



Schedule 2

DEPARTMENT FOR CHILDREN, ADULTS AND HEALTH

SERVICE SPECIFICATION

for

PROVISION OF A SOCIAL CARE SERVICE IN PRISONS:

**HMP Ashfield
HMP Eastwood Park
HMP Leyhill**

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PART 1

Background

1. Nationally, the age demographics of prisoners within HMPS are rising, with the expectation for this to increase significantly over the next 5-10 years. This means that there is growing need for the requirement for social care to be delivered within prisons.
2. Section 76 of the Care Act 2014 makes provision for local authorities to ensure that services are provided to adults in prison or other premises, as part of their bail conditions. In Section 76 (8) it also outlines the responsibility of the local Safeguarding Adults Board to provide advice or assistance for any adult with needs for care and support who are at risk of abuse or neglect

Introduction

3. This Service Specification describes the minimum requirements for a particular Social Care service. It sets out all the important elements of that service.
4. All types of service that might be commissioned for someone by the Council will be described in Specifications, and the Specification will form a part of any Contract or Agreement that is drawn up with those who are to provide the service or part of the service.
5. This document is the South Gloucestershire Council's Department for Children, Adults and Health Specification for the provision of social care in HMP Ashfield, HMP Eastwood Park and HMP Leyhill.
6. This Specification will apply until further notice. The views of Service Users and Providers will be taken into account in any review of the Specification during that time, and their views will be welcomed at any time.
7. Further information can be obtained from the Department for Children, Adults and Health, PO Box 1955, Council Offices, Badminton Road, Yate, Bristol, BS37 0DE

Partnership

8. The Council has adopted a set of Guiding Principles for the delivery of services. The purpose of the Council is:

“to work in partnership with all of the people of South Gloucestershire to promote the highest sustainable quality of life and environment and deliver value for money and quality services”.

9. South Gloucestershire Council wish to work in **partnership** with external care Providers in delivering a high quality of care to their service users. The Council's intention is to maximise the use of available resources by establishing longer-term, more integrated relationships with Providers.
10. By signing up to a "partnership approach", the Council and Providers are making a commitment to:
 - Share key objectives
 - Collaborate for mutual benefit.
 - Communicate with each other clearly and regularly
 - Be honest and open with each other
 - Listen to, and understand, each other's point of view
 - Share relevant information wherever possible
 - Avoid duplication wherever possible
 - Monitor the performance of both parties
 - Seek to avoid conflicts but, where they arise, to resolve them quickly at a local level
 - 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.
 - Promote the partnership approach at all levels in all organisations (e.g. through joint induction/training initiatives).
 - Have a contract which is flexible enough to reflect changing needs, priorities and lessons learned, and which encourages Services User participation.
11. These principles represent an attempt at defining the spirit of **partnership** within which the Council and Providers will operate. It is a checklist which we need to keep at the forefront of our minds.

South Gloucestershire Council's Overall and Strategic Aims

12. The Council's Community Care Strategy states that the Council's vision is:

"to work together to improve and enhance the quality of life for people in South Gloucestershire."
13. The Strategy has seven themes, one of which is Health and Care for which the overall vision is that "Improved health and well-being for everyone".
14. The strategic aims set out under this theme are to:
 - Promote healthier lifestyles

- Reduce inequalities in health
- Prevent ill health
- Improve health and care services

Improving health and care services includes:

- Providing a wide range of locally based health services
- Modernise hospital buildings and structures
- Developing integrated health and social care services for children, older people and those with long-term illnesses and their carers.
- Developing appropriate practical support services to enable people to live in their own homes with independence and dignity.

Aim of the Department for Children, Adults and Health

15. The Department's overall aims relating to social care are:

- To provide or arrange quality personal social care services, within the resources made available, to those people who most need them (or may need them shortly) in ways that are acceptable to Service Users and their Carers
- To enable people to remain as independent as possible.

SERVICE SPECIFICATION for SOCIAL CARE SERVICE IN PRISONS

Aim of the Service

1. The aim of the Service is to provide a seamless service for social care support for prisoners who are residing within:
 - HMP Ashfield
 - HMP Eastwood Park
 - HMP Leyhill
2. The care and support will be for adult male and female prisoners with both temporary and longer term needs, and for all ages.
3. Users will receive support that meets individual and specific requirements and overcomes inequalities, promoting choice, control and inclusion.
4. Following an assessment of need and within eligibility criteria, as stipulated in the Care Act, to provide services for people that:
 - maximises their independent living skills;
 - is of high quality;
 - is effective and efficient;
 - enables individuals to exercise choice and control
 - enables individuals to continue to live independently with dignity;
 - is sensitive and appropriate and designed so that it is inclusive of anyone who would be eligible for the service;
 - reduces the need for, or level of, additional external assistance individuals require to live independently

Objectives of the Social Care Service in Prisons

5. The service will be flexible, effective throughout its lifecycle and integrate fully with all relevant services within the 3 prisons and with prison services to ensure a person-centred plan of support. The key objectives are to:
 - Promote health and wellbeing and independent living, including manual handling and falls prevention
 - Contribute to assessments and Care and Support Plans
 - Bridge current gaps in provision for the social care of prisoners
 - Identify trends and offer practical solutions (including aids) to assist prisoners with identified health and social care needs

- Reduce the need for greater clinical interventions by assisting individuals much earlier in their care plan
 - Work as an integrated team member and in a co-ordinated way, to support prisoners at the end of their lives
6. The service will:
- Be outcomes driven
 - Adopt a person-centred approach
 - Adopt enabling / reabling and recovery approach
 - Reduce dependency
7. It will also provide a baseline for identified service need.
8. Whilst the specification outlines the extent of the service to be made available, it is recognised that not all people in prison who are eligible for a service will be able to access that service, because of their individual situation and / or the custodial limits placed on them.
9. In addition, it is recognised that some social care needs will be met by the Prison service, for example, providing accommodation, preparing food and carrying out laundry.

Intended Outcomes

10. In order to assess the effectiveness of the service and evaluate the needs and benefits, the following outcomes will be reviewed in terms of operational and financial benefit (apart from the last bullet point):
- The quantity and the quality of the individual care plans for prisoners, including the detail of the support and services which have been provided
 - The impact on health and social care related external appointments
 - The wellbeing and satisfaction of the prisoners receiving the service
11. A further outcome is to enable a Service User to regain or maintain maximum independent living skills and to remove the need for/ reduce the amount of ongoing Council support required.

Key Requirements of the Service

12. The organisation is providing services that are regulated by the Care Quality Commission (CQC) therefore the Department requires services to provide personal care to be registered with them and provided in accordance with CQC registration requirements, i.e. the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009 complying with all relevant regulations, the essential standards of quality and safety and best practice guidelines (and any requirements/organisation that may replace them).

13. The Service will be available to all eligible individuals residing within any prison, or similar secure facility located in South Gloucestershire, except for those unable to access the service because of the limits placed on them.
14. The Provider will work to achieve the Key Performance Indicators, provide quantitative and qualitative data and management information as specified in **Appendix 2 – Key Performance Indicators**
15. The service will also be required:
 - To support service users at the end of their life, in conjunction with partner agencies
 - To ensure that any equipment proposed or supplied meets the security and safer custody requirements, as agreed by the Prison, in line with South Gloucestershire Aids and Adaptations Protocol - **Appendix 3**

User Groups for whom the Service will be Arranged

16. The service will be arranged for Adults who reside within the prisons outlined previously. This will include, but is not limited to:
 - Adults and older people, including older people experiencing mental or emotional distress
 - People with physical and sensory impairments, including people living with long term conditions
 - People with learning difficulties
 - People with Autistic Spectrum Disorder
 - People living with HIV
 - Individuals whose behaviour may challenge the service and who are unlikely or unwilling to engage with the service
17. The Provider will recognise that not all information relating to individuals will be shared. Some Service Users may be registered sex offenders and the Provider will ensure that all staff are appropriately trained to work with all Service Users in a way which both maintains the privacy and dignity of the Service Users whilst maintaining safe working practices for the worker. Each situation will be risk assessed and the required mode of working will be included in the Provider's Delivery Plan.

Service Philosophy

18. The service must be provided at all times in accordance with the values stated in this specification.

19. Service Users will receive skilled, sensitive and sympathetically administered support to enable them to regain or maintain the maximum independent living skills.
20. Services will be provided in a sensitive way that is not based on the Provider's assumptions but which acknowledges and listens to Service Users and, where appropriate, a peer supporter, or advocate. Such a sensitive approach will enable the Provider to fully understand the situation and make maximum use of Service Users' and other's knowledge and expertise.
21. Services, and the atmosphere in which they are provided must take full account of the personality, interests, taste, lifestyle, culture, and physical and mental health of each Service User. Each Service User's social, emotional, religious, cultural, will be acknowledged and respected, where possible.

How People Access the Service

22. When a person enters prison, whether via court or transfer from another prison, the Health Care Provider carries out initial screening. This includes social care questions. If social care needs are identified, the Assessment Team is made aware and undertakes a further assessment which includes eligibility for Council funding. This may require liaison with other relevant parties. Where social care needs are identified, the Assessment Team will develop a Care and Support Plan. The Provider will then develop their own Delivery Plan for that care and support, in line with the risk assessment provided.
23. See Flowchart – **Appendix 6 – Access to Social Care in Prisons**
24. When a person is in prison and identifies their own social care needs, or such needs are identified by the Prison service or a partner agency, that person can be assessed for eligibility to access the Social Care in Prisons service.

Joint Planning

25. Where possible, South Gloucestershire Council, the Provider and Prison will contribute to the Care and Support Plan, outlining the estimated initial level of service required which will be applicable until the service can be reviewed and detailed goals and objectives set.
26. This will be shared with the Service User.
27. Where needed, and within the first few days of the service being provided, a Delivery Plan for each Service User will be developed by the Provider. The level of detail provided will depend on the complexity of the outcomes and the Service User's personal situation and will be determined on a case by case basis.
28. The outcomes and actions required to meet them will be outlined in the Provider Delivery Plan.

Assessment for Eligibility to Receive Services Funded by South Gloucestershire Council

29. In line with the Care Act 2014, Section 14, each Service User will undergo an assessment for eligibility for Council services. The Council may make a charge for meeting the needs of the Service User, as outlined in Sections 18-20.
30. Prisoners will not have the choice of Direct Payments or accommodation unless they are being released from prison to live in the community.

Service Provision

31. The Service described in this Specification will be available 24 hours a day, 365 days per year and The Provider will ensure that the service is available to take new referrals between 9am – 5pm, 7 days per week. Core provision will be provided between 7am and 10pm.
32. Occasionally, a service outside of core hours may be required. Emergency admissions out of hours will be notified to the Resilience Service.
33. Where a referral is accepted by the Provider the service will commence within 24 hours of the instruction, or at the agreed planned time if different.
34. The Provider will need to make allowance for entering the prison and the prevalent security restrictions.
35. The Provider must ensure there are sufficient trained staff to cover services at all times of the day, and that night visits are provided, when needed.
36. Support workers will record their hours of work. If required, the Provider will work with the Partnerships and Commissioning Team to negotiate any extension of the core hours during which the service is available, in order to take new referrals.

Safe Working Practices

37. The Prison in which the Service User resides will provide any information relevant to the provision of Social Care, including known and potential risks which may have a bearing on the way the service will need to be provided. This will be provided when a service is put in place and throughout the duration of the service.
38. Providers are required to draw up policies on Lone Working that set out procedures to minimise the risks to staff working alone. Where staff work alone with a Service User, a risk assessment must be undertaken which specifically address the risks faced by lone workers. These policies must be brought to the attention of every employee.
39. In all situations, risk assessments will be carried out by the Provider, in response to guidance from the Prison service, to determine levels of staffing required for delivery of intimate care and to reduce any risk to worker safety. In some situations, paired working will be required.

40. Prisons will have their own system to monitor and record any untoward situations, for example, inappropriate behaviour. These will be analysed by the Prison service and, where necessary, the risk assessment adjusted and communicated to the assessment team.

Provider's Delivery Plan

41. The Provider will draw up a Delivery Plan (to be regularly reviewed) which has been fully developed and discussed with the Service User and any other professional, as appropriate. The Delivery Plan will refer to means of empowering, facilitating choice, regaining or acquiring skills and /or maintaining existing skills. The Delivery Plan will clearly define the service to be provided by the Service Provider showing how the service will be delivered, how the service will promote independence and support the Service User to live a fulfilled life, making the most of their capacity and potential.
42. The Delivery Plan will outline how the support will be provided and how staff will work with the Service User to meet specific outcomes and will include:
- How the Service User wishes to be addressed
 - The Service User's desired outcomes to be achieved and what the Service User will be able to do as a result
 - What actions will be taken, by when and by whom, to ensure the outcomes are achieved.
 - How health and/or social needs will be met
 - How any intimate physical care will be provided, and by whom
 - How cultural and spiritual needs will be met
 - Any specialist equipment needed
 - How any special communication needs will be met
 - Any gender preferences required by the Service User (although this cannot always be accommodated.)
 - A risk assessment
 - Who will be involved in care reviews
43. The level of detail in the Provider's Delivery Plan will depend on the complexity of the outcomes and the Service User's personal situation and will be determined on a case by case basis.
44. The Provider will work with the Prison Service and other providers, to maximise opportunities for peer care and support. The Prison service is responsible for the care and support delivered in this way.

45. Where the Provider is working alongside other professionals to deliver services and/or advice, they will work in partnership with the other provider(s) to ensure the services are provided in accordance with the Care and Support Plan, Provider Delivery Plan, and any other plan or requirements prepared by others involved with the Service User.
46. Information from the Care and Support Plan and the Provider's Delivery Plan will be made available to Support Workers so that they are aware of any special needs, the activities they are required to undertake, the purpose of the activities, the frequency and duration agreed, the outcomes to be achieved and any applicable time frames.
47. The Provider will have in place a means of recording action taken by Support Workers to meet objectives and outcomes and Support Workers will record the acquisition of new skills and the achievement of outcomes by the Service User.
48. The Delivery Plan will be signed by the Service User and will be available in a language and format chosen by the Service User that the Service User can understand.
49. The Provider will ensure that sufficient information is held by the Service User to enable the service to be delivered in accordance with the Delivery Plan and risk assessment.
50. The Provider will be required to capture and store all the required information on the appropriate system, maintaining both individual Service User records and, separately, monitoring data.
51. Insofar as possible, where the Provider wishes to cease an individual service within the planned period, no services will be ceased before authorisation has been received by the Council's assessment team to do so.
52. During the Contract period, the forms and documents as well as the processes in use by the Team may be subject to change. The Provider will be kept informed about such changes and will work with the Partnerships and Commissioning Team to review and consider any necessary changes for the Service that arise from such reviews.

Policies, Procedures and Protocols

53. The Provider will have written policies and procedures to cover the operation and management of the service and these shall be available on request and will include:
 - Accidents and Incidents
 - Autonomy, Independence and Choice
 - Bullying/Harassment
 - Communication Skills
 - Confidentiality, GDPR, Freedom of Information Act

- Equalities
 - First Aid
 - Health and Safety
 - Information sharing
 - Moving and handling
 - Privacy and dignity
 - Risk assessment and risk management
 - Safeguarding Adults
 - Safer recruitment
 - Safer working practices
 - Service user involvement and feedback
 - Whistle blowing
54. Staff will be made aware of and receive training to respond in line with the Prison policies, procedures and protocols which may impact on the delivery of the service.

Communication with Service Users

55. The Provider will record when general information is provided to Service Users and provide such information to the Council's Assessment team or to the Partnerships and Commissioning team on request.

Implementation Plan

56. The Provider will prepare an implementation plan, with clear, realistic and achievable time frames and milestones included for both the service set up and ongoing delivery.

How Standards and Success of the Service will be Monitored

57. Support Workers will complete full details of each visit, the activities undertaken and the results in the record log of the Service User. A summary of this will be made available to the Council on request.
58. The Provider will have responsibility for day-to-day monitoring of their service and maintain sufficient records for this purpose. These records should be retained and kept up-to-date and made available on request for inspection by a nominated representative of the Council.
59. See also Appendix 2 – KPIs and Appendix 5 – Monitoring
60. The Council will retain overall responsibility for evaluating the service provided to the individual Service User. This may include:
- Feedback from the Service User, or other partner agencies

- Monitoring individual outcomes attainment
- Monitoring sustained levels of independence over time
- Routine reviews

61. The performance of the Provider against the contract documentation will be monitored and reviewed by the Council. Information will be made available by the Provider, including quality ratings, Inspection Reports, Action Plans and other documents produced by CQC in the operation of their regulatory function together with the Provider's own quality assurance procedures and measures, which will be provided to the Department on request.
62. The Provider will advise the Council immediately if they are judged as non-compliant in any area following a CQC inspection
63. The Provider will report the following to the Department:-

Service Capacity

- 63.1 The Provider must record any planned time (including where there is a planned start or an expected hospital discharge) to show the total time planned at any point and to clearly evidence the status of care packages and trends in provision.
- 63.2 Fluctuations in service need will be expected and service provision will be need to be flexible to accommodate these.

Outcomes

- 63.3 A monthly summary report will be required for all service users including:
 - 63.3.1 A summary of the services provided
 - 63.3.2 Details of the outcomes achieved and any goals still in progress.
64. Where appropriate the report should include details of strategies used or where links to other services, agencies or facilities have been made in order to achieve outcomes. It should include all formal or informal support, as known by the provider, and services being received by the Service User or planned for them at exit from the service; including any which will be privately funded by the individual or which will be funded through via the Council. See also **Appendix 2 – KPIs** and **Appendix 4 - Monitoring**
65. An **Annual Report** will be produced by the Provider showing how Service User and other feedback has been collected and how it has been used to improve the service.

How Services will be Provided- Expectation of Providers

INFORMATION

OUTCOME – Service Users are provided with comprehensive information so that they are able to make informed decisions about the service provided, and fully understand their rights and responsibilities whilst using the service.

66. Service Providers will provide Service User's accessibility to a Service Delivery Pack which will include the information as below. The information will be written in plain English and will be made available to Service Users in an appropriate language and/or other accessible format (e.g. large print, audio tape, Braille, video etc.) as required and will include:
- The organisation's Statement of Purpose
 - The Service User Guide
 - Complaints Procedures, clearly stating how a complaint can be made and the Providers' and Prisons process for dealing with complaints.
 - The organisation's process of Quality Assurance
 - Organisations registered with CQC should supply information about where a copy of their latest CQC inspection report can be obtained.
67. The Provider must ensure that the information pack is dated, reviewed annually and updated as necessary.

How the Department will monitor the service provided:

- A copy of the information pack will be available to the Department on request
- Inspection of Provider's policies and procedures
- The Provider will record when information is provided to Service Users and provide such information to the Department on request.
- Evidence of effective communication with Service Users.
- Feedback from Service Users.

PROVIDER DELIVERY PLANS

OUTCOME – Each Service User will have an individual Plan agreed between themselves and the Provider that is designed to meet their needs and goals

68. See previous Section in Part 2.

How the Department will monitor the service provided:

- Service User feedback
- Inspection of the Provider's Delivery Plan
- Evidence of Service User involvement in planning

- Evidence of reviews
- Evidence of provider monitoring of individual services and recording of outcomes and actions

PROVIDE RESPONSIVE SERVICES

OUTCOME - Service Users receive a responsive, flexible and reliable Service.

69. The Provider will ensure that staff are reliable and dependable with the necessary skills and competencies to be able to respond flexibly to needs and preferences of Service Users. Services will be provided in a consistent way that meets the outcomes identified in the Provider's Delivery Plan or by the individual Service User where appropriate.
70. The Provider will ensure that staff work alongside other health and social care services, Prison services and third sector organisations to assess and deliver care appropriately across teams as agreed for each individual.
71. Close interaction around hospital discharge is particularly important in order to facilitate timely and safe discharge.
72. The Service might be asked to participate in other Care Planning processes, where a service user has a long term condition or another health issue which is managed by another provider.
73. The Provider will ensure, via the Council's assessment team that Prison Healthcare is aware that the Service User is being supported by the Social Care Service.
74. Agreement to service delivery plan will be recorded as part of the assessment and planning process.
75. The Provider will ensure that Support Workers read the Delivery Plan and the previous worker's recorded log of activity at the start of each visit to ensure that they are up to date with any recent progress and/or change in strategy.

How the Department will monitor the service provided:

- Inspection of the Service User's Delivery Plan
- Inspection of the Provider's Complaints/compliments log
- Inspection of staff daily logs
- Service User feedback

CAPACITY TO MEET NEEDS

OUTCOME – The Service User is confident that the Provider is able to meet their needs as stated in their Delivery Plan.

76. The Provider will ensure that there are sufficient well trained and security-cleared staff to enable the provider to be able to respond to changes in a Service User's package.
77. All specialist services delivered by a Provider are based on current good practice and reflect relevant specialist and clinical guidance.
78. The communication needs of individual Service Users and preferred method of communication are understood by staff. Effective communication to ensure choice, control and participation by all takes place.
79. The Provider will ensure that there are sufficient staff to provide consistent services to individuals who require two carers to provide support at the same time
80. The Provider will ensure that visits are arranged in a manner which ensure that staff are to able arrive at the agreed time and spend the appropriate amount of time with each Service User. Due consideration will be given to the environment within which care is being delivered and the potential impact on service delivery times/durations.
81. The Provider will have written disciplinary procedures which deal with circumstances where the behaviour or actions of an employee are considered unsatisfactory.
82. The Provider will have a code of practice for Support Workers which should reflect a relevant professional Code of Practice.
83. The Provider will conduct regular reviews of staffing levels and resources.
84. Normally, support will be planned in advance and continuity of staff offered if support is to be arranged on a regular basis. It is important for the Service User to receive help from a small group of Support Workers known to them.
85. The Provider will ensure that there is regular and reliable communication between the Prison staff supporting any service user. The group should be kept up to date with any recent progress, changes or set-backs.
86. The Provider will inform the assessment team if, in their view, a service appears to be inappropriate at any time, or if any events are likely to adversely impact on provision of the Service, e.g. changes in circumstances, changes in health or medical condition or repeated cancellation of service. The assessment team will fully consider any such representations and respond promptly to the Provider.

87. If a situation arises where it appears no longer appropriate for a Service User to continue to receive support, no decision to cease the service will take place without consultation with the Assessment Team, except where an emergency medical admission occurs. "Consultation" means explaining action which is proposed before it happens, in sufficient time for it to be changed, if appropriate.
88. Where the Provider wishes to cease an individual service, no service will be ceased before authorisation has been received by the Social Worker to do so.
89. Subject to the relevant consent being provided, the Provider will be required to share case information, in a secure manner, with other health and social care professionals in order to support an integrated approach to patient care.

How the Department will monitor the service provided:

- Inspection of the Delivery Plan
- Inspection of the Provider's Complaints / compliments log
- Inspection of staff daily logs
- Monitoring referrals accepted by the Provider
- Monitoring the number of referrals declined by the service and the reasons
- Service User feedback

DIGNITY

OUTCOME – Service Users will be treated with dignity and respect at all times and their individuality will be respected in all aspects of the service.

90. Service Users are addressed by their preferred name and title at all times.
91. Support is provided in a way which maintains and respects the privacy, dignity and lifestyle of the Service User at all times.
92. Service Users will be helped with intimate physical care and treatment sensitively, discreetly and in a way that maintains their dignity. All support will be provided in the least intrusive way at all times.
93. Service Users will have the right to same gender staff to provide intimate physical care and where this is requested the Provider will meet this request wherever possible. Any exception to this must be discussed and agreed with the Service User and recorded in the Provider's Delivery Plan.
94. Service Users, their carers and advocates are treated with courtesy at all times.
95. Service Users will be treated with due respect to their race, culture, religion, disability, age, gender and sexual preference, and will not experience any form of discrimination.
96. Service Users will be made aware of their responsibility to treat others with respect and dignity.

97. Providers and all Support Workers must respect the privacy of Service Users. Nothing concerning the Service User must be discussed with anyone other than their Manager, and where appropriate, others in the staff team, the Department, the Service User's health care professionals, Prison staff (where appropriate) or others with the express permission of the Service User or their advocate if the Service User is unable to express an opinion.

How the Department will monitor the service provided:

- Providers own policies and evidence of those policies in action
- Feedback from Service Users
- Service User assessments

AUTONOMY, INDEPENDENCE AND CHOICE

OUTCOME – Service Users have control of decisions about their life and the services they receive, they have access to resources to help carry out their decisions and meet the outcomes agreed in their individual Plan or Delivery Plan. They are fully supported to exercise control over their lives in all aspects of the service. Services are responsive to individual needs and preferences.

98. Service Users are helped to exercise choice and control over their lives and are supported in maintaining and increasing their independence wherever possible. To achieve this Service Users will be provided with information, assistance and support where needed.
99. Service Users will be enabled to understand all the information and the implications of their choices. The Provider supports Service Users in making their own decisions and respectfully gives advice as and when the Service User requires.
100. Service Users or other representatives are informed about independent advocacy services who can act on their behalf.
101. Wherever possible Support Workers will carry out tasks with the Service User, not for them, minimising intervention, increasing independence and reducing the risk of creating dependency. The Service User will be supported to take agreed risks, as set out in the Delivery Plan.
102. Service Users will be supported to be fully involved in reviews and other meetings about issues that are important to them.
103. Service Users will have time to consider choices without undue pressure.
104. Limitations on choice or rights to prevent self-harm or self-neglect, or abuse or harm to others, are made only in the Service User's best interest, consistent with the Provider's responsibilities under the Mental Capacity Act 2005 and Best Interest decisions and as described Provider's Delivery Plan .

How the Department will monitor the service provided:

- Service User Support Plans
- Evidence of Service User involvement in reviews
- Evidence that Service Users are consulted with about their service
- Service User feedback
- Evidence that the Provider complies with the philosophy of care in documents and actions

COMMUNICATION**OUTCOME - Service Users are not marginalised in any aspect of the service because of communication needs as defined in their individual Delivery Plan.**

105. Support Workers are aware of the preferred communication methods of Service Users and communicate in the method and language of the Service User's choice; they are appropriately trained and knowledgeable with the necessary communication skills. It is expected that if support with language is needed, it will be provided during assessment.
106. Service User's Support Plans will contain a record of any communication assistance needed and this will be regularly assessed and updated.
107. Service Users will be supported to communicate at the speed and in the style they wish.
108. Service Users will be able to ask others to help staff in listening and understanding their views.
109. Staff should seek to use language and expressions that are readily understandable and appropriate to Service Users.
110. Service Users shall have access to a friend, relation or adviser of his/her own choice to act as an 'advocate' and have the facility to pursue matters on their behalf.
120. It is expected that any particular communication needs (e.g. signing, interpreter) will be identified during screening and assessment.

How the Department will monitor the service provided:

- Support Workers communicate in the preferred communication method of Service Users, and that information is provided in different formats according to need.
- Records of additional services provided to assist Service Users will be made available to the Team on request
- Feedback from Service Users

RELIGIOUS, CULTURAL AND SPIRITUAL NEEDS

OUTCOME – Service Users are confident that their religious, cultural and spiritual needs are respected and supported by the service.

121. The Department's Plan will inform Providers of any religious or cultural needs relating to the Service User
122. Staff will be made fully aware of any religious/cultural requirements of Service Users prior to commencing care
123. Staff will be properly informed about the implications of cultural and religious beliefs or faiths.
124. Special arrangements will be made for personal care needs in keeping with religious/cultural beliefs and practices to be met, where possible.
125. The needs of Service Users from black and minority ethnic communities will be understood and catered for, where possible.

How the Department will monitor the service provided:

- Service User Service Delivery Plan
- Service User feedback
- Inspection of staff training records and induction programmes.

CONFIDENTIALITY & PRIVACY

OUTCOME – Service Users know that information about them is handled appropriately, that their confidences are kept and their right to privacy is respected.

126. The Provider will ensure that all appropriate measures are taken to maintain Service Users' privacy in accordance with the Data Protection Act, Freedom of Information Act, The Mental Capacity Act, and the Provider's confidentiality policy. The Provider will have written policies concerning the management of information in accordance with the 1998 Data Protection Act and evidence and records of staff training will be in place.
127. Service Users and their carers or representatives will be made aware of the need to hold records of their individual information and the appropriate processes for accessing the information. Records will be confidential and secure and access to them will only be permitted in controlled circumstances.
128. The Provider will ensure that a Service User's personal information is handled appropriately and that personal confidences are respected.
129. The Provider shall ensure that permission is obtained, and recorded, from Service Users to share confidential information about them, unless existing legislation or guidance states otherwise.

130. Service Users will have the right to receive a copy of any information held about them in the Provider's files, provided that this does not breach third party or legislative guidelines.
131. Where possible, Service Users will be able to discuss their needs in confidence and privacy with a member of the Providers staff if they wish to.
132. Service Users can be confident that staff will not speak publicly about them unless it has been agreed with the Service User beforehand.
133. Discussions about a Service User's personal care and other sensitive matters must be held in private where practicable.
135. Copies of the Providers policies and procedures on confidentiality, including the process for dealing with breaches of confidentiality, will be available to Service Users and their representatives if requested.
136. The Provider will report any breaches of Service User personal data to the Council as soon as possible and have in place a procedure for dealing with the investigation of data breaches. The Provider will work with the local authority to assess the impact of the breach in considering whether it needs to be reported to the Information Commissioner's Office.

How the Department will monitor the service provided:

- Service User feedback
- Evidence from Providers record keeping procedures and record management, including reports of data breaches reported to the Council.
- Inspection of Provider's policies and procedures.
- Evidence of staff training.
- Service User re-assessments.

MOVING ON

OUTCOME - Service Users are confident that a transfer to an external provider will be a positive and supported experience.

138. Where applicable, the Provider will be involved in the exit planning process and any meetings that are required to assess and plan for ongoing support as necessary.
139. The Provider may be required to assist the service user in planning the type of support they require after leaving the service. The Provider staff will have built up a good relationship with the service user and will be ideally placed to help them to plan for the future.

140. The Provider may be required to provide a briefing in order to contribute to the Exit Plan.
141. The Provider will continue to provide care until the agreed service cessation date and will comply with any requests by the assessment team for information regarding the Service User.

How the Department will monitor the service provided:

- Service User feedback
- Service User reviews
- Summary Report of Service User Outcomes

SAFEGUARDING ADULTS

OUTCOME – Service Users are protected from abuse, neglect or self-harm.

142. The Prison Service is responsible for dealing with Safeguarding concerns and processes. The Provider will report concerns regarding Safeguarding to Prisons staff immediately and will notify the Council's assessment team within 24 hours.

DIETARY NEEDS

OUTCOME – Service Users will be provided with healthy nutritious meals and refreshments that meet their dietary and cultural requirements.

143. The Prison Service is responsible for dealing with Dietary needs.

HEALTH & SAFETY

OUTCOME – The Health, safety and welfare of Service Users is promoted and protected at all times.

144. The Prison service is responsible for dealing with Health and Safety.

SAFETY AND RISK

OUTCOME - Service Users feel safe at the service and they, and their representatives, fully understand their rights and responsibilities.

145. The Prison service is responsible for Safety and Risk.

EQUALITY AND HUMAN RIGHTS

OUTCOME – Service Users have equal access to services without hindrance from discrimination or prejudice, they are protected from any discrimination, harassment or social exclusion.

146. The Provider must comply with the requirements of the Equalities Act 2010 and the Health and Social Care Act 2008 (regulated activities regulations 2014) Regulation 10, which requires providers to give due regard in respect of the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation when providing services. Providers must also comply with relevant equality and human rights legislation and any subsequent amendments re-enactments or revisions (within the restrictions of a prison or other secure environment).
147. The Provider must issue their own written policies covering equal opportunities, human rights anti-discriminatory practice and harassment. Recruitment and selection policies must aim to eliminate discrimination in recruitment procedures and service provision. Policies must explicitly state that Providers are working towards such an approach.
148. The Provider should study the CQC and Equality and Human Rights Commission guidance “Equality and human rights in the essential standards of quality and safety – An overview” and any subsequent guidance and supporting notes issued by CQC to ensure compliance. Providers should also be conversant with the local authority monitoring requirements. All providers are required to assist the Council to meet its Public Sector Equality Duty as described in Section 149 of the Equality Act 2010 and the Equality Act 2010 (specific duties) regulations 2011.
149. All Support workers must receive training and be familiar with the above policies and guidance.
150. The Provider will ensure staff understand, and are sensitive to, the particular needs of Service Users from minority groups. Where necessary, training will be provided to ensure care is provided in a culturally sensitive way.
151. Each Service User is different. Staff will display an awareness of the importance of gender, race, religion, culture, and choice to personal identity. Staff will work from a clear equalities and human rights perspective with Service Users (and each other).
152. No service will exclude anyone on grounds of race, religion, ethnicity, or sexual orientation.
153. Advice can be sought from South Gloucestershire Council’s Department for Children, Adults and Health, PO Box 1955, Council Offices, Badminton Road, Yate, Bristol, BS37 0DE

How the Department will monitor the service provided:

- Inspection of Provider’s policies and procedures

- Periodic monitoring of compliance with the Public Sector Equality Duty
- Evidence of those policies and procedures in action
- Monitoring of complaints
- Service User feedback
- Evidence of compliance from CQC
- Inspection of staff training and induction records

COMPLAINTS AND COMPLIMENTS

OUTCOME – Service Users, and advocates are confident that their complaints or concerns will be listened to, taken seriously and acted upon.

154. Any complaint about the Service arising from a Service User should be reported to the Provider.
155. The Provider will have a Complaints procedure which is simple, well publicised and in a format accessible to all Service Users to enable an individual, or someone acting on their behalf, to make a complaint or suggestion in relation to the services they receive.
156. Service Users must be informed of the means of registering a complaint and this should allow for Service Users who may choose to raise their complaint or concern verbally.
157. The procedure must show how complaints are dealt with, how Service Users' views are taken into account, how they will be informed of the outcome and the timescales involved. Service Users should be advised of their right to contact the Local Authority if they remain dissatisfied with the outcome of the Provider's handling of the complaint.
158. All Providers will maintain a log of complaints, concerns and compliments showing:
 - The date the complaint, concern, compliment was received
 - The name and address of the Service User and prison location
 - The name and address of the complainant (where different)
 - The nature of the complaint, concern or compliment
 - The response to the complaint or compliment
 - If it is a complaint, a response, including timescales, should be in writing and the date of the response letter should be included in the log, with brief details of the outcome
 - Learning points for the Service User and changes made to policies, procedures and practice as a result of dealing with a complaint
 - The level of satisfaction of the complainant

159. The log of complaints will be available for inspection by the Partnerships and Commissioning Team at any time and will be available to the Council on request.
160. The Provider should collate the information from complaints annually to identify any trends which may impact on services thereby highlighting any actions to improve services.

How the Department will monitor the service provided:

- Inspection of the Providers policy
- Complaints log provided to the Department on request
- Evidence of changes made following the investigation of complaints
- Examination of customer feedback data
- Service User feedback.

BEHAVIOUR THAT CHALLENGES

OUTCOME – Staff understand the correct and approved ways of responding to such behaviour and the Service User experiences the positive benefits of these management techniques, and therefore risks to Service Users, Carers and Support Workers minimised as far as possible.

161. Both the Provider and the Prison service are responsible for dealing with Behaviour that Challenges.

FINANCIAL PROTECTION

OUTCOME - The property of Service Users will be protected at all times whilst the support service is being provided.

162. The Provider will have policies and procedures in place to prevent staff from obtaining personal benefit when working with vulnerable people. This may be in the form of a documented risk assessment addressing the potential for personal benefit through abuse, for example, in the provision of financial advice, Power of Attorney and the actions in place to minimise identified risks.
163. Support workers and other staff will be bound by a policy regarding the refusal of gifts. Staff will not accept other gifts and/or bequests from service users and will not advise about service users' wills, act as trustee nor assume Power of Attorney on behalf of a service user.
164. The Provider will have a policy and procedure for the investigation of allegations of financial irregularities and the involvement of the police, with reporting to the Partnerships and Commissioning Team.

165. The Provider, Support Workers, other staff, or their families, must not become involved in any personal financial transaction with any Service User, including the sale or purchase of goods or services and the borrowing or lending of money or goods.
166. Staff will not involve the Service User in gambling or gambling syndicates, e.g. National Lottery.
167. Staff will not incur a liability on behalf of a Service User.
168. Staff will not take responsibility for looking after any valuable on behalf of a Service User.

How the Department will monitor the service provided:

- Inspection of Provider's policies and procedures
- Inspection of individual Service User records etc.
- Service User feedback
- Inspection of risk assessments
- Care Management reviews
- Inspection of Staff records where appropriate

SECURITY AND STAFF CONDUCT IN THE SERVICE USER'S PLACE OF RESIDENCE

OUTCOME - Service Users are protected and safe in their place of residence and staff will maintain security and safety at all times.

169. All staff will be provided with a means of identification showing:
 - a photograph of the staff member,
 - the name and signature of the staff member,
170. All Support Workers will need to undergo clearance by the Prison service / Home Office in order to be able to deliver the Personal Care in Prisons Service.
171. Identification must be shown to the Service User and Prison staff. Service User's relative or representative, local authority community care staff, or other appropriate person.
172. Staff will not be allowed to take mobile phones, tablets or other similar devices into a Prison.
173. Support staff must be free from the effects of substance or alcohol during working hours. Substance includes both illegal drugs and legal medication if it affects their ability to carry out their duties in a safe and sufficient manner.
174. Staff must not drink alcohol while they are on duty.

175. It will not be possible for Staff to take any other person into the Prison unless (a) this has been cleared with the Prison authorities as necessary to support the provision of care and (b) the person going into prison has also had security clearance.
176. Should the Provider, under their reporting responsibilities, have reason to refer an employee, staff member or volunteer for inclusion on the Disclosure and Barring Service list they will, at the same time notify the Council. At this stage the Provider will not be required to name the individual

How the Department monitor the service provided:

- Inspection of Provider's policies and procedures
- Evidence of Worker identification and clearance to be provided to Department on request
- Evidence of notification of events as specified to be provided to Department on request
- Inspection of staff training and induction records
- Service User feedback.
- Inspection of records.

RECORD KEEPING

OUTCOME - The rights and best interests of Service Users are safeguarded by the Provider keeping accurate and up-to-date records.

177. The Provider will maintain all the records required for the protection of Service Users and the efficient running of the business.
178. Records will be secure, up to date and in good order and are constructed, maintained, used and disposed of in accordance with the Data Protection Act 1998, and other statutory requirements and are kept for the requisite length of time.
179. Service Users must be aware of the data held about them and agree to this information being held and to whom it is available.
180. Service Users or their representatives have access to their records and information held about them by the Provider and are facilitated in obtaining access when necessary.

How the Department will monitor the service provided:

- Inspection of records
- Evidence that Service Users know how to access records will be provided to the Provider on request.

RECORDS KEPT IN SERVICE USER'S PLACE OF RESIDENCE

OUTCOME – The health, best interests and rights of Service Users are safeguarded by maintaining a record of key events and activities.

181. Support Workers will record the date and time of every visit, the support provided and any significant information; Records will include:
- details of service provided
 - any changes in method of delivery of service
 - any achievements of goals or progress towards achieving goals
 - any issues or problems with achieving goals
 - Assistance with medication
 - details of changes in the Service User's circumstances, support needs, health condition etc.
 - any accident to the Service User and/or Support Worker
 - any other untoward incidents, for example, any inappropriate behaviour or action by the Service User
 - activities undertaken and any particular achievements or outcomes
 - any information that will assist the next Support Worker to ensure consistency of service provision.
182. Records will be factual, legible, signed and dated and accessible to the Service User at their request.
183. Service Users will be informed about what is written and will have access to it
184. Records will be held by the Provider.

How the Department will monitor the service provided:

- Inspection of records held by the Providers office.

STAFF RESOURCES AND REQUIREMENTS

OUTCOME – Service Users are satisfied that there are sufficient staff to competently meet their daily and developmental requirements.

185. The Provider will ensure that sufficient suitably trained and security cleared staff are available during key times during the day.
186. The Provider will ensure that sufficient, suitably trained, security cleared staff are available to provide support to service users whose assessment or support plan indicates the need for two carers

187. The Provider will ensure that all staff have the necessary training, personal qualities and caring attitudes to enable them to relate well to Service Users who are in prison accommodation
188. The Provider will ensure that all staff are sufficiently competent in the English Language to enable them to read and understand all plans and documentation relating to an individual's service, accurately update daily records and logs and communicate effectively with the Service User or any third party
189. The Provider will ensure that staff have received any training required to effectively deliver the service.
190. The Provider will conduct regular reviews of staffing levels and resources.
191. The Provider will ensure that, where key posts become vacant, the appointment of new staff is made promptly and without undue delay. This is particularly important given the need, and timescales involved, to obtain Prison / Home Office clearance and necessary training.
192. The Provider will have written disciplinary procedures which deal with circumstances where the behaviour or actions of an employee are considered unsatisfactory.
193. The Provider will have a code of practice in place for Support Workers.
194. Providers will ensure that staff records show that appropriate action is taken where a Support Worker has breached/not followed the Provider's rules and procedures and will notify the assessment team.
195. Should the Provider, under their reporting responsibilities, have reason to refer an employee, staff member or volunteer for inclusion on the Disclosure and Barring Service List they will, at the same time notify the Department. At this stage the Provider will not be required to name the individual.
196. For further information please see **Recruitment and Selection** clauses 207 - 214

How the Department will monitor the service provided:

- Inspection of establishment list
- Inspection of staff training and induction records
- Evidence of qualifications held by staff
- Inspection of records of referrals to ISA Disclosure and Barring Lists (or any list that may supersede this)

STAFF DEVELOPMENT AND TRAINING

OUTCOME – Staff will be trained to an agreed standard, at an appropriate level to meet the needs, aims and objectives of the Service Users.

197. All Managers of the service will be suitably experienced and/or qualified in order to effectively run the service.
198. The Provider will ensure that all staff have the necessary knowledge, skills and experience to deliver the Service.
199. In particular Support Workers will have the necessary training, skills, competencies, personal qualities and caring attitudes to enable them to meet the personal care needs of individual Service Users.
200. The Provider will ensure provision of a structured induction process which is completed by all new staff. A basic training programme for staff or volunteers, appropriate to the needs of the Service User group, will be provided within an agreed period of taking up appointment.
201. The Provider will undertake a training needs analysis for each new member of staff and this will be incorporated into the staff training and development plan.
202. The need for refresher and updating training will be identified at least annually and incorporated into the staff development and training programme.
203. Staff will receive regular training to carry out all aspects of their role, in line with the values and principles, policies and Protocols outlined in this specification.
204. Staff will also receive specific awareness training regarding meeting the care needs of people in prison and on working in line with Prison / Home Office protocols.
205. The Provider's induction and basic training programmes will be submitted to the Department on request.
206. The Provider will ensure that all staff receive regular supervision and have ongoing review of their standard of practice and annual appraisal.

How the Department will monitor the service provided:

- Evidence of Managers qualification and/or experience
- Inspection of staff induction and training records
- Inspection of staff refresher/update training records
- Inspection of supervision records
- Evidence of organisational planning and review of training needs and planned action.

RECRUITMENT AND SELECTION

OUTCOME - The well-being, health and security of Service Users is protected by the Provider's policies and procedures on recruitment and selection of staff.

207. The Provider will have a written recruitment and selection procedure including:
- A job Description
 - A person specification
 - A application form (to be completed by all applicants)
 - References to be obtained from previous employer(where applicable) and other individuals (at least two references for each applicant)
208. Any staff, employees or volunteers working with Service Users or having access to Service User's personal data must undergo checks made through the Disclosure and Barring list, (or any subsequent vetting and barring body at the appropriate level prior to working with Service Users.
209. Staff will also be required to undergo Home Office clearance before starting to work with service users.
210. Providers must comply with the requirements of equalities legislation in the recruitment and selection of staff.
211. Providers must issue their own written policies covering equal opportunities, anti-discriminatory practice and harassment. Recruitment and selection policies must aim to eliminate discrimination in recruitment procedures. Policies must explicitly state that Providers are working towards such an approach. Policies will be in accordance with the Equalities and Human Rights Commission Code of Practice. All Support Workers must receive equalities training and be familiar with the above policies.
212. Where possible the gender of the staff team will be appropriate to provide same sex intimate personal care where requested.
213. The Provider will ensure that all staff working with Service Users are sufficiently competent in the English Language to enable them to read and understand all plans and instructions relating to a Service User and any third party effectively`
214. The Provider will ensure that there are no significant delays in recruiting staff to key posts.

How the Department will monitor the service provided:

- Inspection of Provider's recruitment policies and procedures
- Evidence of equalities monitoring
- Inspection of job descriptions

- Evidence of inspection of Independent Safeguarding Authority list and Disclosure and Barring Service checks being completed and Prison / Home Office clearance being obtained
- Inspection of staff induction/ training records & relevant personnel records.

ADMINISTRATIVE SYSTEMS

OUTCOME - Service Users benefit from administrative systems which ensure a good support and effective service delivery.

215. The Provider will have the necessary administrative systems in place to ensure good support services are provided.
216. Effective business and financial planning, budget monitoring and financial control systems are in place.
217. The Provider shall be contactable by The Department and others by all normal business methods of communication i.e. phone, email, face to face during normal office hours. The Provider will ensure that communication methods employed are effective, timely and secure and that these apply equally to the Provider's Personal Care in Prisons team as to Council staff.
218. The Provider will ensure accurate and timely notification of changes to the planned provision of care.
219. The Provider will notify the Department of any deficits of service and provide the information in format required by the Department.

How the Department will monitor the service provided:

- Evidence that office procedures are effective and accurate records of the organisations work and practice will be available.
- Monitoring of exception reports

POLICIES AND PROCEDURES

OUTCOME - Service Users' rights, health and best interests are safeguarded by robust policies and procedures implemented consistently by the Provider.

220. The Provider will implement a clear set of policies and procedures to support practice and meet the requirements of legislation. Policies will be dated, regularly monitored, reviewed and amended when required.
221. The Provider will record that its staff have read, understood, and have access to up-to-date copies of all relevant policies, procedures and codes of practice and that Service Users have access to relevant documents in appropriate formats.

222. All of the Provider's policies and procedures will be available to the Council on request.

How the Department will monitor the service provided:

- Inspection of Provider's policies and procedures
- Evidence that staff have read policies and procedures
- Service User feedback.

BUSINESS CONTINUITY PLANNING

OUTCOME – The Service User's support services will be unaffected by unexpected or unforeseen external circumstances.

223. The Provider will put in place arrangements to ensure that the service continues to be provided in the event of circumstances that could adversely affect the service. Business Continuity Plans will be devised and made available to the Partnerships and Commissioning Team on request.

How the Department will monitor the service provided:

- Inspection of Provider's business continuity plan.
- Evidence of testing of business continuity plan

QUALITY ASSURANCE

OUTCOME- Service Users will receive a high quality services that meet their needs, aims and objectives.

224. The Provider will maintain 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 regularly monitored.
225. Outcomes from any Quality Assessment process will be made available to Service Users, Carers and all stakeholders including the Partnerships and Commissioning Team.
226. The Provider will have responsibility for day-to-day monitoring of their service and maintain sufficient records for this purpose. Records should include details of the Service User visits, and a personal record monitoring progress against the Care Plan, and staffing records. These records should be retained and kept up- to-date and made available on request for inspection by a nominated representative of the Partnerships and Commissioning Team.
227. The Provider will have a system in place to identify and put in place continuous and sustainable improvements in the quality of the service. Details of improvements are to be provided to the Department on request.

228. The performance of the Provider will be reviewed by the Department. The Provider will allow access for service review or inspection by officers designated by the Department when requested. Financial information will be supplied as requested by the Team from time to time.

How the Department will monitor the service provided:

- Evidence that the Provider seeks to assess the quality of the service they deliver
- Results of Quality Assurance/Service User feedback will be available to the Council
- Evidence of that the Provider acts to make improvements to the service
- Evidence that the Provider takes account of Service User and other stakeholder views.
- Monitoring of Electronic Monitoring System data

FUTURE DEVELOPMENT OF THE SERVICE

OUTCOME – the service remains responsive to local needs and increases the benefits that are available to service users.

229. The Provider will respond to service user and other agency feedback to develop and improve their service
230. A more integrated approach to service delivery may be required during the life of the contract and the Provider will be expected to work with the Council, the Prisons and other service providers to achieve this
231. The Council may wish to develop the service in the future and the Provider will be expected to work with the Council to determine needs and the way in which additional support can be delivered by the service.

How the Department will monitor the service provided:

- Service user feedback
- Evidence of improvements to service following feedback

NOTIFICATION OF EVENTS

232. Where the following events occur, the provider must comply with the following notification timescales:

Immediate Notification to Duty Desk

- A Major incident, accident or event affecting any Service User

- Urgent reassessment of Service User if care cannot be met by the Provider

Telephone: 01454 868007

Fax: 01454 866250

Email: csodesk@southglos.gov.uk

233. Notice of death should be emailed to the CSO Desk within one working day.
234. The Provider will report any Death in Custody to the Council, NHS England and the Care Quality Commission.

GENERAL CONTACTS

South Gloucestershire Council Customer Service Desk

Telephone: 01454 868007

Fax: 01454 866250

Email: csodesk@southglos.gov.uk

Partnerships and Commissioning Team

Email: CAHfeedback@southglos.gov.uk

Glossary of Terms

“Advocate”	Someone who speaks on behalf of the person, this may be a Carer, friend, interpreter or someone especially engaged to act as an advocate
“Assessment”	Process whereby a person’s presenting needs are identified and evaluated in order to assess what assistance might be provided in order to support the person’s capacity to live a full and independent life.
“Assessment Team”	A member of the Department’s staff who is responsible for assessing and monitoring a person’s care
“Care and Support Plan”	A plan in which the Assessment Team member outlines care and support needs and which is shared with the Provider
“CQC”	The Care Quality Commission
“Delivery Plan”	A plan which outlines the service the Provider will deliver to the individual Service User
“Estimated initial level of service required”	The Department’s estimate of the level of support required at the commencement of the service before a review is undertaken to establish goals and objectives
“Peer Supporter”	Someone who knows the Service User and provides informal support
“Planned Time”	The time at which it is expected that a service will be delivered
“Prison Healthcare”	Services that would have been provided by the NHS if a Service User was living in the community
“Prisons”	HMP Ashfield, HMP Eastwood Park, HMP Leyhill
“Provider”	The Organisation commissioned to provide services to South Gloucestershire Service Users
“Service Delivery Pack”	The folder provided by the Council which is placed in the Service User’s place of residence
“Service User”	The person for whom services are provided

"Support Worker"	The individual worker responsible for delivering the Provider's Delivery Plan as part of a team of staff involved
"The Department"	The Department for Children, Adults and Health, South Gloucestershire Council

Appendix 2

Key Performance Indicators

Note - During the Contract period, the forms and documents as well as the processes in use by the Department are likely to be subject to change. Together with other necessary changes, this is likely to lead to changes to these Key Performance Indicators. The Provider will be kept informed about such changes and will work with the Department to review and consider any proposed changes.

No.	Indicator	Expected Achievement of KPI	Who Will Provide Information	Frequency of Report
1	The number of service users where services commenced within 24 hours of acceptance	100%	Provider	Monthly
2	The number of Service Users commenced within the agreed date and time following a referral where a 24 hour response was not required	100%	Provider	Monthly

Also see **Appendix 5 – Monitoring**

Aids and adaptations protocol for individuals in Prisons, Approved Premises and Bail Accommodation

Care and Support (Preventing Needs for Care and Support) Regulations 2014

Where the Local authority provides or arranges for care and support, the type of support may itself take many forms. These may include more traditional “service” options, such as care homes or home care, but may also include other types of support such as assistive technology in the home or equipment / adaptations, and approaches to meeting needs should be inclusive of less intensive or service – focused options.

Needs may be met through types of care and support which are available universally, including those which are not directly provided by the local authority. For example, in some cases needs could be met by a service which is also made available as part of a local authority’s plan for preventing or reducing needs for care and support (under Section 2 of the Act). Needs could also be met, for example, by putting a person in contact with a local community group or voluntary sector organisation.

There are many ways in which a local authority can achieve the aims of promoting wellbeing and independence and reducing dependency.

For those assessed as being in need of adaptations (fixtures and fittings) to their living accommodation to meet their needs when in a prison, approved premises or bail accommodation, the responsibility lies with the custodial establishment to deliver this.

For those assessed as being in need of equipment, as defined in the Care and Support (Preventing Needs for Care and Support) Regulations 2014, are the responsibility of the local authority in line with the local commissioning arrangements and the Occupational Therapy general Guidance on Equipment Provision.

Occupational Therapy General Guidance Notes:

Always start by looking at the possibility of using alternative methods or using rehabilitation techniques to resolve practical problems. It is important to understand any reasons for anxiety or loss of confidence in daily living skills / mobility, when alternatives are not possible then -

- Try to consider simple cost effective solutions first, often these can be more convenient i.e. a bath seat or board is portable and can be stored easily. There is no battery to have to remember to recharge, or mechanism, which may break down. Simple solutions can be easier to use and more convenient.
- Trying basic equipment helps the therapist to build up a more comprehensive picture of why a more complex item of equipment may be needed.
- Every item of equipment has different features, some are useful, and some may not be to a particular individual. Again using bathing as an example- the advantage of a battery operated bath lift is safer seated transfers and being able to get down and soak in the bath and being able to raise and lower at the press of a button. The disadvantage could

be the weight and size of the bath lift to remove it from the bath if there are other individuals, who want to use the bath, without the equipment in place. Another disadvantage could be the person's ability to recharge the battery regularly.

- Choosing the right piece of equipment may involve negotiation and careful risk assessment¹ between the individual and carer(s), consideration of the environment and an exploration of the choices available and a balancing of the requirements of users and carers. This clinical reasoning and risk assessment should always be documented. Your clinical reasoning is the process by which you reach this decision and should include all options considered and the reasons why they were adopted / or not selected. This process should be fully recorded and include service users and carers comments and views
- There has to be agreement with the individual and others closely associated with the person, that the equipment is a solution, if there is no acceptance that a piece of equipment needs to be used, there will always be reasons found as to why it has not worked - it is too noisy, too heavy etc.
- Sometimes people have unrealistic expectations of equipment and it can become a central and practical focus to resolve, even so the reality may not live up to the expectations and supplying expensive equipment/adaptations does not cure or prevent the progression of illness. This is why it is important for people to have the opportunity to try out a solution and to understand the choices available to them.
- Helping people to find the right solution for them is the key to enhancing independence and safety:
 - It could be a life changing piece of equipment
 - It may be realising there is another approach.
- Sometimes having to acknowledge that equipment is now needed is a painful reminder to the individual and carer(s) that their physical health has deteriorated and that their function is now so impaired that they are going to be reliant on equipment or others to assist with very basic daily living activities. Emotional reactions are understandable - it could be anger, rejection or depression or a denial of the extent of the practical difficulties they are facing. The timing and method of the introduction of equipment is crucial. Ideally it should be a considered approach.
- Always try to start your assessment by reviewing and considering the problem and not the solution. For example a stair lift may be available but it may not be the best answer if stair climbing is helping an individual maintain a level of mobility and fitness - again balance the needs for safety and convenience against the longer term goal of maintained activity. There are also options like bringing the bed downstairs / provision of a downstairs toilet / moving to a flat or bungalow. These may be options that have not been discussed. Allow individuals time to weigh up and consider what the best solution is - it is not necessarily the one that was first thought of. Give consideration to short and longer term plans, consider the time needed to implement changes and be aware of any

¹ The prison is responsible for determining if the equipment is safe to issue or if there are risks associated with the item within the prison environment

contraindications to any proposals e.g. blackouts, dizzy spells, deteriorating neurological conditions.

Always encourage consideration of longer term solutions.

Consideration will be given to whether provision of equipment or techniques can safely reduce the number of carers for manual handling or the length of care required.

Items of equipment that are universally available (for example in supermarkets, high street stores or online) and costing less than £10, are not routinely provided and individuals are recommended to purchase these items privately.

POINT OF PROVISION CHECKLIST

1. Ensure you are familiar with how to use the equipment you are providing. Remember to read the instructions on how to use a piece of equipment. Always check user weight limits.
2. Ensure the equipment is hygienic and working. If there any concern about the condition of the equipment does not demonstrate, trial or issue to users.
3. Check out any concerns with technical advisors or manufacturers.
4. Always take note of updated MHRA Guidance e.g. risk assessments required for bed levers
5. It is important that any adverse incidents or near misses regarding the use of equipment are recorded and reported. Seek advice from the MHRA (Medicines and Healthcare Products Regulatory Agency) www.mhra.gov.uk Senior Practitioner OT, Paul Burrows, co-ordinates MHRA information and any concerns, questions or queries should be addressed to her directly.
6. Demonstrate the equipment yourself or arrange for the company representative to demonstrate and check that the individual and carer(s) can use the equipment safely.
7. Point out any precautions regarding its use. Ensure the individual and their carer are provided with a copy of written instructions to refer to.
8. All equipment is subject to an initial review
9. Advise whether equipment will be formally reviewed and maintained.

Service Overview

Personal Care in Prison Service

The service provides social care, in manner that encourages and coaches individuals to regain and maintain the skills to manage tasks and maintain social relationships independently.

Care tasks are comparable to those that could be carried out by a competent and caring relative. It does not include nursing care, that is, care that requires the specialist skills of a qualified nurse. Tasks can be provided to either support or assist the individual depending on the service goals.

The services to be provided are exemplified in the following areas (the list is not intended to be exhaustive and the service will need to be flexible):

- Assisting the Service User to get up and/or go to bed, including dressing and undressing, at times specified in the Care Plan
- Moving and handling with or without a mechanical hoist. (Where possible, Service Users' preferences must be respected, lifting and handling must be undertaken with due regard to Health and Safety legislation);
- Washing, bathing and personal hygiene needs;
- Denture and mouth care;
- Assistance with continence including to use the toilet, emptying and changing catheter and colostomy bags, washing out catheter bags
- Assistance with eating and drinking
- Preparing service users for discharge from the prison into the community
- Supporting service users at the end of their life, in conjunction with specialist district nursing input

Any equipment must meet security and safer custody requirements, as agreed by the Prison

Tasks required include:

Personal Care of Service User

- Dressing and undressing, including fitting callipers and surgical aids (e.g. specialised corsetry, trusses) and prostheses, but excluding circulatory aids (e.g. pressure stockings such as TED stockings)
- Supporting / assisting user with toileting taking into account Health and Safety legislation
- Supporting/assisting and encouraging Service User with implementation of a plan developed by continence advisor
- Contributing to social rehabilitation or teaching programmes described within assessment and the Support Plan.

Assisting with Service User's health needs

- Prompting and recording the self-administration of prescribed medication.
- External application of prescribed ointments and skin patches to unbroken skin.
- Preventative application of prescribed or non-prescribed creams/ointments to unbroken skin following personal cleaning.
- Supporting/assisting users with dry dressings (i.e. not open wounds or expert strapping)
- Applying creams

Domestic Services

- Bed making and changing, including cleaning up after incontinence.
- Intensive cleaning where risk factors indicate a risk to health and/or well-being of the Service User are dealt with by separate contractual arrangements. This includes cleaning of accumulations of human faeces or hazardous disposal of special clinical waste as identified by the Provider through approved collection systems. (Incontinence pads would not normally be included in this category and can be disposed of in sealed bags through the usual refuse collection system.)

Safety Issues

- Bringing to the attention of the Service User any safety issues, with advice from the Provider and Prison Health and Safety Officers where appropriate.

Other tasks which may be required prior to a service user leaving prison

- Signposting Service User to voluntary and charitable organisations who may be able to support the Service User on exit
- Investigating social and community activities which may be suitable and accessible for the Service User

Maximising Life Skills

As part of a planned programme, assistance will be provided in developing the Service User's skills in any of the above areas to maximise independence.

Supervisory Tasks

Where it is necessary, staff will assume supervisory tasks in relation to Service Users with mental health problems or Service Users with learning difficulties. Supervision in this context means overseeing the Service User's performance in undertaking any of the tasks listed above.

Monitoring

the Provider will provide a Plan for gathering and interpreting data, assessing quality indicators, obtaining a Service Management overview and assist South Gloucestershire Council with the identification of service needs, including development needs, for this client group and the associated financial implications.

The Provider will prepare an Implementation Plan, with timeframes and milestones included for both the service set up and ongoing delivery. This will provide a focus for review meetings and reporting.

This information will be shared with the Partnerships and Commissioning Team at Review Meetings according to the Schedule below:

Data collection

Analysis of service users by:

- Prison
- Gender
- Age bands: 18-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70-79; 80-89; 90 and over
- Ethnicity
- Key service(s) provided

Period for which continuous care to any individual Service User has been provided (in weeks)

Service User Outcomes – Summary Report

Quality indicators

- Quality of individual care plans for service users
- Service user perception of wellbeing and satisfaction with service
- Feedback on Service from Prison Voice

Service Management Overview

Impact on other health and social care provision

Service implications for South Gloucestershire Council

- Analysis of pay, direct and non-direct spend
- Analysis of spend across skill mix by hours worked and daily rate
- Variation from annual (or pro rata) estimate of spend

Review meetings

Review meetings between the Partnerships and Commissioning Team and the Provider will take place monthly for the first three months of the contract. If there is good progress the frequency of meetings will be extended.

Review meetings will consider achievement of KPIs, the delivery of the service against the requirements of this specification and any of the following may be considered:

Protocols agreed and in place

- Provision of equipment
- Safeguarding
- Complaints
- Behaviour that Challenges
- Others

Service set up achieved

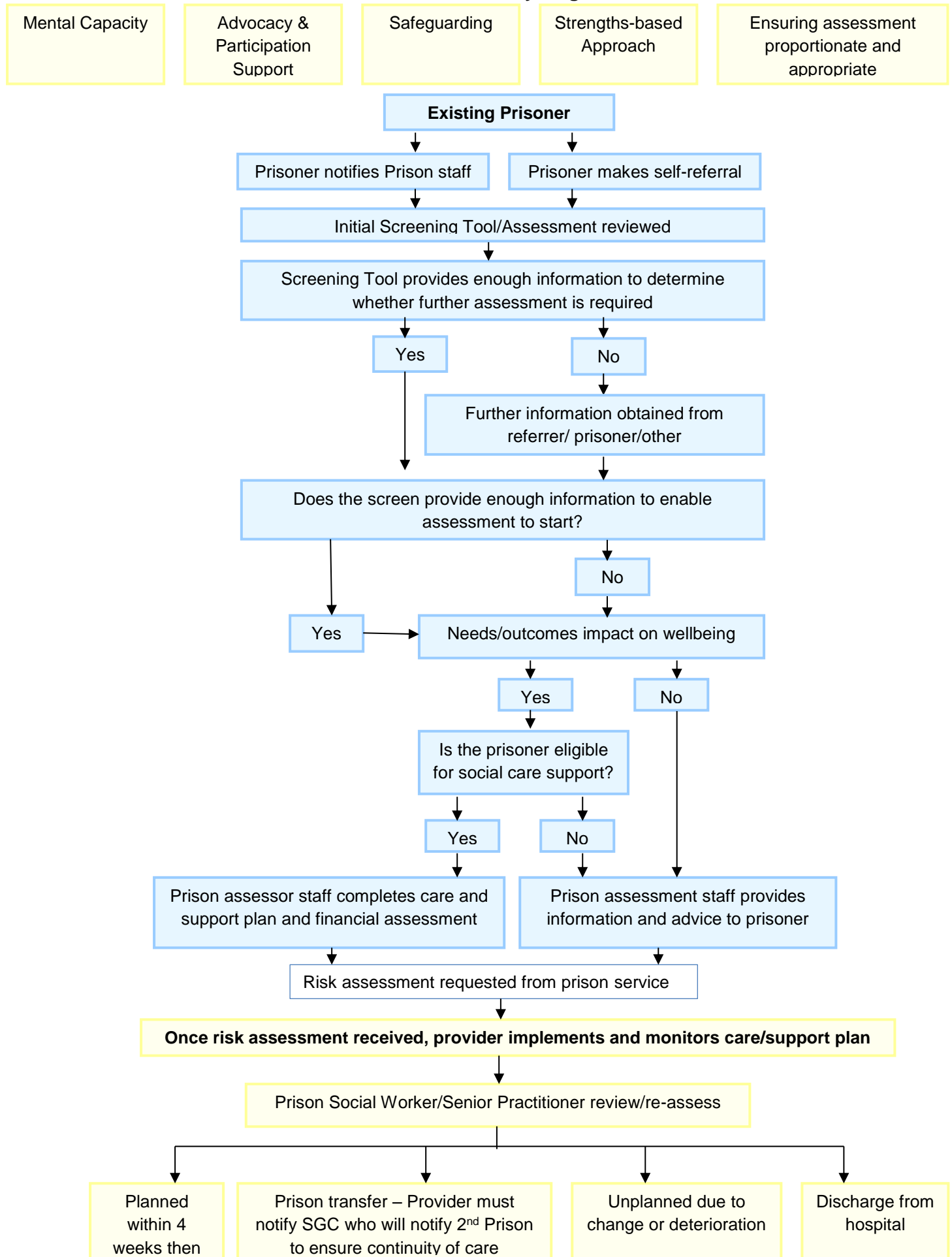
- Service Set-Up Plan implemented
- Staff clearance obtained
- Team in place
- Induction completed
- Other essential training undertaken
- Information gathering processes agreed

Service provision

- Number of incidents, how resolved or outstanding
- Escalated incidents
- Safeguarding concerns
- Any risk to delivery of the service, or the delivery of required standards
- Compliments and expressions of customer satisfaction
- Complaints, concerns and sources
- Team skill mix, including bank staff, relevant qualifications and training
- Shift coverage
- Punctuality
- Service standards achieved
- Contract staff turnover
- Outcomes of poor performance, disciplinary action or investigations
- Contract contingency plan
- Relevant provider assessments, reports, audits, reviews

Reporting

The Provider will, from time to time, be required to submit reports to the Partnerships and Commissioning Team, other Council or Partnership meeting.

Access to Social Care Assessments for Prisoners**Consider at every stage:**

Consider at every stage:

