

Service specification for the provision of care within extra care housing

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1. Introduction

- 1.1 This service specification covers the provision of an average of 1920 hours of care per week by the provider to approximately 173 people living at the following extra care housing schemes: Broadway Gardens, Bushfield Court, James Beattie House, Pine Court and St Matthews Place, within the City of Wolverhampton.
- 1.2 This service specification is part of the contract and sets out the requirements of the provider.

2. Description of service

- 2.1 Extra care housing is a supported living option that provides an opportunity for people to live in their own self-contained property whilst having on site access to care and support in accordance with their assessed needs. The aim of extra care housing is to provide an independent living community that meets a wide range of needs and aspirations, whilst offering flexible care and support to meet changing needs presented by service users over time.
- 2.2 The care service detailed in this service specification will be provided to people aged 55+ (exceptions may be agreed) and will operate a 24-hour service 365 days per year.
- 2.3 The care service detailed in this service specification is for people who have eligible social care needs that are assessed in accordance with the national eligibility regulations set out in the Care Act 2014. The provider will provide a domiciliary care service that delivers personal care and community based support that enables/re-enables independent living.
- 2.4 The provider must be appropriately registered in accordance with the Health and Social Care Act 2008 as defined in the Care Quality Commission (Registration) Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
- 2.5 Support tasks expected to be undertaken as part of the service will include (but not limited to):
 - a. Personal care
 - b. Meals and drinks
 - c. Health and medication requirements with agreed protocols
 - d. Household management and housekeeping tasks
 - e. Accessing health, wellbeing, social, leisure and learning activities.
- 2.6 The provider may also provide a range of ancillary services for service users, including those who are not Council funded, such as cleaning and laundry.

Such services are not covered by this service specification and will be the subject of a private agreement between the provider and the customer.

- 2.7 As part of living in an extra care housing scheme, accommodation is provided to people with eligible care needs as an assured tenancy in self-contained one or two bedroom apartments; tenancy agreements are separate to those for care.
- 2.8 Where the provider is operating as both the provider and the housing provider, they must ensure a separation of interest between their care and housing businesses.
- 2.9 The provider must enable vulnerable adults, including those with dementia, to live well within the scheme and deliver flexible care options that meet agreed outcomes.
- 2.10 The provider must ensure that Council-funded service users living within the scheme have opportunities:
 - a. To fulfil their re-ablement potential
 - b. To establish/maintain independent living
 - c. To make informed choices from a range of options
 - d. To exercise control over their day to day lives
 - e. To feel supported in the choices they make
 - f. To have their wishes respected
 - g. To receive information about and be supported to access other services and forms of support that are aimed at maintaining and improving their wellbeing and continued independence.

3. Specific service provision items

- 3.1 The service will provide approximately 1920 hours of care per week, split between 173 service users at any one time in line with their care plan that has been provided by the Council. The breakdown of service users and care hours per scheme is provided in the table below.

| Service delivery location name | Number of service users | Total number of care hours per week |
|--------------------------------|-------------------------|-------------------------------------|
| Broadway Gardens | 33 | 346 |
| Bushfield Court | 45 | 515 |
| James Beattie House | 25 | 331 |
| Pine Court | 35 | 324 |
| St. Matthews Place | 35 | 404 |
| Total | 173 | 1920 |

- 3.2 The arrangements for joint working between the provider and landlord of the extra care scheme are described within the Contract (please see Appendix A for a diagram of the documents that define the relationship between the Framework partners).
- 3.3 The provider will maintain a strong working relationship with the landlord in accordance with the philosophy of and expectations detailed within the Contract.
- 3.4 The Council will have responsibility for the assessment of liability for customer contributions to their eligible care costs and the arrangements for billing and collection of payment.
- 3.5 To enable continuity of care, the provider will minimise the use of agency staff.
- 3.6 There must be two staff members on duty overnight at each scheme. These must be waking night staff. Midlands Heart has offered to pay for one-night staff member, with the Council paying for the other. There will be a direct arrangement between the provider and Midland Heart.
- 3.7 All referrals to extra care housing will be made following a social work led needs assessment which is used to produce a support plan. The support plan will be sent to the Council's Personalised Support Team for distribution to the provider(s). The support plan will identify the outcomes to be enabled by the provider.
- 3.8 The provider will participate in allocation panel meetings. The meetings will be used to proactively manage vacancies to keep them to a minimum, consider all referrals and make allocation decisions according to a range of factors including the preferences of the customer and the level of care needed.
- 3.9 When a vacancy arises, the provider will carry out an assessment of the customer identified by the allocation panel within 48 hours or 72 hours if over a weekend.
- 3.10 The Personalised Support Team will maintain a list of high priority referrals and circulate it each week to care service providers and allocation panel members to enable vacancies to be proactively managed.
- 3.11 Each referral must contain a systematic risk assessment of the likelihood of risk of harm to or from the customer. The provider may refuse a referral where an assessment of personal circumstances and risk clearly demonstrate a substantial risk of harm to or from the customer. This must be discussed and agreed with the Council.
- 3.12 When an offer of an extra care housing place is made, the provider will enable the customer to visit the scheme prior to agreeing to the move. This visit may

include meeting existing service users. When a new customer moves in, the provider must ensure that a named member of staff previously introduced to the customer is in attendance to offer support with the move as far as possible. Particular care and support must be given to service users who have dementia.

- 3.13 If the applicant wishes to take up the offer of a tenancy, they will be enabled to move in as soon as possible.
- 3.14 As soon as a service start date has been agreed with new council-funded service users, the provider will inform the Council's Personalised Support Team of the start date.
- 3.15 The provider will provide personalised care in accordance with service users' care plan. To support a flexible approach, the care hours delivered over a year must equal 52 times the weekly care planned hours.
- 3.16 To support a flexible approach, although most care will be provided on a planned basis, the provider will also, when required, provide unplanned care in a timely way to meet the care needs of service users and enable them to achieve their outcomes. Unplanned care will form part of the total block hours purchased and the provider will have the flexibility to work with the service user to meet unplanned care needs in a timely way.
- 3.17 The re-ablement potential of service users must be continually assessed and any changes to their care needs must be responded to with a flexibility focus. The aim must always be to re-able and reduce the number of care hours required by the service user.
- 3.18 For service users whose care hours requirements change for longer than six weeks, the provider will request a social work review. The review must be completed in partnership with the service user, establishing clear roles and responsibilities for achievement of their outcomes. The service will adjust the number of hours of care provided in line with the most recent care plan.
- 3.19 If the number of care planned care hours required by the service users using the service goes above the block funded hours available, the provider will be paid an hourly rate for any additional care hours at a rate agreed as part of the tender submission. Any additional care hours must be agreed by the Council's Commissioning Team.
- 3.20 The provider will help to prevent delayed transfers of care from hospital by meeting service users' short-term increased needs for care and re-ablement and arranging for a review of their needs if they continue to be higher than before their hospital stay.
- 3.21 If the provider or the Council has concerns about the overall balance of needs within a scheme, a whole scheme social work review can be requested.

- 3.22 If the number of care planned care hours required by the service users using the service goes above the block funded hours available and the provider is unable to provide additional care hours, the care service will work in partnership with external care service providers commissioned separately by the Council and facilitate their visits to the customer. The specific care tasks undertaken by each care service provider and the days and times of delivery of these must be explicitly documented and understood by all care service providers involved.
- 3.23 The provider will ensure that during a period of hospitalisation the allocated care service for service users is kept available for a period of at least 14 days. For payment purposes the service provider will ensure that an invoice deduction is made for those people in hospital for more than 14 days. Prior to return from hospital, the provider will work in partnership with health and social care professionals to understand the level of need required on discharge.
- 3.24 The provider must have arrangements in place to ensure that service users are contacted during an in-patient hospital stay and kept informed and supported as necessary regarding their home arrangements and planned return to home.
- 3.25 In the event of a customer death, payment for their care and support services will end on the date of their death.
- 3.26 The provider must ensure that services are delivered in a non-discriminatory manner and ensure that service users are:
- a. Treated as individuals and positive action is taken to promote their dignity, privacy and independence.
 - b. Acknowledged and respected irrespective of their protected characteristics as defined by the Equality Act 2010.
- 3.27 The provider will have written processes that address the obtaining of consent, record keeping, information sharing and reporting that are appropriate and meet all relevant legal requirements including those within this service specification and the General Data Protection Regulation.
- 3.28 The provider will collect information about the protected characteristics of each customer where their consent has been given (i.e. race, disability, gender, gender re-assignment, age, religion or belief, sexual orientation, maternity/pregnancy and marriage/civil partnership) and provide scheme level reports to the Council on request in a way that complies with the General Data Protection Regulation.
- 3.29 The provider must be able to demonstrate that it has fully auditable systems in place to record any financial transactions undertaken on behalf of the service users living within extra care housing schemes.

- 3.30 The provider will ensure that:
- a. All staff are issued with and briefed on the Skills for Care and Skills for Health’s Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England and The Care Certificate.
 - b. All members of staff understand that they cannot accept gifts or bequests from service users and that they must not be involved in any way in wills of service users.
- 3.31 The provider will take all reasonable steps to support employees to undertake the duties for which they are employed and ensure that 80% of care staff have obtained, or are working towards a Diploma in Health and Social Care level 2 (or equivalent) within six months of employment commencement date.
- 3.32 The service will promote regular informal contact between service users and their extended family and social networks including organising appropriate events for younger members.
- 3.33 The service will regularly monitor service users who are isolated by circumstances and support them to establish, renew or maintain social networks and activities if they want to.
- 3.34 The provider will engage with the Council to develop the use of Individual Service Funds by people living in the community around the extra care housing scheme.

4. Specific standards and targets for the service

4.1 Key Performance Indicators

4.1.1 The provider will submit quarterly key performance indicator information in a format provided by the Council by the required deadlines. The indicators that have minimum levels of performance are given in the table below.

| Key Performance Indicator | Minimum level (%) |
|---|-------------------|
| | 95 |
| Number of block funded places utilised (as a percentage of the number contracted) | 95 |
| Number of care hours provided (as a percentage of the number contracted) | 95 |

4.1.2 Failure to meet the minimum levels of performance will be identified by the Council through key performance indicator monitoring and audit activity. If performance goes below the minimum levels, payment will not be made as a block for that reporting period.

4.2 Service outcomes

4.2.1 The provider is required to deliver customer centred support in a re-abling way that improves the quality of life of service users and maximises their independence through the achievement of the following outcomes:

| Outcome area 1: | Quality of life |
|----------------------------|--|
| Outcomes for service users | <ul style="list-style-type: none"> • Access to leisure, social activities and learning • Access to universal public and commercial services • Access to transport • Secure in the home, safe outside the home • Maintaining accommodation and avoiding eviction |

The following Care Quality Commission (CQC) regulations underpin these outcomes:

| | |
|-----------------------------------|---|
| Regulation 9 (Outcome 4) | Care and welfare of people who use services |
| Regulation 16 (Outcome 11) | Safety, availability and suitability of equipment |
| Regulation 10 (Outcome 16) | Assessing and monitoring the quality of service provision |

The impact of achieving these outcomes is that service users:

Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings) and benefit from equipment that is comfortable and meets their needs.

Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

Additional expectations:

a. Care and welfare of service users: The provider will communicate and work with service users to develop and review their support plan, involving other stakeholder where appropriate and keep the Council informed of significant changes in care needs.

The provider will support service users to meet the obligations of their tenancy agreements and will also keep the landlord and Council informed of changes which may affect the customer’s ability to maintain their tenancy.

Care will be delivered flexibly to reflect the day to day needs of service users. There will be evidence of how personal outcomes are being met.

The provider will comply with the joint working arrangements described within the contract between the Council, care service provider and landlord.

b. Equipment and assistive technology: The provider will encourage service users to appropriately acquire and use equipment and assistive technology that increases their opportunity to access leisure, social and learning activities and promote safety and wellbeing. Service users will be supported to understand and use equipment and assistive technology that is available to maintain home and personal security.

c. Assessing and monitoring the quality of service provision: The provider's quality assurances systems must:

- Be specific to the service at the scheme
- Demonstrate compliance to required care and support national minimum standards and indicators and this service specification
- Be open to review and change to joint working arrangements with the landlord and Council
- Be based on the principle of continuous improvement

The provider is expected to share all information submitted to and received from CQC and will engage with the Council and other partners to improve quality.

| Outcome area 2: | Exercising choice and control |
|----------------------------|--|
| Outcomes for service users | <ul style="list-style-type: none"> • Access to information • Choice and control over service delivery • Managing risks within personal life • Independence maximised |

The following CQC regulations underpin these outcomes:

| | |
|--|--|
| Regulation 17 (Outcome 1) | Respecting and involving people who use services |
| Regulation 18 (Outcome 2) | Consent to care and treatment |
| Regulation 12 (Outcome 15) | Statement of purpose |
| The impact of achieving these outcomes is that service users: | |

Understand the care, treatment and support choices available to them. They can express their views so far as they can and are involved in making decisions about their care, treatment and support.

Have their privacy, dignity and independence respected and have their views and experiences reflected in the way the service is provided and delivered.

Give valid consent to the examination, care, treatment and support they receive, understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed and can be confident that their human rights are upheld.

Additional expectations

- a. **Good quality information:** Service users must have access to information that allows them to make decisions about their care, treatment and support.
- b. **Service delivery:** Service users’ care is personalised and delivery is compliant with their care plan. Service users are supported to make informed decisions about how and when their care and support needs are met.
- c. **Care planning:** Each customer’s care plan shall include intended outcomes; service delivery will correspond to these outcomes with an emphasis on re-ablement.
- d. **Risk assessments:** There will be evidence of clear decision making to ensure an appropriate balance between risk and personal choices.
- e. **Taking holidays:** The provider must support service users to arrange holidays, make associated arrangements and ensure the safety and security of their property whilst they are away. The provider will not be required to release staff to accompany service users on holidays. Care hours that are unused due to holiday periods will be used flexibly to meet other service users’ care needs.
- f. **Moving out of the scheme:** The provider will support service users moving out of the scheme to inform the Council (where relevant) and the landlord, find alternative accommodation and move out.
- g. **Service user guide:** The provider will provide a guide for service users that details all the services available at the scheme and in the local community. If appropriate it will be developed with the Council and the landlord and will be made available in a range of formats to meet the needs of service users.

| | |
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| Outcome area 3: | Making a positive contribution. Enjoying and achieving. |
| Outcomes for service users | <ul style="list-style-type: none"> • Involvement in local activities • Involvement in policy development and decision-making |

The following CQC regulation underpins these outcomes:

| | |
|--|--|
| Regulation 17 (Outcome 1) | Respecting and involving people who use services |
| The impact of achieving these outcomes is that service users: | |
| <p>Understand the care, treatment and support choices available to them. They can express their views so far as they can and are involved in making decisions about their care and support.</p> <p>Have their privacy, dignity and independence respected and have their views and experiences reflected in the way the service is provided.</p> | |

Additional expectations

a. Involvement in local activities: The provider will, with the involvement of service users, determine what community, sports and educational services are available in the local area and shall combine this knowledge with a flexible and innovative approach to service delivery to ensure individual customer outcomes are met. Approaches are expected to include:

- Building links with schools and developing joint projects and initiatives.
- Building links with local voluntary and community organisations and developing joint projects and initiatives.
- Ensuring service users have every opportunity to be involved in running services, events and activities.
- Inviting family members and friends to contribute.
- Continually seeking feedback and amending the programme of events and activities in response.
- Using the skills and experiences of service users.

b. Involvement in the community: The provider will enable service users to maximise their independence. Service users will be encouraged to become active members of the community, and, with support if required, have opportunities to:

- Contribute to local and national democratic processes.
- Be involved in the running of clubs and societies.
- Be involved in consultation and decision making forums.
- Work or volunteer.

c. Influencing service delivery: The provider will ensure opportunities exist for involvement of service users in the planning, development and operation of the service. Suitable arrangements will be made by the provider to provide support to service users who wish to access independent advocacy services.

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| Outcome area 4: | Personal dignity and respect |
|------------------------|-------------------------------------|

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|----------------------------|--|
| Outcomes for service users | <ul style="list-style-type: none"> • Receiving appropriate personal care and support • Keeping clean and comfortable • Living in a clean and orderly environment • Free from abuse and neglect |
|----------------------------|--|

The following CQC regulations underpin these outcomes:

| | |
|-----------------------------------|---|
| Regulation 7 (Outcome 1) | Respecting and involving people who use services |
| Regulation 11 (Outcome 7) | Safeguarding people who use services from abuse |
| Regulation 15 (Outcome 10) | Safety and suitability of premises |
| Regulation 16 (Outcome 11) | Safety, availability and suitability of equipment |

The impact of achieving these outcomes is that service users:

Understand the care and support choices available to them. They can express their views, so far as they can and are involved in making decisions about their care and support.

Have their privacy, dignity and independence respected and have their views and experiences reflected in the way the service is provided.

Are protected from abuse and the risk of abuse and their human rights are respected and upheld.

Live in safe, accessible surroundings that promote their wellbeing.

Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishing and fittings).

Additional expectations:

a. Premises: The provider and landlord will work together as described in the Contract (please see Appendix A) to ensure safe and suitable use of the scheme in accordance with all relevant legislation. The provider will support service users to maintain their apartment to promote their safety, health and wellbeing and to liaise with the landlord regarding landlord maintenance responsibilities.

b. Equipment and assistive technology: The provider will understand and know how to use the equipment and assistive technology made available within the scheme. The provider will know the benefits of using equipment and assistive technology and will promote their use in accordance with service users' identified outcomes and to maximise their independence within and outside the scheme. For equipment and assistive technology that is not provided by the provider, the

expectation is that service users are supported to use and maintain their equipment and assistive technology in a safe and appropriate manner.

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| Outcome area 5: | Freedom from discrimination and harassment. Staying safe. |
| Outcomes for service users: | <ul style="list-style-type: none"> • Fair access to services • Transparent ways to express concern • No fear of reprisals • Feedback on services welcomed and acted upon |

The following CQC regulations underpin these outcomes:

| | |
|-----------------------------------|--|
| Regulation 9 (Outcome 4) | Care and welfare of people who use the service |
| Regulation 10 (Outcome 17) | Complaints |

The impact of achieving these outcomes is that service users:

Experience effective, safe and appropriate care and support that meets their needs and protects their rights.

Are confident that their comments, complaints and compliments are listened to and acted on effectively. They know that they will not be discriminated against for making a comment, complaint or compliment.

Additional expectations:

- a. Workforce ethos:** The provider must ensure that the principles and practices relating to non-discrimination, equality and diversity and preventing harassment are embedded in delivery of the service. This will be achieved through the inclusion of these principles and practices within all staff recruitment, induction, training and supervision.

| | |
|----------------------------|--|
| Outcome area 6: | Improved health and emotional well-being |
| Outcomes for service users | <ul style="list-style-type: none"> • Enjoying good physical and mental health • Access to treatments and support in managing long term conditions • Opportunities for physical activity |

The following CQC regulations underpin these outcomes:

| | |
|----------------------------------|---------------------------|
| Regulation 14 (Outcome 5) | Meeting nutritional needs |
|----------------------------------|---------------------------|

| | |
|--|-----------------------------------|
| Regulation 12 (Outcome 8) | Cleanliness and infection control |
| Regulation 13 (Outcome 9) | Management of medicines |
| The impact of achieving these outcomes is that service users: | |
| Meet their nutritional and hydration needs. | |
| Are protected by the Department of Health's <i>Code of Practice for health and adult social care on the prevention and control of infections</i> and related guidance. | |
| Take their medicines at the times they need them and in a safe way. | |

Additional expectations:

- a. **Meeting nutritional needs:** The provider will support service users to meet their nutritional and hydration needs in accordance with the CQC Code of Practice cited above.
- b. **Cleanliness and infection control:** The provider will engage with the Council on local or national initiatives relating to infection prevention and control.
- c. **Accessing health and wellbeing care:** The provider will support service users to understand their health and wellbeing related needs and will take a lead in noticing changes to their health and wellbeing related needs. The provider will support the customer to access other services as required to meet these needs.
- d. **Focus on prevention:** The provider will have up to date knowledge of preventative services and information that is available and will promote and support the uptake of preventative services as appropriate.
- e. **Meeting emotional and mental health care needs:** The provider will pay due consideration to the mental health of service users when providing support.

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|----------------------------|--|
| Outcome area 7: | Economic wellbeing |
| Outcomes for service users | <ul style="list-style-type: none"> • Access to income to fund a good diet, accommodation and community/family participation • Ability to meet costs of specific individual needs |

The CQC regulations that underpin these outcomes are:

| | |
|--------------------------------------|---------|
| Regulation 19 (Outcome 3) | Fees |
| Regulation 20 | Records |

| | |
|---|--|
| (Outcome 21) | |
| The impact of achieving these outcomes is that service users: | |
| Know how much they are expected to pay for the service, when and how. They know what the service will provide for the fee paid and understand their obligations and responsibilities. | |

Additional expectations:

- a. Understanding money:** The provider will help service users to:
- Understand the costs of living at the scheme including rent, service charges and care charges.
 - Be clear about the costs of the various facilities within the scheme that are not included in rent, service and care charges.
 - Maximise their income including ensuring receipt of the right benefits.
 - Manage any debt.
 - Where appropriate and chosen, secure paid or voluntary work.
- b. Financial safeguarding:** The provider will draw to the attention of the Council:
- Any change in service users' ability to understand or manage their finances.
 - Any suspected or evidenced financial abuse.

| | |
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| Outcome area 8: | Leadership and management |
| Outcomes for service users: | <ul style="list-style-type: none"> • High quality, person centred services • Services that change to reflect customer feedback • Care is delivered by competent, committed and motivated staff |

The CQC regulations that underpin these outcomes are:

| | |
|-----------------------------------|---|
| Regulation 24 (Outcome 6) | Co-operating with other providers |
| Regulation 16 (Outcome 12) | Requirements relating to workers |
| Regulation 21 (Outcome 13) | Staffing |
| Regulation 23 (Outcome 14) | Supporting workers |
| Regulation 16 (Outcome 18) | Notification of death of a person who uses services |
| Regulation 17 (Outcome 19) | Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983 |
| Regulation 18 (Outcome 20) | Notification of other incidents |
| Regulation 20 (Outcome 21) | Records |
| Regulation 5 (Outcome 23) | Requirement where the service provider is a body other than a partnership |

| | |
|--|--|
| Regulation 6 (Outcome 24) | Requirements relating to registered managers |
| Regulation 7 (Outcome 25) | Registered person: training |
| Regulation 13 (Outcome 26) | Financial position |
| Regulation 14 (Outcome 27) | Notifications – notice of absence |
| Regulation 15 (Outcome 28) | Notifications – notice of changes |
| The impact of achieving these outcomes is that service users: | |
| Receive safe and co-ordinated care and support where more than one provider is involved or they are moved between services. | |
| Are safe and their health and wellbeing needs are met by enough staff who are appropriately qualified and competent. | |
| Can be confident that notifiable events are reported to the CQC so that when needed, action can be taken. | |
| Have the care and support needs met appropriately because there is a competent person managing the service. If the person managing their service is absent, the contingency arrangements ensure it will continue to be competently managed and able to meet their needs. | |
| Have their care and support needs met appropriately because staff including the service manager is supervised by an appropriate person. | |

Additional expectations:**a. Recruitment and selection:** The provider will be expected to:

- Ensure applicants are informed that their employment will be exempt from the Rehabilitation of Offenders Act 1974.
- Ensure job descriptions, person specifications and other recruitment documents are specific to the service.
- Ensure references in relation to successful applicants are obtained and checked before employment commences.
- Ensure that a Disclosure and Barring Service check is carried out for all successful applicants and a satisfactory result is received prior to them taking up post.
- Ensure that as well as receiving the staff handbook and employment contract, new staff members are also made aware of the provider's policies and procedures and sign to indicate their awareness and understanding.

b. Induction, development and training: All material to support the induction, development and training of staff must be tailored to the scheme. The induction programme should include:

- The philosophy of the service.
- Literature relating to the scheme.
- Information about the premises and local geographical area.
- Information about the services and activities that take place at the scheme.
- The lettings agreement for the scheme.
- Information about the people using the service and their needs including the family and friends in their support network.
- The arrangements for working and communicating with external professionals involved in the care and support of service users.
- Awareness of the responsibilities of the Council, care service provider and landlord relating to provision of the service, including those related to housing and facilities management.

Staff training profiles must reflect:

- Supervision and appraisal activity.
- All training undertaken including refresher training.
- Training specific to the care of older people including older people with mental health needs.

c. Staff supervision, appraisal and meetings: Staff supervision and appraisal shall take place within a framework that shows how staff contribute towards meeting the outcomes of the service and of service users. Training and development needs will be identified and added to a training plan for the service which enables staff to continually professionally develop.

Staff meetings will consider the service specification including the outcomes, feedback from service users, comments, complaints and compliments, staff achievements and the sharing of good practice.

d. Contingency plans: The provider will have an up to date contingency plan to ensure continuation of the service in emergency situations. The plan should cover emergencies including Registered Manager absence, infection outbreaks, staff shortage, severe weather, food shortage, building based incidents and service failures, bomb scares, fires and communication failures.

4.3 Safeguarding

The provider must:

- 4.3.1 Have in place an up to date safeguarding policy that is in accordance with national statutory guidance, national good practice resources and the multi-agency policy and procedures for the protection of adults with care and support needs in the West Midlands.
- 4.3.2 Ensure that all staff have undertaken safeguarding awareness training and update training as required by the safeguarding policy.

- 4.3.3 Have in place an up to date whistle-blowing policy to ensure that employees are aware of their duty to report poor practice and be protected when doing so.
- 4.3.4 Ensure that service users are protected from abuse and improper treatment in accordance with the law and be able to recognise and take appropriate action to respond to any allegation of abuse.
- 4.3.5 Designate a safeguarding lead and ensure that the Council is kept informed of the identity of the designated safeguarding lead.
- 4.3.6 Include in its policies and procedures and comply with the principles contained in the government's Prevent Strategy and the Prevent Duty Guidance.
- 4.3.7 Include in relevant policies and procedures a programme to raise awareness of the government's Prevent Strategy among staff and volunteers, including how to escalate concerns regarding extremism.
- 4.3.8 In accordance with Prevent Duty guidance, ensure that its public assets, resources and venues cannot provide a platform for extremists and are not used to disseminate extremist views.
- 4.3.9 Ensure that it liaises closely with the Council on all Prevent related matters and escalate any concerns to the Council.

4.4 Comments, complaints and compliments

- 4.4.1 The provider will have an up to date comments, complaints and compliments policy. Staff will receive training on this as part of their induction.
- 4.4.2 The provider will ensure that all service users are aware of the comments, complaints and compliments policy and understand how they can make a comment, complaint or compliment. The provider must inform the complainant about the outcome of the complaint.
- 4.4.3 The provider will ensure that staff are told about compliments that are made about them or the service.
- 4.4.4 The provider will monitor comments, complaints and compliments to identify trends that are addressed accordingly.
- 4.4.5 Learning from comments, complaints and compliments will be used to inform service delivery. Changes made because of comments, complaints or compliments will be reflected in the relevant policies and processes as required.
- 4.4.6 The provider will provide details of comments, complaints and compliments to the Council on request.

4.5 Staff recruitment, retention and development

- 4.5.1 The provider will have a staff recruitment, retention and development policy that includes the induction process for new employees, the approach to staff supervision and performance appraisal and continuous professional development.

5 Business relationships

- 5.1 The provider must ensure the appointment of a full-time Registered Manager and ensure that there is a nominated representative available on site in the absence of the Registered Manager.
- 5.2 The provider will ensure that a manager or nominated representative attends provider forums and specific training events that the Council considers essential in the effective delivery of this contract.
- 5.3 The provider will have an up to date disciplinary and grievance procedure and notify the Council's Quality Assurance and Compliance Team of any allegation of unprofessional conduct resulting in external investigation, suspension or dismissal.
- 5.4 The Council's Quality Assurance and Compliance Team will be notified of any statutory notice served on the provider. The provider must ensure that appropriate measures are in place to fulfil the requirements of the notice.

5.5 Business continuity

- 5.5.1 The provider will have a contingency plan in place for emergency situations that ensures service users continue to receive a service.
- 5.5.2 The provider will have an up to date, written crisis management command structure in place that is understood by all staff.

5.6 Variations to service

The provider will notify the Council's Quality Assurance and Compliance Team of:

- 5.6.1 key personnel changes, including change of Registered Manager.
- 5.6.2 Where the provider is unable to deliver the service in accordance with the contract it will notify the Council.

5.7 Quality assurance

- 5.7.1 The provider must have robust quality assurance processes and systems in place to ensure that it meets its contractual obligations.

- 5.7.2 The processes and systems will give the Council and service users confidence that the care service is delivered as required and in a safe and timely manner. They will address the arrangements for managing the delivery of the service, how the provider ensures that staff understand what service users require, monitoring service delivery and taking action where improvements are necessary or risks are identified.
- 5.7.3 The quality assurance processes and systems will include how the provider seeks the views of service users and enables them to make comments about the service they receive.
- 5.7.4 The provider must consider the views of service users and produce an annual report of the key issues raised and how these will be addressed. A copy of this should be available to service users and sent to the Council's Quality Assurance and Compliance Team.

5.8 Monitoring the service

- 5.8.1 The provider will submit quarterly key performance indicator information in a format provided by the Council by the required deadlines.
- 5.8.2 The provider will conduct a customer satisfaction survey annually as a minimum and report the findings to Commissioners in quarter one of each financial year.
- 5.8.3 The provider will work with the Council, including Commissioners and the Quality Assurance and Compliance Team to enable compliance with the contract to be monitored.
- 5.8.4 The Quality Assurance and Compliance Team will measure the quality of service delivery through the collation and analysis of data from the provider, CQC and other bodies with regulatory responsibilities, customer satisfaction surveys, the Council's complaints and safeguarding functions and other professionals that have contact with the service as part of their role.
- 5.8.5 The Quality Assurance and Compliance Team will carry out visits to the service at such intervals and times as are required. This will include out of hours, weekend and unannounced visits. Visits to meet service users will be planned with their agreement.
- 5.8.6 The provider will give members of the Quality Assurance and Compliance Team open and unrestricted access to the premises and systems and copies of any documentation associated with the delivery of the service. The provider shall submit timely and accurate information, as requested.
- 5.8.7 In addition each service will be subject to a comprehensive service review(s) that covers all requirements of this service specification. This will be a planned process that will include talking to service users and staff.

5.8.9 The outcome of any visit or service review will be recorded in a written report. Where necessary an action plan will be developed that will detail actions, responsibilities, timescales and where appropriate, good practice recommendations.

5.8.10 The provider will be required to respond to any concerns or requests raised by the Quality Assurance and Compliance Team within agreed timescales.

5.9 Contract review

5.9.1 The contract with the provider will be reviewed annually through an annual contract review meeting attended by the provider and representatives of the Council.

5.9.2 The scope of this annual review will include, but not be limited to, the following agenda items:

a. Person centred support

This will involve a sample review of customer's care plans issued to the provider and an analysis of how the provider has responded to and fulfilled the requirements of the care plans.

b. Contract specific

This will involve a review of existing contract terms and conditions to ensure that the contract and service specification are fit for purpose in terms of delivering customer outcomes.

c. Organisation

This will involve identifying organisational issues that may act as a barrier to effective and efficient service delivery and work in partnership to find solutions to overcome any barriers identified.

d. Value for money

This will involve identifying issues surrounding efficiency, effectiveness and economy.

5.9.3 The outcome of the annual review meeting may result in proposals by either party to vary the contract and/or put in place an action plan that will be monitored by the Quality Assurance & Compliance Team.

5.9.4 The Council reserves the right to carry out more frequent contract reviews

5.10 List of appendices

5.10.1 Appendix A – Arrangements defining the relationship between the Framework partners.

Appendix A

Documents that define the relationship between the Framework partners

