement and positive communication.

10.15 To ensure Service Users' safety and security is maintained in their homes the Provider shall produce identity cards for all staff entering the Service Users' homes. The cards should display:

- (i) A photograph of the member of staff;
- (ii) The name of the person and employing organisation in large print;
- (iii) The contact number of the Provider organisation;
- (iv) The date of issue and an expiry date, which should not exceed 36 months from the date of issue.

The cards should be:

- Available in large print for people with visual disabilities;
- Laminated or otherwise tamper-proof;
- Renewed and replaced within at least 36 months from the date of issue.
- Returned to the organisation when employment ceases.

For people with special communication requirements, the Provider shall ensure that there are clear and agreed ways of identifying staff from the agency.

11. ACCESSING THE SERVICE: REFERRALS AND DISCHARGE

11.1 REFERRAL TO THE SERVICE

11.1.1 Vacancies for the schemes are advertised on Dorset Home Choice; therefore suitable applicants need to be on the Housing Register. An Extra Care housing panel of representatives from Housing and Community Services, Adult Social Care Services, Housing Provider and Service Provider will consider applicants who want to be offered a property on these developments.

11.1.2 Priority will always be to Service Users who have a local connection to the Borough of Poole and those with an assessed care, wellbeing need and housing need.

11.2 DISCHARGE FROM THE SERVICE

11.2.1 Discharges will take place following consultation between Service User, Service Purchaser and Service Provider. This will be in accordance with the Care and Wellbeing Plan and, where appropriate, following a review.

11.2.2 The Service Provider shall not cease to provide the Service without the agreement of the Service Purchaser, except in accordance with the Agreement. Where it is agreed between the Service Purchaser and the Service Provider, in consultation with the Service User (or representative if appropriate) that continuation of the Service is inappropriate because of the behaviour of the Service User, the Service Purchaser will make other suitable arrangements for

the Service User, taking account of the urgency of the situation. The Service Provider must explore all avenues available and evidence this before it is agreed that the Service can no longer be provided.

11.2.3 The Service provider and the Service Purchaser will work together at all times to find a solution acceptable to the Service User.

11.2.4 The Service provider shall ensure that all staff understand and follow a clear set of procedures where they are unable to gain entry into a Service User's home. The Service provider shall ensure that the procedures cover both where staff are refused entry by a Service User, family member or other carer and where there is no response from a Service User. If access is denied on 3 occasions or an emergency, the Service provider must advise the Service Purchaser/Care Manager to work together to find a solution as referred to in clause 11.2.3

12. REVIEW OF INDIVIDUAL SERVICE USERS

12.1 It will be the responsibility of the Service Purchaser to arrange formal reviews following commencement of the Service. The frequency of reviews will be determined by the Care and Wellbeing Plan and will be within the Service Purchaser's minimum requirements.

12.2 Reviews of the Care and wellbeing plans will be the responsibility of the Service Provider and must meet the requirements of the Service Purchaser.

13. ENHANCED SERVICES FOR EXTRA CARE HOUSING

13.1 Social, recreational and educational activities

All Service Users should benefit from opportunities to take part in these activities, especially if they support the realisation of any of the main outcomes for the Service. These activities should be provided and/or accessed in a variety of ways. Every Service User should be encouraged to access mainstream/universal services from community sources. The necessary support to access these activities will be available from the Service.

13.2 Links with the broader community

The Service Provider will support the Service User to form relationships between the Extra Care housing Scheme and the broader community. This may involve community groups, religious organisations, Primary Care services, voluntary organisations, shops and other service providers, etc. Positive engagement with the community is to be highly prioritised, with outreach activity taking place from the Extra Care Housing scheme and the communal facilities within the unit to be made available for affiliated community groups to use.

13.3 Therapeutic & Complementary Health interventions

The Service Provider will ensure Service Users have access to a range of complementary health and therapeutic interventions which will enhance their health, wellbeing, and ultimately their ability to maintain their independence in the longer-term.

13.4 Developing Enhanced services

The Service Provider will be responsible for developing, organising and coordinating activity within the Extra Care Housing scheme in order to help Service Users to achieve the appropriate outcomes. At all stages the Service Users are to be encouraged to be actively involved in these activities. The Service Provider is to establish links with the Health & Social Care Community through promotion and raising awareness of the service provided.

14. TRAINING

14.1 The service provider must have in place appropriate training programmes for all staff groups which include mandatory and up to date training and support for continuous professional development.

14.2 Prior to commencement of duties all the care staff team(s) shall have participated in the Skills for Care Common induction standard covering the following and will have been signed off by the Provider as being competent to deliver services under this contract.

Standard 1 Role of the health and social care worker

Standard 2 Personal Development

Standard 3 Effective Communication

Standard 4 Equality and Inclusion

Standard 5 Principles for implementing Duty of Care

Standard 6 Principles of Safeguarding in Health and Social Care

Standard 7 Person Centred Support

Standard 8 Health and Safety in an adult social care setting

Alternatively, if staff have joined since April 2014, the service provider should employ staff who have or are able to demonstrate they are working towards the skills set out in the Care Certificate. The Care certificate standards are:

Standard 1. Understand your Role

Standard 2. Your Personal Development

Standard 3. Duty of Care

Standard 4. Equality and Diversity

Standard 5. Work in a Person Centred Way

Standard 6. Communication

Standard 7. Privacy and Dignity

Standard 8. Fluids and Nutrition

Standard 9. Dementia and Cognitive Issues

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Standard 10.Safeguarding Adults
Standard 11.Safeguarding Children
Standard 12.Basic Life Support
Standard 13.Health and Safety
Standard 14.Handling Information
Standard 15.Infection Prevention and Control

14.3 The provider shall ensure that 75% of staff are trained to the level of the Learning of the Health and Social Care Diplomas at Levels 2 and 3 to deliver the stated outcomes of the Service. Staffing arrangements must at all times be sufficient in numbers and skills to meet the care and wellbeing needs of Service Users and to ensure that the quality standards described within this Service Specification are met.

14.4 The following training has been identified as mandatory for all staff:

- Person Centred Planning
- Risk Assessment
- The requirements and responsibilities under the Equality Act 2010 and the Human Rights Act 1984;
- The Mental Capacity Act 2005 and consequent deprivation of liberty safeguards, including Best Interest Decision Making;
- The Mental Health Act 1983 and 2007;
- Essential Safeguarding Adult Skills training; (including refresher training every 3 years in accordance with the Pan Dorset Multi-Agency Safeguarding Adult Policy and Procedures and should comply with the standards set out in the Bournemouth University National Capability framework for safeguarding adults.)
- Whistleblowing
- Basic Food Hygiene and nutritional awareness
- Infection control practice
- Basic First Aid
- Dementia friends training
- Dementia Awareness
- Professional Boundaries training
- Moving and Assisting (including annual refresher training and competency assessment)
- Medicine Management and administration (including refresher training and competency assessment)

14.5 The following training has been identified as being required based on the individual needs of the Service Users staff are supporting:

- Managing Diabetes
- Carers Awareness, assessment and support;
- Managing Epilepsy
- Training in the use of any specialist equipment
- End of Life Care

- 14.6 The above list is not exhaustive and the Provider is responsible for ensuring the competence of the member of staff deployed to meet the needs of the Service User prior to commencement of duties.
- 14.7 Management staff must have the aptitude, skills, knowledge and experience required to act as leaders within the Care Sector. All Managers shall comply with National training requirements in relation to achievement of the previous Registered Managers Award, now Level 5 Diploma in Leadership for health and Social Care and Children and Young People's Services – Management of Adult Services or any subsequent replacement or amendment.
- 14.8 Managers must complete Adult Safeguarding Guidance for Managers and pathway 1 in line with the Pan Dorset Multi-Agency Safeguarding Adults Policy and Procedures and undertake refresher training every 2 years.
- 14.9 The Provider will evidence through its quality assurance processes that all staff have completed the required training to meet the needs of the Service Users they are supporting and that their ongoing competence in respect to this training is routinely monitored and reviewed.
- 14.10 Providers should not overly rely on e-learning; ensuring face to face delivery of training is provided where staff competence is paramount to the safety of Service Users and themselves.
- 14.11 The Purchaser's learning and development team can provide support and advise on standards required with mandatory training.

15. QUALITY ASSURANCE, SERVICE REVIEW & MONITORING INFORMATION

15.1 Quality Assurance

It is a mandatory requirement that all Providers will be registered with the Care Quality Commission (and any successor body) and will maintain registration throughout the duration of this contract. Therefore, the regulations required for registration (and their associated standards), and the monitoring of the achievement of those regulations and standards, are not duplicated in this Service specification.

- 15.1.2 Providers who fail to perform to a satisfactory level will trigger the requirement for a contract review and a monitoring exercise will be undertaken that will result in an agreed action plan for improvement. For example, this would be triggered from an inadequate outcome of CQC inspection, Safeguarding concerns, complaints. The contractual position on Dispute Resolution and Termination is set out under the Terms and Conditions of the contract.
- 15.1.3 The Provider shall have an effective system for Quality Assurance based on the outcomes for Service Users, in which standards and indicators to be achieved are clearly defined and monitored on a continuous basis by care and support staff and their line-managers.

- 15.1.4 The Provider is responsible for supervising the activities of all Care Workers and for monitoring and reviewing the effectiveness of their own working arrangements. This includes the effects of the work undertaken on Care Worker's health with particular regard to physical or mental strain. The Provider shall continually assess staff competence and ability to undertake the work required, in addition to undertaking regular supervisions and annual appraisals.
- 15.1.5 The Provider will ensure that Service Users and carers are integral to the process of quality assurance and providers learn from and improve service provision based on the direct feedback of users. Providers shall develop innovative methods of engaging with users and carers to contribute to their quality assurance process.
- 15.1.6 The Service Provider shall submit to the Service Purchaser details of complaints that reached Level One and above about the care and support service, in the format and at intervals as notified by the Service Purchaser.
- 15.1.7 In the event that the Provider intends to sell or transfer the business to a new owner under condition F1 of the Contract Agreement, prior Agreement is required from the Purchaser.

15.2 **Monitoring**

The monitoring of the Contract shall be the responsibility of the Contracts and Service Improvement Sections of the Commissioning and Improvement - People Services Unit in consultation with the Provider, Service User, Carer/Representative, (where appropriate) and the adult social care Locality Teams.

- 15.2.1 This may be in the form of visits to the Schemes which could be either announced or unannounced, to ensure that the quality standards required under this contract are adhered to. The Purchaser's monitoring activity may include;
- (i) Accessing any available information which gives an indication of the quality of the service, including CQC reports, individual Service Reviews, complaints and compliments and Monitoring reports from other Local Authorities and/or the NHS.
 - (ii) Visiting Service Users to observe the quality of service provided or discuss their experience of receiving services. The Provider may or may not be advised that these visits are to take place.
 - (iii) Seeking feedback from Service Users and their representatives, other professionals and agencies involved in their care regarding the quality of service provided.
 - (iv) Visit the Scheme with or without notice to access all records information and systems pertaining to the operation of this contract.

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- (v) Discuss with the onsite Care and Wellbeing team Staff their experience of working for the Provider.

- 15.2.2 The Purchaser may share information regarding the Provider's service standards, including contract monitoring reports, with other public bodies including the CQC, the NHS, and other local authorities and with Service Users.
- 15.2.3 As the service develops; performance reporting shall be reviewed and agreed between the Purchaser and the Provider.
- 15.2.4 The Provider shall also compile and maintain such information as the Purchaser may reasonably require enabling the Purchaser to evaluate the Service using any local Performance Indicators that may be developed and introduced following consultation with Providers.
- 15.2.5 The Provider shall produce for the Purchaser any other information that the Purchaser may reasonably require relating to the Service provided under this agreement including information on and the names of service users.
- 15.2.6 The service provider and the Service purchaser will work together in the first twelve months to produce an agreed model for joint monitoring. This is to include an annual Service User feedback survey carried out by the Service Provider which will be used to evaluate Service User experience and outcome achievement.
- 15.2.7 The Purchaser and Provider shall be jointly responsible for quality assuring and monitoring the effectiveness of the services provided in meeting the specified outcomes. The Provider will at all times co-operate with the Purchaser's monitoring requirements.
- 15.2.8 The Service Provider and the service purchaser will work together in the first twelve months to ensure that appropriate and timely information is collated and provided. Internal monitoring systems will also evidence how the Service Provider involves the Service User and, where appropriate, their representatives and carers, to seek feedback and undertake consultation for the purpose of service review and service development.
- 15.2.9 The Service Provider shall also compile and maintain such information as the Service Purchaser may reasonably require enabling the Service Purchaser to evaluate the Service.
- 15.2.10 In addition, at the Service Purchaser's reasonable request the Service Provider shall provide the Service Purchaser with any other information which the Service Purchaser may reasonably require relating to the Services provided under this Agreement.
- 15.2.11 The Provider shall attend Contract reviews with the Purchaser which shall take place every month from the start date of the contract then every quarter after the first nine months of commencement.

15.3 Service Reviews

The Provider shall be a crucial partner in the completion of individual service reviews and will be required to coordinate reviews on receipt of due notice by the Purchaser.

15.3.1 The Service Provider shall forward to the Service Purchaser the following information:

- (i) Monthly record of number of Care hours being delivered
- (ii) Monthly record of number of Wellbeing hours being delivered
- (iii) Number of Service Users with a personalised wellbeing and care plan
- (iv) Log of care and support provided during night time
- (v) Log of the nature of care and Support hours being delivered during the last month

- (vi) Monthly record of number of additional Wellbeing and Care hours delivered which were agreed with the Service Provider
- (vii) Monthly record of number of new staff/staff losses in the last quarter
- (viii) Monthly record staff training in the last quarter:
- (ix) Monthly record of move on accommodation and reason why
- (x) To maintain a record of hours delivered to an individual Service User.

15.3.2 This monitoring information requirement may be subject to change within the life of this Agreement.

16. SERVICE DEVELOPMENT

16.1 For this Service to be effective and meet this Service specification it is essential that the Purchaser and Provider are committed to working together in the spirit of mutual co-operation and trust in developing these services and taking them forward during the period of the contract.

16.2 During the period of the Agreement the Service Purchaser and the Service Provider shall work together to reshape the Service to meet changes in demand, technology and demographic trends.

16.3 The Provider will be required to collect and analyse information on outcomes for the individual Service Users in order to inform understanding of best practice and service development.

16.4 The Provider shall be willing to share and actively disseminate best practice and information on needs and outcomes.

16.5 The Provider shall be willing to assist the Purchasers in planning for future service demands and also be prepared to participate in programmes to build capacity amongst providers, adding value to future commissioning decisions.

- 16.6 It is essential that the Purchaser and Provider are committed to working together in the spirit of mutual co-operation and trust in developing these services and taking them forward during the period of the contract.
- 16.7 During the period of this Agreement, the Purchaser and Provider shall work together to develop the nature and delivery of the Service to reflect the needs of people access the service and the agreed priorities in the Borough of Poole. Any changes to Services or how they are delivered shall be negotiated between the Parties, including any associated changes to the price.

17. REVIEW OF THE AGREEMENT

- 17.1 This Agreement maybe reviewed at any time upon the request of either the Service Purchaser or the Service Provider and at least annually on the Anniversary of the commencement date.
- 17.2 Service Provider shall seek to work with the Service Purchaser to continuously review and improve the delivery of the Service to the Service User and to ensure value for money for the Service Purchaser.