

London Borough of Southwark

**Care at Home and in the  
Community for Children & Young  
People**

**Section 3:  
Specification**

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# Care at Home General Service Specification

## Introduction

1. The council intends to move away from spot purchasing arrangements; and successful providers will be required to work closely with each other and in a developmental way with the Council to improve outcomes for Children, Young People and Families in Southwark.
2. This Service Specification, in conjunction with the Contract Terms and Conditions and other documents which form this Contract, define the council's minimum requirements for service providers who provide care and support in the home through services purchased by the Council. It details the standards and outcomes that must be achieved and describes how these will be evidenced and monitored.
3. Care at Home services provides care and support to children under 18, who have been assessed to meet the council's eligibility criteria for unmet needs. This includes (but is not limited to) children who have assessed care and support needs associated with physical ill health, learning disability, physical disability, and communication impairments.
4. Southwark Council's Children and Young People's Plan, underpinned by the Children and Families Act 2014, outlines an expectation that children and young people with special educational needs or disability and their families access a local offer of seamless, personalised support from childhood to adulthood. As a result, children with disabilities are able to access care packages that enable a better quality of life. The care packages referred to in this document take place in the home and/or in the community. These care packages provide care and support for children, young people and their families so that independent living at home can be optimised.
5. Every child in Southwark deserves the best start in life and our expectation is that children and young people with special educational needs or disabilities and their families get the best care packages to meet assessed needs.
6. The commissioning of the new service by Southwark Council is motivated by the following drivers:

- We place the Child or Young Person and Family at the centre of everything we do in the development and commissioning of care provision.
- Align resources to support seamless planning across the continuum of need
- Ensure effective information and advice about care packages in order to empower children, young people and their families
- Empower providers to develop quality care packages provision which meets families' needs
- Ensure that high-quality, flexible and responsive care packages are provided for children and young people with special educational needs and disabilities and their families and is readily available at the right time
- Ensure value for money
- Ensure fairness of access

7. The Southwark Council Fairer Future Principles relevant to the project are:

- Treating residents as if they were a valued member of our own family and
- Working for everyone to realise their own potential

## Outcomes

8. This specification is for the provision of Care At Home services for eligible Children and Young People aged 0-18 in the London Borough of Southwark. The work of children's social care is intended to safeguard and promote the wellbeing of children and as far as possible, ensure that this is within their own families. The primary aim of the service is to enhance the quality of life for children and young people and families. The overall objectives of the service are as follows:

Outcomes for the Child or Young Person and Families:

- To enable Children and Young People to live as independently as possible within the family environment
- To enable Children and Young People to develop and achieve skills
- To enable Children and Young People to maintain their own networks of support within the community
- To ensure Children and Young People are able to access meaningful community activities which promote learning and development

- To ensure Children and Young People have opportunities for socialising
- To ensure Children and Young People are safe within their home and community environment
- To ensure Children and Young People have opportunities for choice and decision-making
- To ensure other reasonable outcomes for Children and Young People as identified in their Care and Support Plan

9. Care packages consist of personalised care and support delivered by carers to carry out a programme of activities with disabled children and young people who have a range of needs, including some complex need, both in their homes and the community.

10. An outcome-focused service applies a person centred approach, recognising that each young Southwark resident is unique and will have different requirements, and that these may vary over time. Providers will understand the service is not about doing things for people in a way that increases dependency, but about helping children and young people to do things for themselves as far as they are able.

11. This service will operate on outcome based assessment, with delivery based on the service user's assessed support plan. Services for Children and Young People are commissioned according to need, not hours or tasks. These outcomes require a different approach to conventional 'time and task' work, by placing the emphasis upon achieving the outcomes that are required for the service user. Motivating, re-abling, helping people to practice and regular reinforcing of progress will all be key elements.

12. Outcome based commissioning and contracting aims to shift the emphasis from the services a provider will offer to the outcomes they will achieve for individual children and young people and their parents/carers.

13. To this end, providers will be expected to:

- ensure that all children and young people achieve the identified outcomes;
- measure the outcomes using the identified and/or other measurement tools;
- be proactive in monitoring their own performance against the outcomes; and
- demonstrate to the council how the service provided has achieved the outcomes.

## Outcomes for Care Workers

14. The new service will fully comply with the Southwark Ethical Care Charter. The Charter establishes a minimum baseline for safety, quality and dignity of care by ensuring fair employment conditions for home care staff (including sustainable pay, conditions and training levels). Providers shall also recognise trade unions as specified within the Southwark Good Work Standard (2019). The full details relating to the Ethical Care Charter can be found here:  
<http://moderngov.southwark.gov.uk/documents/s52528/Appendix%201%20Southwark%20Ethical%20Care%20Charter.pdf>

The issues most relevant to this procurement are available below:

- **Payment of a fair wage:** Homecare workers are paid for additional travel time and expenses. Payment of the London Living Wage (as a minimum) not only improves the financial well-being of homecare workers, it also recognises the skills and competencies that they deploy in order to keep children and young people safe and well.
  - **Access to learning and development:** Fair terms and conditions ensure a well-trained workforce which has the ability to provide appropriate and high quality care.
15. Providers must commit to, and implement the Ethical Care Charter. All providers shall not use zero-hours contracts in place of permanent contracts, unless a Care at Home Worker specifically requests to be employed on such terms due to their personal wishes or circumstances. In such cases, providers will need to evidence the Care Workers request.

## User Experience

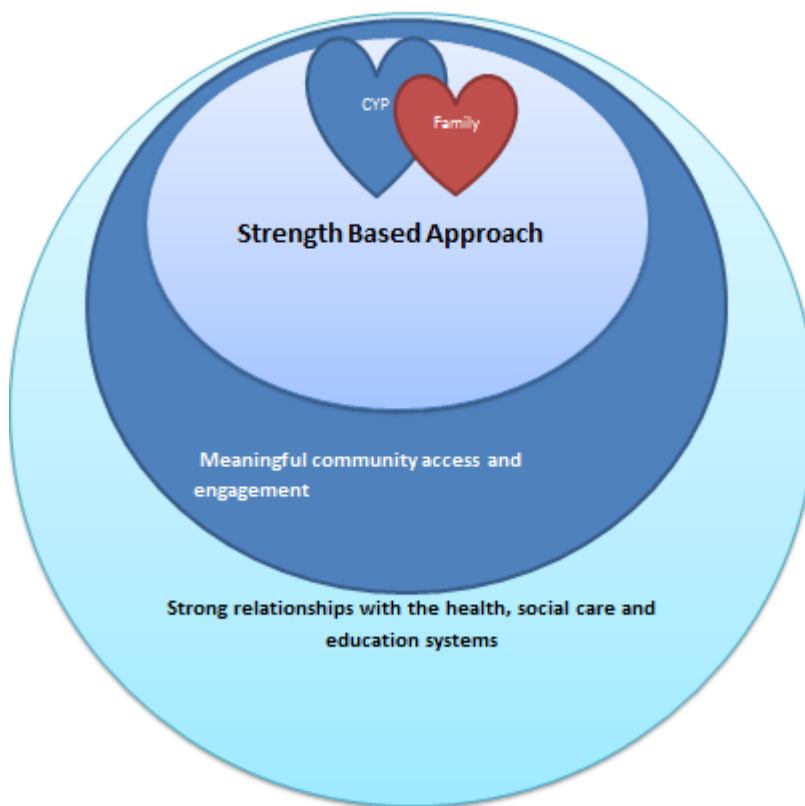
16. User engagement has highlighted the following themes which have informed the service specification. Providers will need to demonstrate an understanding and respond to these within the method statement.
- The need for care workers to be caring, friendly, calm, considerate, patient, reliable, and understanding
  - The need for excellent communication from care workers

- The skills to support to achieve skills and confidence of the individual young service user
- Understanding of family life and routines, and the likes and dislikes of the child
- The skills to be able to effectively manage complex needs which can include challenging behaviours

17. Feedback from families will be used by providers to continually improve the service.

## Service Model

18. The new model for Care at Home for Children and Young People is as follows:



19. **Child and Family Focus** The child and family network will remain at the centre and heart of all service delivery. The Service will be flexible, and family centred. Care workers are required to develop an understanding of family life, and communicate clearly and effectively with the child, and all family members. The Service will seek and be responsive to family views and priorities.

20. The Service must be person centred, flexible and responsive, ensuring that children and young people and their parents/carers are able to exercise choice and control over the support that they receive and are at all times treated with kindness, dignity and respect and regarded as equal partners in the delivery of their care.

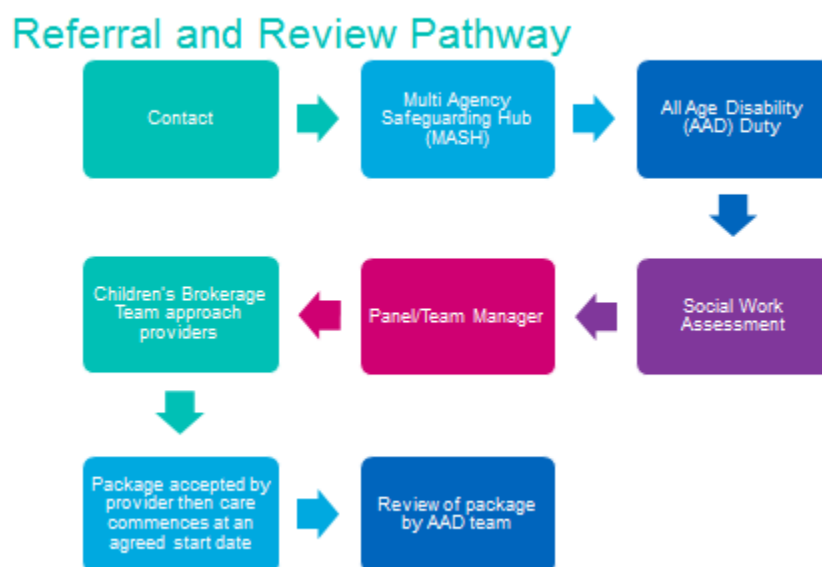
21. The Providers will be expected to work with education and health services to ensure a smooth transition into Adults Services.
22. The services provided should take into account the individual and unique nature of each child and young person and should be planned in conjunction with disabled children and young people and their families and in accordance with their assessed needs.
23. **Strength Based Approach** This describes support in the least intrusive way possible, based on the assets, resources and abilities which are available to people. A strength based approach includes activities that promote independence and self-determination, and reduce dependency on another person). The service will have a strong emphasis on maintaining and developing abilities and skills with a 'supporting to' rather than 'doing for' approach. Examples might include prompting and supporting a child or young person to manage as much of a task independently as possible i.e. choosing clothes and getting dressed, before a care worker intervenes to support, if necessary.
24. **Meaningful community access and engagement** For some Children and Young People community access and engagement may be a component part of the approved Care and Support Plan. In such case, Care at Home workers shall supervise access in a community setting by also using a strength based approach to encourage the development of skills and confidence in a community environment. The service will address the needs of children and young people holistically, value difference and ensure the social, cultural and religious needs of families are acknowledged and addressed. It will provide children and young people and their parents/carers with support that is personalised to meet their individual needs and range from providing personal care in the home to support in accessing community and leisure opportunities.
25. **Strong relationships with the health, social care and education systems** Providers must work in partnership with other people involved in the care and support of the Service User to ensure the Service User's needs are met, e.g. Social Workers, Placement Officers, Health Workers, other Service Providers, etc. As the Care At Home worker is likely to be the professional who sees the service user in their own home most frequently, they are in a unique position to recognise deterioration in the health and wellbeing of the child, and or/family dynamics and ability to support the child. Therefore the Care At Home workforce is required to at all times obtain an understanding of the nature of the health and other support needs of the child under their care. They should



be aware of what changes each child is likely to experience linked to their particular health conditions and notify both the parent/guardian and health and social care professionals responsible for managing their health care when there is deterioration or when other changes that happen which could impact upon the child health or threatens to reduce further their level of independence.

26. Care at Home workers are recognised as playing a key role in keeping children and young people safe and able to reach their individual potential. Providers shall make arrangements to meet families in advance of starting a package and complete a care assessment to understand the needs and preferences of the client and their family. Follow up visits i.e. with occupational therapists may also be required to support the implementation of a more complex care package.

27. A Child or Young Person will be reviewed by the All Age Disability (AAD) and the target for the review is 3 months after a new placement. If a Social Worker is notified of a change in circumstances then a review may be brought forward. Further information on the referral and review pathway, as well as the key Council responsible teams and contacts is available below:



## Core Activities

28. Experienced carers of disabled children and young people shall be trained to an advanced level who are competent to undertake high levels of care as set out in the Care and Support Plan. Carers must be skilled to carry out a programme of activities with disabled children and young people who have complex needs in their homes and the community to achieve outcomes listed on the child's Care and Support Plan. For example, carers may need to support the development of disabled children and young people's independent living skills, travel training and provide them with high quality personal care.

29. The core activities that Care at Home workers may be asked to complete include:

- Sole care of child / young person and / or siblings at set times where appropriate
- Assist child or young person to access activities in the community
- Assist child or young person to develop independent living skills
- Observation and monitoring
- Emergency care (anaphylaxis / resuscitation / seizure management)
- Undertake medical interventions to the level of 'competent parent' if required
- Catheterization
- Personal care
- Moving and handling
- Assisting with prescribed home based exercise programmes
- Support Ventilation
- Non-invasive Ventilated / CPAP/ BiPAP, Oxygen management
- Tracheotomy care
- Administration of prescribed medication which may include support with home oxygen and/or seizure management in an emergency
- Oral Suctioning (not including deep suctioning)
- Naso Gastric/enteral feeding
- Practical support in the home

30. Administering prescribed medication will be in accordance with Care Quality Commission (CQC) standards.

31. The providers will need to support the needs of the child or young person under the direction of a GP, district nurse or other health care professional. The Care at Home workers will need to have received appropriate training, arranged by the provider, and be deemed competent by the trainer. A record of applicable training shall be maintained by the provider.
32. Where appropriate, Care at Home staff will maintain a therapeutic treatment plan, i.e. by assisting with home based exercises that have been prescribed by a physiotherapist or occupational therapist.
33. Services are required to take place both inside and outside of the family home. The provider must ensure care workers do not work in a child's home when the parent is absent, unless, in exceptional circumstances, the parent and the council have agreed this.
34. The lists of core activities detailed in this Specification is neither exhaustive, prescriptive or needed in all cases and will depend on the tasks identified to best support the person's outcomes and meet their needs, as identified in their Care and Support Plan and the presenting needs of the child on the day.
35. The tasks of Care At Home staff will be driven by the outcomes established with service users in their Care Plans and developed further by the worker and service user once the service begins. An element of flexibility and common sense is required to enable staff to respond flexibly to temporary and unpredictable fluctuations in need, and to emergencies.

## **Service Access and Availability**

36. The service is to be delivered across the whole of the London Borough of Southwark.
37. The service will operate from 7 am to up to 10 pm, on a 7 day per week, 365 days per year basis.
38. The time allocated to individual visits will match the needs of the clients. In a few instances the visits required will be relatively short (approximately 2 hours) and in others, relatively long. There will be no visits which are just 15 minutes in length.

39. The service provider is expected to operate from an office base (within 10 miles of the Southwark boundary) which allows a physical presence in the area in order to demonstrate:

- The ability to visit families at home to carry out introductory visits, investigate complaints, etc.
- Local management – readily accessible to staff and service users
- Local recruitment
- An understanding of the locality
- Links with integrated teams and other associated professionals in the locality
- Reduced travel for Staff attending the office for meetings, supervisions, to collect Personal Protective Equipment (PPE), etc.
- The ability to supervise and support staff in the workplace

40. The office will be staffed fully with both management and administrative staff during usual office hours of 9 am to 5 pm, Monday to Friday.

41. The office and its staff will be accessible to service users via a range of media such as email, telephone and text phone.

## **Out of hours**

42. Providers must ensure that during all hours of operation, an emergency 'out of hours' telephone service is available which will be staffed between 10 pm and 7 am. This will be a dedicated telephone line for urgent referrals and for ease of contact by service users. The provider must be able to offer a swift response in urgent cases, and will be adequately staffed to provide support with little or no notice. Care at Home Workers will have access to the provider's duty manager/co-coordinator outside of the core office hours. The service providers will have systems in place to respond to referrals for support packages to commence at weekends, with staff available to carry out risk assessments etc, to ensure prompt service provision. Staff providing support out of hours must have access to service user information and records to ensure appropriate service provision and information sharing.

## Call Off Procedure

43. The service will operate under a framework agreement.

44. New referrals will include the following information:

- The planned care and support allocated hours and outcomes. This will identify the number of hours agreed and what outcomes are being sought from the care package. For many, these outcomes will be quite broad to allow flexibility for families to ensure they receive the support in a way that best suits them.
- Any communication needs of the child/young person and family
- A start date for the service and any end date (if applicable)
- Any special requirements that the child or young person has and should be supported with
- A copy of the statement of need/ relevant sections of the Care and Support Plan

45. Providers will be offered first refusal of a new package on a rotational basis. If the first refusal provider does not accept a new package within 2 hours, it will be offered to the next provider on the rotational list who will have 2 hours to respond. If a care package is not accepted by the first and second providers, then the package will be sent to all other providers on the Framework on a first responder basis. If a new package is available on a Friday after midday the first refusal provider should respond as soon as possible, but the package will not be offered to the other providers until 9 am on Monday.

## Commencement of the Service

46. Providers shall contact the family within 24 hours to make arrangements to visit the household and complete an initial visit, or within same day (12 hours) in urgent cases. As part of the initial visit/risk assessment, the provider will agree the Support Plan with the family as to how and when the services are to be provided, in order to meet the child's outcomes.

47. Providers shall contact the Placements Team within 24 hours following their assessment to confirm ability to accept the package, and start date. The timescale between the initial contact and the care package starting will not exceed one week, unless previously agreed otherwise.

48. Clear information including details of the provider's name, address and telephone number (in and out of hours), and the name of the care worker(s) must be provided to the family by the provider from the outset and also outlining the individual agreed service to be provided and how that can be changed.
49. The provider must ensure that its care workers are given sufficient, appropriate and adequate information regarding the child or young person and their family's needs and of the way the service is to be delivered, before it commences the service provision.
50. Care at Home services should not automatically be seen as being long term and care packages will be subject to ongoing review.
51. The provider will give the council a minimum of 7 days' notice, if, in exceptional circumstances, they are unable to continue to deliver a package of home care support. However, the notice period would be subject to agreement with the council's Nominated Officer in order to provide sufficient time to find alternative service provision.

## **Workforce**

52. Providers are required to have sufficient staff resources and the necessary infrastructure to respond to service referrals in accordance with the terms of the contract.
53. The service provider must conduct regular reviews of staffing levels and resources especially at times of increased demand, including Bank Holidays, Christmas and school holiday periods.
54. Care At Home providers will need to ensure that they achieve the required capacity. Providers shall understand an increase in demand for care is likely outside of academic term times and include this within business planning.
55. The provider will ensure all Care at Home worker annual leave and sickness is covered within the service.
56. There is an expectation that, whilst certain personal care tasks need to be delivered

within a certain window of time in accordance with family needs and reasonable choices, planned care and support will be delivered flexibly throughout the day to make optimal use of staff time.

57. The provider should at all times be registered with the Care Quality Commission and employ competent and trained staff to deliver the care and support needs identified in service users' Care and Support Plans.
58. Providers must comply with Disclosure and Barring Service (DBS) requirements for staff and ensure renewal is completed every 3 years.
59. The providers should ensure that care, so far as possible, is delivered to the service user by the same care worker. 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 communicate the changes to the family in the manner which is compatible with their language or other communication requirements.
60. No family must be left without a due visit for any reason. The family must be notified by the provider if there is to be an adjustment in the anticipated time of arrival. In all cases, the provider must make alternative acceptable arrangements for the family, with their agreement.
61. The provider shall have the appropriate policies and procedures and training in place to support care workers in managing challenging behaviour in children and young people who have learning disabilities/Autistic Spectrum Disorder (ASD).
62. Specialist training delivered to all of the workforce will ensure that all Care at Home workers:
  - Use appropriate communication skills when supporting children and young people with autism
  - Recognise when a child is experiencing stress and anxiety, and supporting them with this
  - Sensitively supporting a child with sensory needs
  - Supporting the development of social interaction skills
63. Care at Home workers shall wear identification whenever visiting families at home.

## Staff supervision and development

64. Workers should receive regular reflective supervision to motivate them and have access to appropriate training. The service provider will ensure staff have the opportunity to meet together to promote good team working.

65. Staff must be supported to ensure appropriate skills are maintained in order to ensure that the highest level of care and support is provided by qualified and competent staff. Providers will ensure:

- All staff are competent and trained to undertake the activities for which they are employed and responsible.
- All staff obtain the Care Certificate within the first 12 weeks of employment.
- All staff have training on the prevention of abuse within three months of employment and this must be updated annually.
- All staff members hold a relevant national occupational standard such as Level 2 Diploma in Health and Social Care. Those who do not already hold a relevant standard should be supported to achieve the above qualification as a minimum.
- Specialist advice, training and information is provided to support workers working with specific individual groups and/or medical conditions to ensure they are professionally qualified to do so.
- All staff are aware of and familiar with the provider's policies and procedures.
- Registered general managers must have a Level 5 Diploma in Leadership for Health and Social Care and Children's and Young People's Services – or obtain this qualification within the first 6 months of contract award.

66. All staff should meet formally on a one to one basis with their line manager for supervision to discuss their work on a quarterly basis (every three months) and written records of these supervision sessions must be kept demonstrating the range, content and outcome of the discussion at each meeting.

67. Providers should be able to demonstrate how staff are supported and advised between supervisions and that additional meetings are facilitated where required.

68. All staff must have an annual appraisal, and this must include identification of training



and development needs with their line manager. The provider must ensure that there is a clear link between staff appraisals, identified training and development needs and the training plan. Managers and supervisors must receive training in supervision skills, undertaking performance appraisals and planning for workforce development. A copy of the appraisal will be placed on the personnel file for each Care at Home worker.

69. The provider is expected to use recruitment and selection procedures that meet the CQC minimum standards; ensuring records are maintained to demonstrate best practice in this area.

## **Recording and communication**

70. Providers must ensure that care workers have adequate English language and literacy skills to undertake this duty and record clear, legible, concise and relevant records.

71. All visits, times and service provision undertaken will be recorded in the service user's daily record. The record will include:

- Any medication including time and dosage
- Details regarding any change in the child or family circumstances
- Any incident, however minor

72. If entry of the care worker is refused by the family the provider is required to investigate the reason and, where possible, resolve the issue. If not resolved, the council must be informed of the situation as soon as possible but no later than one day.

73. The provider must notify the council immediately (or the next working day if this is not possible) if:

- The child or young person or parent/carer is admitted to hospital
- The child or young person or parent/carer has a serious accident or injury
- There is concern for the health and safety or welfare of the child or young person or parent/carer or any other member of the household
- Safeguarding concerns in respect of the child or young person
- Regular and/or persistent refusal by the family to accept support to meet outcomes, mutually agreed in the plan
- Failure to provide the service to the family, missed, late, void or 'no response' calls

- There is concern for the health and safety of the care worker
- A member of the family contracts a notifiable infectious disease
- The child or young person or parent/carer dies
- The provider becomes aware of increasing needs or needs which are not being met within the current support plan
- The child or young person or parent/carer support needs have decreased

74. Providers will ensure that all Care at Home workers have access to the contact details of the GP that the child is registered to.

75. Providers will ensure information sharing systems fully comply with General Data Protection Regulation (GDPR) requirements and use secure email for the handling of any personal information.

## **Equality and Access**

76. The provider will be flexible and responsive to the needs of the child or young person and their parents/carers and should respect their wishes at all times.

77. The provider will take account of the wishes of the service users and their carers in respect of gender, sexual, racial, religious and cultural background etc. and of any special requirements or communication skills required.

78. The provider is expected to have a written recruitment and selection procedure which reflects equality and diversity policies.

## **Policy and Procedures**

79. The providers will maintain clear policies, procedure and guidance for all staff on safety precautions. An essential list is available in appendix 1. Providers will ensure that all staff are familiar with the guidelines and their application in the work situation. The essential list is not exhaustive, and will need to adapt to changes in future legislation.

80. The provider must have a written policy for the management of violence and aggression towards staff and ensure that suitable training and relevant risk assessment are provided

to reduce the risk of violence and aggression towards staff.

81. In relation to a child or young person with challenging behavior, the service provider is required to ensure an individual behavioural support plan is developed that includes:

- Support requirements
- Proactive strategies
- Reactive strategies
- Monitoring and reviewing arrangements

82. Adherence to the Health and Safety at Work Act 1974 will ensure that staff are safe whilst at work.

83. Providers should familiarise themselves with:

- Southwark Fairer Future
- Children and Families Act 2014
- Children Act 1989
- Disabled Children Act 2000
- Autism Act 2009
- Any relevant future legislative changes

## **Safeguarding**

84. At all times the safeguarding of the child or young person is paramount and at all times the providers will adhere to safeguarding procedures. Safeguarding and promoting the welfare of children can be defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

85. There is expectation that local agencies will work together and collaborate to identify children with additional needs and provide support as soon as a problem emerges. Providing early help is far more effective in promoting the welfare of children and keeping them safe than reacting later when any problems, for example neglect, may have

become more entrenched. The importance of using a child-centred approach in following the child's journey is also emphasised. All services which are provided must be based on a clear understanding of the needs and views of the individual child in their family and community context.

86. Everyone who works with children must know and follow national guidance and their own organisation's child protection policy and procedures. Further information on Southwark procedures and policies can be found at <http://safeguarding.southwark.gov.uk/policies-procedures-guidance/policies-children/>

87. Providers of Care at Home for Southwark Children and Young People will ensure that their local safeguarding training and policy align completely with Southwark Policy and Procedures.

88. Providers are expected to have clear and established management responsibilities in relation to child protection including a suitably trained designated safeguarding lead as well as a designated member of staff to lead on children looked after.

## **Complaints and Compliments**

89. Service Users will be informed of their right to make a complaint directly to the council or to CQC or such other regulatory body as may be appointed by the Government and contact information for such organisation(s) will be provided in the family home

90. The provider shall have a written complaints procedure in place, and take all reasonable attempts to bring to the attention of families.

91. Providers shall keep a complete record of complaints and subsequent investigation.

92. Providers will acknowledge a complaint on receipt, and provide a comprehensive reply within 15 working days detailing remedial actions as required. The response must include details on how the complaint can be escalated as required.

93. Information relating to compliments will also be logged and shared with the workforce to promote good practice

## Quality Assurance

94. Providers must comply with all regulatory requirements of the Care Quality Commission (CQC) plus any other regulatory bodies. It is a requirement that all providers will be registered with the Care Quality Commission (or any successor) for the delivery of Regulated Activities, including Personal Care. Providers must maintain registration throughout the duration of the contract and any subsequent packages of care as required by legislation. It is the provider's responsibility to maintain up-to-date knowledge of the current regulator's codes and to keep to the correct registration.
95. The provider will have an active role in performance management. Providers will share information relating to capacity with the Council on a monthly basis with a number of information fields to include: the number of care workers employed, current numbers of packages, current total number of hours, current average hours per care worker, number of estimated hours available for the month ahead.
96. The provider will monitor performance against each individual's outcomes and specific goals. Prior to the implementation of the service an approach to monitoring and review will be agreed with providers, who will submit key performance information data as set out in the section below.
97. Striving for continuous improvement, reflecting new learning as it emerges and working together to ensure that available resources are maximised to achieve the best outcomes for individuals and the local community

## Key Performance Indicators

1. Family user experience			
Requirement		Target	Measured by
1.1	I have the same carers who know my child and my family , and if there have been changes they have been explained to me in advance by the office	90% of service users select always or most of the time	Annual Service user survey
1.2	When I contact the office, they listen to what I said and sorted out the issues or let me know how this would be addressed in the future		
1.3	Care at home workers communicate with our family in the way that works best, and		

	they always treat my child with dignity, respect and understanding		
1.4	Personal values and beliefs have been understood and respected by care at home workers		
<b>2. Service Delivery – Agreed outcomes and independent living</b>			
Requirement		Target	Measured by
2.1	Providers notify Placements team of ability to accept an individual package within 4 hours	95% year 1 96% year 2 97% year 3 99% year 4	Monitoring and feedback from Placements Team
2.2	No. of contact made to plan Care assessment within 24 hours of referral being made, or 12 hours in urgent cases.	Prompt commencement or recommencement of care at home  95% year 1 96% year 2 97% year 3 99% year 4	Quarterly returns , exception reports and feedback from referring agencies
2.3	Complaints are satisfactorily resolved within the required timescales	100% of complaints addressed within the timescales within the Council's Complaints Policy Documented as a record  100% of complaints reported back to the council on anonymised details of the complaint and the reflection from the provider of their learning from each complaint	Quarterly returns Provider records and quarterly reports to the monitoring officer – to be checked on visits
2.4	Outcomes set in the Care and Support plan being achieved Evidence that provider raises issues to the appropriate professional if there is a decrease or increase in care needs	Reported quarterly  Case study provided within quarterly contract monitoring return	Quarterly returns, to be checked by monitoring officer during quarterly visits
<b>3. Strategic and Operational Partnerships</b>			
Requirement		Target	Measured by
3.1	Each agency works with other providers in order to improve quality and obtain efficiencies	Full involvement in regular required meetings with consistent	Quarterly agency reporting – examples of partnership

		representation and a full contribution to agreed strategic work. Actions that are assigned to the providers are achieved	working , efficiencies delivered by the organisation
3.2	Each Care Worker works effectively with other professionals –especially in being pro-active in raising health concerns , and with the family network	Workers contribute to documentation as required 100% of cases  Workers raise directly with other professionals health or social concerns in respect of prevention issues or deterioration in 100% of relevant cases	File reviews and spot checks completed by Contract Monitoring Officers  Information provided in quarterly monitoring return
3.3	Agencies contribute effectively to developmental work to build the Care at Home service	Participation at an appropriate level in planning and review activity	Quarterly assessment by Local Authority
3.4	To provide 1 case study demonstrating how the care at home intervention has contribute to achieving outcomes and the promotion of skills and independence using a strength based approach	Quarterly case study	Case study of no more than 500 words
<b>4. Staffing</b>			
4.1	Providers to retain staff at a sufficient level to ensure continuity of care	Less than 5% turn over of staff employed over the quarter	Quarterly returns from providers
4.2	Staff satisfaction general	Annual staff survey	Annual Staff survey summarised
4.3	Evidence of London Living Wage paid to workforce, or evidence of opt out scheme selected by individual workers	Evidenced as part of quarterly returns	Quarterly assessment by Local Authority
<b>5. Staffing – Supervision , Appraisal and Training</b>			
Requirement		Target	Measured by

5.1	All care staff receive planned and recorded individual supervision from their designated supervisor on at least a quarterly basis	100% of Care Staff	Quarterly I return to contract Monitoring Officer  Annual Staff survey conducted by Council  Sample review interviews by the Contract Monitoring Officer
5.2	All care staff have an annual written appraisal including training plan and feedback from service users  All care staff should have the opportunity to meet together to ensure there is effective team working and communications on at least a 6 monthly basis		
5.3	Staff obtain the Care Certificate within 12 weeks of starting employment		
5.4	% of staff who obtain NVQ/Diploma in Care  Level 1   Level 2	Year 1 =20% Year 2 =25% Year 3 =30%  Year 1 =20% Year 2 =25% Year 3 =30%	

98. Providers shall actively monitor performance against Key Performance Indicators and the objectives of the contract, quickly identifying when performance is not satisfactory and taking firm and timely action to resolve this.

## Risk Management and Business Continuity

99. The Provider must have a policy and procedure for the management of risk; these are evidenced in systems and practices.

100. The risk management policy must be reviewed at least annually or earlier if required to ensure that the service users changing needs are adequately addressed. A copy of the Risk Management Policy will be available to the Local Authority on request.

101. Care At Home providers will need to ensure that they can maintain business continuity in the event of exceptional circumstances (such as adverse weather, transport closure/strikes etc).



102. The provider must have a robust Business Continuity and Disaster Recovery Plan in place to ensure prevention, planning and management of potential harm to the business are identified and minimised effectively. Plans must be in place to ensure that disruption to service users service is kept to an absolute minimum in the event of a major incident, severe weather or disaster affecting the service including the service providers premises.

## **Partnership Working**

103. Partnership working is at the heart of successful delivery of the service. This applies to the relationship between providers and the Local Authority, but also with other significant agencies working to support the child and family. The providers will be required to work in partnership with the council, as well as other Care At Home providers, to respond to the evolving local health and social care economy. Providers will be expected to take part in the learning and change process as partners with the council.

104. In addition, the providers will be required to attend and play a full part in contributing to any Care At Home Forum, and the Southwark Child and Young People Provider Forum.

105. Providers are expected to work collaboratively and innovatively with other Care At Home providers. For example:

- Responding to temporary lack of capacity with partner providers
- Joint training initiatives
- Positive communication with the council and other services for Children
- Strategic and operational engagement with other Care At Home providers
- Building links with the wider community

106. Providers will also make use of appropriate local networks and resources of information and support to ensure that family needs are met holistically, and community resources are used effectively.

## Mobilisation

107. There will be a phased mobilisation of the new contracts to ensure that there is sufficient time for careful handover of each case, the continuity of care for service users and for the preparation of workers. A timetable will be agreed at contract award for the transfer of service users that maintains continuity of care as much as possible.

108. The providers will work cooperatively with the Local Authority to ensure the transfer of packages to new providers are:

- Ensuring service continuity for current children and families and new arrangements are established in a safe, timely and sensitive manner
- Ensuring information, finance, premises, management and other systems are in place and to scale to new or increased levels or activity.

# Appendices

## Appendix 1 Essential policy requirements

- Record keeping and access to files
- Records of the management of money or property belonging to the Service User
- Dealing with accidents/incidents
- Handling difficult/violent behaviour
- Procedures in the event of an emergency
- Disciplinary procedure (staff)
- Induction and training programmes
- Health and Safety
- Risk Management
- Personal relationships
- Moving and handling
- Action in the event of the death of a Service User
- Equality and Diversity (relating to both Service User and staff)
- Use of staff vehicles for transporting Service Users
- Whistle blowing
- Infection control
- Fire safety
- Food safety
- Nutrition
- Principles of Care/Code of Conduct/Professional Boundaries
- Conflict of interest
- Personal safety and Out of Hours working
- Protocols and procedures for entering and leaving Service User's homes
- Confidentiality of information/Data Protection/Use of social networking sites
- Adult Safeguarding and the Prevention of Abuse
- Children Safeguarding and the Prevention of Abuse

- Business Continuity Management
- Lone worker policy
- Staff Recruitment, supervision and appraisal
- Medication/Administration of medication