

**LONDON BOROUGH OF BROMLEY**

**PEOPLE SERVICES – ADULT CARE & HEALTH**

**Service Specification**

**FOR THE PROVISION OF**

**DOMICILIARY CARE SERVICES**

**(PATCH PROVIDER)**

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|  | **DEFINITIONS****Care Manager:** A Registered and Qualified Care Manager employed by the Council to conduct Care Assessments and Reviews, as held under the Care Act 2015. **Care Plan:** A document resulting from the Care Assessment detailing the social care needs of the Service User**Service User:** The individual requiring a Care Assessment and receives care from the Provider**Provider:** The Domiciliary Care Agency whose care workers perform the care duties for the Service User**Care Worker:** Staff of the Domiciliary Care Agency **Care & Support Plan:** A document produced by the Provider detailing the care and support required for the Service User that includes the Service Users’ input alongside families. **Carers:** These are family members and other individuals engaged within the immediate lives of the Service User. |
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| **SECTION 1** |
| **1.** | **INTRODUCTION** |
| 1.1 | This service specification relates to Domiciliary Care Services for Adults (including older people), children and young people across the London Borough of Bromley.  |
| 1.2 | The Service Specification sets out to support changing the way Domiciliary Care will be delivered in Bromley by supporting Service Users to maintain or increase their independence in order to have a positive impact on their health and well-being. This is part of a wider programme of work to refresh our commissioning priorities and develop the practice of our assessment and care management teams |
| 1.3 | This remodelling of the Domiciliary Care Services offers a more streamlined experience for Service Users. Our goals are:* Putting Service Users first;
* Protecting the most vulnerable Service Users;
* Promoting self-reliance and personal responsibility;
* Enabling better care experiences and outcomes;
* Striking a balance between empowerment and safeguarding;
* Strengthening the relationships with key partners to deliver improved outcomes and deliver greater productivity;
* Delivering value for money while maintaining a high-quality service
 |
| 1.4 | At the heart of the Council’s vision of a good Domiciliary Care service strengths-based & outcomes based enabling care and support, which meets the needs and aspirations of people enabling them to live happy and fulfilled lives in their own homes and communities. |
| 1.5 | The Council seeks to introduce innovation and different approaches to Domiciliary Care services. This Service Specification seeks to implement three new initiatives. 1.5.1 Firstly, Providers will assist the Council to manage and reduce demand for Domiciliary Care by providing services that are outcome-based and enabling. Providers will, over the duration of the contract, increasingly become involved in the wider aspects of a Service Users well-being, such as supporting people to address social isolation and loneliness.  |
|   | 1.5.2 Secondly, the primary model of delivering care will be via a patch model and is reliant on Patch Providers to accept packages of care. The patches will be divided into four quartiles of the borough with up to two patch Providers in each quartile, except the south quartile where there will be one patch Provider and East will have three providers. |
|  | 1.5.3 When Patch Providers are unable to accept the care package, then the Framework Providers, which will operate borough-wide, will be given the opportunity to bid for the care packages. |
|  | 1.5.4 The Locality based Domiciliary Care service model from the 27th August 2021 has set the Patches below:

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| --- | --- | --- | --- |
| East | West | Central | South |
| Cray Valley West | Crystal Palace | Mottingham & Chislehurst North | Darwin |
| Cray Valley East | Penge & Cator | Chislehurst | Biggin Hill |
| Petts Wood & Knoll | Shortlands | Plaistow & Sundridge |  |
| Farnborough & Crofton | West Wickham | Bromley Town |  |
| Orpington | Hayes & Coney Hall | Bickley |  |
| Chelsfield & Pratts Bottom | Clock House | Bromley Common & Keston |  |
|  | Kelsey & Eden Park |  |  |
|  | Coopers Cope |  |  |

 1.5.5 The third initiative is to introduce the Trusted Assessor (Provider Care and Support Plan Adjustments) approach enabling providers to make changes to individual’s support plans without prior sign off from care managers. This approach will be developed initially for adults only who receive domiciliary care support, however the application to children and young people will be explored under these arrangements during the second year of the contract. Appendix G contains further information about this approach and a draft ‘Trusted Assessor Manual’. The Council will work with successful bidders' post contract award to facilitate joint work and agreement on trusted assessor processes. |
|  | **Background** |
| 1.6 | Located in south-east London, Bromley is the largest London borough at approximately 150 square kilometres and is made up of both areas of high population density and rural areas. The population density of Bromley is 2,011 people per square kilometre; this compares with a population density of over 4,900 persons per square kilometre for London. |
| 1.7 | The population of Bromley is just over 330,000. Although the general population is projected to fall by 0.1% over the next five years, the number of older people is projected to increase. On average in 2023/240 Adults and Older Adults assessed as requiring Domiciliary Care stood at approx. 1,400 requiring approximately 14000 hours of care per week.  |
| 1.8 | The 0-25 population of Bromley is 95,671 and over 300 children known to access social care disability services from the Council. It is expected that only a small cohort will be accessing enabling Children and Young People (CYP) Domiciliary Care. The estimated number of packages allocated to ‘agency at home’ support across the borough is 99 per year. |
|  | **Social Care Policy Context** |
| 1.9 | This service specification reflects the philosophy behind, and legal expectations within the Care Act 2014 and its guidance. It sets out the service requirements and care standards to be adhered to in the provision of care and support services. |
| 1.10 | The Care Act 2014 places duties upon local authorities and strengthens rights of potential and actual Service Users and carers by introducing a national eligibility for community care services, reaffirming the duty to carry out an assessment of a vulnerable person’s needs and for the subsequent provision of community services based upon eligible need with a focus on wellbeing and prevention. Furthermore, the Children Act 1989 and the Families Act 2014 place an emphasis on supporting children and young people who have additional needs. |
| 1.111.12 | The principle of individual wellbeing underpins the Care Act 2014 and is a driving force behind the statutory assessment, Care Planning and the development of social care markets and services. Local authorities and their strategic partners, e.g. NHS, housing, voluntary and community sector etc., must now take steps to prevent, reduce or delay the need for complex care and support all local people. |
| **2.** | **SERVICE OBJECTIVES** |
| 2.1 | The specification sets out the Council’s requirements for Domiciliary Care services that will enable the Council to secure and deliver the required benefits both operationally and through the adoption of more effective business processes. The key objectives of the service will be achieved by the Provider being made aware of the wider multi-disciplinary care and support plan which captures the full care package of interventions. The service is for both adults and children’s and the key objectives are:2.1.1 To ensure the Services commissioned support the strengths, aspirations, goals and priorities of each individual Service User;2.1.2 To maintain independence, health and well-being; to focus on what people can or would like to do in order to maintain their independence; 2.1.3 To enable Service Users to receive care that is person-centred, flexible and responsive to Service Users and their changing needs;2.1.4 To provide a timely effective response to people in their own home to prevent avoidable admissions to acute or urgent care settings;2.1.5 To support the reduction in the length of stay of vulnerable people in hospital;2.1.6 To facilitate a safe discharge from hospital as soon as people are ‘ready for discharge’ or ‘medically optimised’;2.1.7 To reduce numbers of re-admissions into hospitals by increasing the numbers of people aged 65+ who are still at home 91 days after discharge from hospital;2.1.8 To ensure Service Users receive a safe service, and are treated with empathy, courtesy and respect and are able to keep their dignity;2.1.9 To maximise independence by ensuring choice and control and to ensure that people using the services are involved in discussions about their care and are actively encouraged to influence how their care is delivered;2.1.10 To enable adults to remain in their homes for as long as possible and be a valuable part of their local community;2.1.11 To support the recruitment and retention of Domiciliary Care workers by professionalising the role through continual professional development;2.1.12 To support the Council to provide an enabling model of care that reduces unnecessary dependence on paid support wherever possible;2.1.13 To work with the Council, other Providers and Service Users to develop innovative approaches to meeting people’s care needs, improve communication between Providers and Service Users, reduce costs of care and improve customer experience; 2.1.14 To support the transition of young people into adulthood by working effectively with the Council and other Providers engaging with the young person via enabling Domiciliary Care for CYP.   |
| 2.2 | **Social Value and Making Effective Use of Community Resources** |
|  | The Provider will need to demonstrate how the service will meet objectives within the Social Value Act 2012 and benefit the wider local community, i.e. what social value they will add through their management of the contract. Examples should include:2.2.1 Active involvement of the voluntary and community sector as contributors to Care & Support Plans. Whereby providers will seek to work with the voluntary and community sector to facilitate independence and community involvement. For example, by working with volunteers, which could support the reduction in the social care package, with the consent of the care manager;2.2.2 Involvement of community resources that are used by everyone, e.g. shops, leisure centres, libraries;* + 1. Taking part in Community engagement programmes and wherever possible supporting people who receive domiciliary care support to maintain social networks and social support;

2.2.4 Investment in the social care workforce including participating in the Council’s ‘Wake Up 2 Care’ initiative or similar initiative during this contract;2.2.5 Provision of quality flexible working opportunities that attract local parents and carers into careers in the social care sector;2.2.6 Developing a community outreach model to schools, colleges and other settings such as delivering careers advice, sowing the seed regarding developing a career in social care to support the local community;2.2.7 Creating apprenticeships, on the job training and work experience for Bromley’s young people including looked after children;2.2.8 Creating employment opportunities for the long-term unemployed or those not in education, employment or training;2.2.9 Creating supported internships for people with learning disabilities;2.2.10 Providing capacity building and alliance working with Bromley based small and medium sized enterprises, e.g. other Domiciliary Care Providers;2.2.11 Service working co-operatively with the Service Users’ carers and providing the appropriate guidance to carers including referring to the Council; and2.2.12 Supporting the Council’s carbon neutral agenda. |
| **3.**  | **SERVICE SCOPE** |
|  | **Eligibility** |
| 3.1 | This Contract will be used where people are requiring the Council to arrange Domiciliary Care service on their behalf following an assessment of their need. The Council may also signpost people who want to use direct payments and those who are self-funders to the contracted Domiciliary Care service Providers. However, the Council cannot guarantee any work from such referrals. The Provider will be required to enter into a separate agreement with the Service User and for avoidance of doubt, the Council will not be liable for payment of any services provided where the Service User is in receipt of a Direct Payment or is a self-funder.  |
|  | **People using the Domiciliary Care Service** |
| 3.2 | The Domiciliary Care service is for adults and children living in the London Borough of Bromley. It will be provided, but not exclusively, to the following people who require support at home:* Older people;
* Children and Young People who require personal care
* People with dementia (may also have other health conditions)
* People with a physical disability;
* People with a learning disability (may also have other health conditions);
* People with mental health needs;
* People with sensory needs;
* People with challenging and complex behaviour; and
* People with a cognitive impairment and acquired brain injury or stroke.
 |
|  | **Provider Outcomes** |
| 3.3 | Service Users will receive an individual Care & Support Plan; this could include time limited solutions to issues identified and will build on the strengths of the individual. At a minimum, all Service Users will be supported to avoid a crisis (9.1) and wherever possible they will:3.3.1 Be supported to maintain or increase their level of Personal Care with minimal support; 3.3.2 Be able to maintain and use their home safely with minimal support;3.3.3 Develop and maintain family or other personal relationships3.3.4 Be supported to access a range of support and participate in the community.3.3.5 Be supported to avoid crisis e.g. hospital admission3.3.6 Be empowered to make their own choices.  |
| **SECTION 2** |
| **4.** | **GENERAL SERVICE REQUIREMENTS****Service Elements** |
| 4.1 | **Implementation of an Outcome Based Commissioning (OBC) Model of Service** |
|  | 4.1.1 OBC is a way of commissioning Domiciliary Care Providers to deliver an outcome focussed care. It involves a change to towards delivering and paying for services based on the achievement of Service User and or population outcomes. |
|  | 4.1.2 The OBC process will incorporate: * Care Management conducting a strengths-based assessment to identify broad outcomes to be achieved within an available budget;
* Flexible support is delivered to achieve the goals of the service.
* Further detail on how we propose the trusted assessor approach will support the achievement of individual’s (adults) goals is at Appendix G
 |
| 4.2 | **Enabling Care** |
|  | 4.2.1 A reablement and enabling approach is a key feature that will underpin the delivery of Domiciliary Care. This will be achieved through continuation of the reablement approach through individual’s receipt of domiciliary care in Bromley; the aim of this approach being to maximise independence through helping Service Users to regain and/or develop self-help and independent living skills. |
|  | 4.2.2 All elements of the service must be provided in a way that maximises people’s independence, supports people to meet their own personal responsibilities and contributes to community participation. People using services must always be assisted to have their maximum independence achieved and Care Workers are expected to work with an enabling approach in all cases to maximise recovery, reablement, enablement and independence. |
|  | 4.2.3 Throughout the period of this contract the Council will continue to seek value for money whilst promoting reablement, enablement and independence. This will result in strategic initiatives at Commissioner, Care Management and Member levels where Providers, as Stakeholders, will be consulted on efficiency drives that complement OBC and value for money to support the Council to make sustainable use of resources. The Provider is expected to work with other services such as Bromley Well (the local preventative and early intervention support service) and other third sector providers to support an enabling approach and promote independence to meet these strategic needs.  |
|  | 4.2.4 The **Enabling Care approach** **for Children and Young People** is summarised in Appendix F and will include supporting independence outside the home. However, in summary, Providers will be required to support children with a range of disabilities who have been assessed by a social care team as requiring a personal care service within the family home. The Provider will support children with physical disabilities, learning disabilities, autism and managing behaviours that (may) challenge. 4.2.5 In relation to the Children and Young Peoples service, children and their families must be involved in their care, this includes offering choices in line with routines and preferences. 4.2.6 Providers must have the relevant CQC registration in relation to ages 0-18. |
|  | 4.2.7 The Council is introducing the role of Trusted Assessors into the Provider workforce. This is an enhanced assessment role that seeks to enable career progression within Provider organisations. It expands the role of senior care staff. Trusted assessors will carry out a holistic assessment which seeks to avoid duplication and speeds up response times, so that people can be either discharged in a safe and timely way from hospital, or supported at home during the lifetime of their care package being active, in a way that responds to their needs, rather than a way that promotes the delivery of standardised care. Thereby enabling people to achieve their own personal maximised potential. 4.2.8 The Council may extend the Trusted Assessor role to include other new joint CCG initiatives such as web-based triaging to consider and potentially avoid hospital admissions and require the Trusted Assessor to be able to take initiative through careful observation and monitoring of the Service Users’ abilities and strengths and weaknesses; which maps against the Council’s outcomes-based care model. 4.2.9 Following completion of satisfactory training, the Trusted Assessors will be able to adjust packages within set parameters. Please see Appendix G for further clarity on the Trusted Assessor initiative.  |
| 4.3 | **Strength-based Assessment** |
|  | 4.3.1 By the time this contract goes live the Council will have a new system in place for assessment and Care Planning for social work and Care Management staff. This work will support strengths-based practice through the introduction of new assessment tools. This will support the work of Domiciliary Care Providers by:* Being clear about individual’s goals to improve wellbeing and the pathway to achieving those goals including the provision of costed and non-costed services;
* Capturing information about what informal/unpaid support and assets can be harnessed to meet desirable outcomes; and
* Supporting the sustainability of informal/unpaid support and assets.
 |
| 4.4 | **Increased use of Technology Based Systems** |
|  | 4.4.1 The Council is committed to transform the way in which Domiciliary Care services are managed and care quality is improved and sustained. Contract, quality monitoring and the realisation of greater efficiencies will be supported by: * Greater use of Electronic Call Monitoring (ECM) data: to capture compliance on consistency of care worker, service reliability and contact time actuals against commissioned hours for payment purposes; and
* Introduction of Care Management solutions: the Council has purchased a new Case Management System (CMS) with capability for real time updates on Care Plan delivery and real time staff performance monitoring, communication with family and other professionals that will contribute to better quality services and minimise safeguarding issues. The Provider is expected to work with the Council to assist with the introduction of this new system and ensure their own internal practices reflect any changes required to comply with the new CMS . There will be an emphasis on the provider to provide service delivery data
 |
| 4.5 | **Joint Commissioning with Health** |
|  | 4.5.1 The Council has an integrated commissioning arrangement with the NHS Southeast London Integrated Commissioning Service, (SELICS) and may choose to place clients into the service on behalf of the SELICS 4.5.2 In 2018/19 the CCG were required to support 6 children and 392 Adults via domiciliary care packages 4.5.3 The Council may commission joint packages with Health or commission domiciliary care on the behalf of SELCCG. For example, in relation to **End of Life or Palliative Care**, the provider is expected to deliver all of the requirements detailed in this specification and the person-centred approach is intended to tailor the support to the individual which supports good ‘end of life’ care and support. However additionally the provider should note and apply the following:* Skills for Care Common Care Principles – which includes the key competencies for providing End of Life Domiciliary Care - <https://www.skillsforcare.org.uk/Learning-development/ongoing-learning-and-development/end-of-life-care/End-of-life-care.aspx>
* Skills for Care also stress that empathy is crucial. It is this underlying capability plus competences that can make for better outcomes for people at end of life. This approach should be extended to carers and family.
* The importance of Multidisciplinary working and links with various other local services including acute hospitals, voluntary sector providers, GPs and social care providers.

4.5.4 The definition of End of Life for the purposes of this Specification is when people are likely to die within the next 12 months. This includes people whose death is imminent (expected within a few hours or days) and those with: * advanced, progressive, incurable conditions
* general frailty and co-existing conditions that mean they are expected to die within 12 months
* existing conditions if they are at risk of dying from a sudden acute crisis in their condition
* life-threatening acute conditions caused by a sudden catastrophic event.
 |
| 4.6 | **Discharge to Assess (D2A)** |
|  | 4.6.1 The aim of the D2A element of the service is to facilitate a swift return home from hospital by providing a domiciliary package of care for up to 6 weeks to enable a full assessment of needs to take place within the Service Users home environment. 4.6.2 The Service will provide domiciliary care to adults, primarily older people and people with physical disabilities and will:* bridge the time between hospital discharge and full recovery of independence;
* enable intervention from reablement services and delivery of a reablement service;
* facilitate assessment for an ongoing package of care (PoC)

4.6.3 The Council will consider how the D2A service can apply the Trusted assessor model. In relation to D2A the Provider may also be acting as ‘Trusted Assessors’ in determining if a Service User could benefit from a reablement package or refer directly for long-term community care support. These decisions may be devolved by the LBB Care Manager or agreed via approval from other professionals such as the OT.4.6.4 The Provider will deliver home from hospital services and support people that are discharged from hospital. The Provider is expected to be responsive to the needs of the Services Users coming out of hospital to facilitate smooth and timely discharge. Providers will work with the Hospital Integrated Discharge Team / Transfer of Care Bureau to facilitate discharge and deliver interim care plans at short notice, often on the same day but within 24 hours as a maximum. Providers should accept the assessments completed by the Hospital Integrated Discharge Team.4.6.5 The response times for the D2A service are different from CYP/Adults Standard Domiciliary Care and End of Life Care. However, the Service will be equally available 7 days a week, 365 days per year; 4.6.6 The Service will ensure service users and/or their carer/family is able to contact the Provider directly by telephone in case of issues in relation to the Service provided to them. For example, if a Care Worker does not turn up or they need to urgently notify the Provider that the Service User has gone into hospital or won’t be at home: * Direct contact should be made available between the hours of 06:00 to 22:00;
* Outside of these hours the Provider will ensure that there is an answerphone facility. The process for contacting the Provider will be clearly explained to Service Users, families/carers with details included within the Support Plan documentation.

4.6.7 Care Calls:* The majority of care calls will be provided between 07:00 and 22:00 hours;
* Where a service user is being discharged from hospital, the latest care call booked by the discharge team will be 8.30pm;
* However, there may be some demand for calls earlier and/or later than these times and this will be subject to agreement between the D2A Team and the Provider taking into account capacity.
 |
|  | 4.6.8 If the Provider supported the Service User prior to a hospital visit, the Provider would inform:* The Service User’s next of kin/named representative of the discharge as soon as possible;
* The Council of any revisions to the Care and Support Plan within 48 hours of discharge. In the rare circumstances where the Provider can no longer meet the needs of the Service User, the Provider will notify the Council as soon as possible, explaining the rationale for no longer being able to care for the Service User.

4.6.9 Appendix M includes more information on the service |
| **5.** | **PROVIDER – OPERATIONAL RESPONSIBILITIES** |
| 5.1 | In order to support the development of the service delivery and to improve quality of services, the Provider will: * Be required to respond to current and future demographic trends and to changing individual needs;
* Ensure it has a sufficiently trained and available workforce to take on and provide a wide range of care and support services across their contracted area/patch within the required time and to meet the stipulated time requirements of the Care and Support Plan (may include nighttime care);
* Recruit staff with a minimum of the National Minimum Wage pay and working conditions, in accordance with statutory requirements and have structures in place that enable career progression and offer a good range of ongoing training and development opportunities;
* Develop staff to be multi-skilled so that one Care Worker can meet a wide range of needs and maximise continuity of care for Service Users receiving care and support;
* Support more people with complex needs, such as dementia and complex physical health needs, to live independently at home and provide more choice to Service Users. This may require delivery of services beyond the normal daytime hours where demand profiles warrant such change. Providers must comply with these requirements;
* Ensure that appropriate and timely communication with Service Users takes place where there are potential issues with lateness of staff; changes to schedules/calls cancelled etc. and maintain high standards of care delivery including in such areas such as infection control and hygiene;
* Familiarise themselves with locally commissioned and directly provided services (such as those provided by the voluntary sector) that are relevant to Service Users and staff members. With the consent of the Service User, staff should sensitively share information about these services that Service Users may want to access to support their overall wellbeing. The Provider shall utilise local directories of services to support this work;
* Ensure that services are rooted with a strengths-based approach which embeds different conversations about people’s strengths and resources. This should include maximising benefits of existing support networks and community connections into Support Plans and the care delivered on a day-to-day basis;
* Recognise the contribution families and carers make to the health and wellbeing of their loved ones. Providers, where appropriate will provide information and advice to carers about the range of support services available in the borough to enhance the carers’ health and wellbeing;
* Demonstrate the use of innovative technologies throughout the term of the contract in order to monitor the safety of Service Users in their own home to enable the Council to respond more flexibly and cost effectively in increases in demand. The route to Assistive Technology is captured in Appendix B;
* Have a workforce that is well-trained and supported to achieve appropriate qualifications/accreditation in order to deliver a high standard of care and support, at no additional cost to staff and realise the following benefits:
	+ Demonstrating value for money during the life of the agreement;
	+ Evidencing measurable improvements in service delivery in line with agreed targets (continuous development of the quality of the service) and achieved through efficient operations;
	+ Achieving operational efficiencies and reducing delays in transfers of care from acute and other urgent care settings;
	+ Offering added social value to services to the local areas they operate in;
	+ Ensure that all Domiciliary Care is delivered in line with the requirements of a Service User’s Care and Support Plan and that teams are deployed in the most effective way to meet the needs of those residents; and
	+ The ability to demonstrate and measure success in terms of Service User outcomes, at each stage of service delivery, in line with the outcome's framework and in line with the key requirements and standards of service stated in this specification.
 |
|  | **Personalisation and Direct Payments** |
| 5.2 | Personalisation is about ensuring people with care and support needs can lead the lives they want and that social care services can work with people as partners to make this happen. The concept aims to enable people to make decisions, maximising their life opportunities and giving them choice and control in the way care and support is delivered. There are varieties of ways that the personalisation agenda could be delivered, examples of which are through a direct payment, a personal budget or via an individual service fund. The Council will work closely with the Provider to further develop the personalisation of services throughout the life of the contract.  |
| 5.35.4 | The Provider will be required to demonstrate how they will be able to support the Council target of achieving 30% of clients receiving a direct payment. Therefore, the Council requires that Providers work in partnership with care managers and commissioners for this additional public value to the delivery of this contract. Whilst a Direct Payment is a private arrangement, between Provider and Service User only, the Council does aspire to encourage that Providers consider offering the same Council rates to the Service Users. |
| **6.** | **GENERAL SERVICE REQUIREMENT** |
|  | **Service Delivery – Hours of Operation**  |
| 6.1 | The service shall be provided 7 days a week, including bank and public holidays and shall be available 24 hours per day according to assessed care need. Daytime hours shall be provided between 7.00am and 11.00pm and night-time hours (sleeping or waking night) shall be provided between 11.00pm and 7.00am.  |
| 6.2 | An on-call service shall be available Monday to Friday outside of the standard minimum office hours (9.00am – 5.00pm) to respond to any missed or emergency calls. |
| 6.3 6.46.5 | A weekend and bank holiday referral discharge service shall be available Saturdays and Sundays and all bank and public holidays (9.00am – 5.00pm) to respond to and pick up packages of care for people being discharged from hospital at short notice over the weekend and through any bank holiday periods.Providers must have staff on duty who can accept referrals, risk assess new packages of care and provide care at short notice if required to prevent hospital admission or support timely discharge or meet other identified needs.Providers are expected to operate these D2A specific requirements alongside the designated response times detailed in section 4.6 |
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| **SECTION 3** |
| **7.** | **FUNCTIONAL SERVICE REQUIREMENT** |
|  | **Referrals Process** |
| 7.1 | The Council will make available to the Provider the initial referral and information that is relevant about the Service User so that the Provider can carry out its Service User assessments. |
| 7.2 | The Provider is required to ensure that they have all necessary care planning documentation from the Council which sets out the needs of the Service User, the service to be provided and the outcomes to be achieved. Some information will evolve and develop after the service is in place in which case needs will be addressed and documented as part of the service. |
| 7.3 | The services may often be part of a broader ‘package’ of care that includes other community services and/or therapy interventions. The Provider will be given details (when appropriate) in the care plan and will be required to co-operate and liaise, as necessary, particularly where any overlap of staff is required in instances where the Service User cannot be left alone or to maximise reablement. |
| 7.4 | Providers must ensure they are in receipt of an authorised Care Plan before commencing service delivery. The details of the service to be provided will be agreed between the Care Manager and the Provider. The form will identify the Service User, the Care Manager, the Provider, the number of hours of service to be provided per week, the activities to be undertaken and the outcomes to be achieved and the total budget for that service. |
| 7.5 | The Care Manager will indicate any ‘time critical’ activities that will need to be strictly adhered to such as assistance with medication, continence care and meal preparation. Where ‘time critical’ calls are not specified it allows the Provider some flexibility with respect to agreeing call times and activities with the Service User. However, the Provider will always seek to deliver calls at times requested by the Service User. Where the Provider cannot deliver calls at the times requested by the Service User at the start of the package, the Provider should advise the Service User of this and they will work towards delivering the calls at the required times as soon as possible; or complete the calls within a window that does not leave the Service User in a critical state or trigger a safeguarding alert. |
| 7.6 | There may be other circumstances where the Council is unable to provide an authorised Care Plan, for example, where there are operational issues with the Council’s care management IT system. In such circumstances, the Provider will be required to accept the referral and the Council will provide the Provider with interim documentation detailing the information detailed above, until formal documentation can be provided to them as soon as possible. |
| 7.7 | It is the Provider’s responsibility to raise queries if there are any issues with the documentation received. |
| 7.8 | The Care Act 2014 introduced a new duty on local authorities to arrange for the provision of advocacy to support people, who are deemed to have substantial difficulty in representing themselves, to understand the relevant care and support processes and ensure that their needs are met. As part of assisting to meet this requirement, Providers will be able to recognise where Service Users may require advocacy then they must refer to the Care Manager |
|  | **Delivering the Service** |
| 7.9 | All Providers will ensure that the care and support is delivered by skilled and compassionate workers, employed by Providers who offer excellent services to the Council’s residents based on responsible and supportive employment practice. |
| 7.10 | The Provider will operate a key worker system to support relationship building and problem solving. The Provider is required to ensure that Service Users, and their carers, are given written details of the names of the regular staff team, including the key worker, providing a service to them. Where there are changes to the regular staff members, this will be communicated to the Service User in advance of their call. |
| 7.11 | The Provider must also give all Service Users the name of the Provider’s registered manager and information on how to contact them, including in emergencies and out of office hours. The Provider is required to ensure that this information is kept up to date to reflect changes to staffing. |
| 7.12 | The Provider is required to ensure that the staff supplied to Service Users are reliable and dependable, arrive at the time expected by the Service User, sensitive in the way they interact with them and their informal carers and respond to the Service User’s needs. |
| 7.13 | The Provider is required to ensure that staff are sufficiently flexible in their routine and the activities they undertake to respond to the needs and preferences of the Service User on a day-to-day basis in accordance with the care plan. Staff are required to deliver all elements of care as required in the care plan. |
| 7.14 | Care and support should be provided in the least intrusive way possible, ensuring the dignity of the Service User is always maintained and this includes observing cultural and religious beliefs of Service Users. |
| 7.15 | Service Users and their carers must be consulted and involved in decisions relating to their care. Service Users should be encouraged, enabled to take responsibility and make their own decisions in relation to their own lives. The wishes and preferences of Service Users should be considered, documented and respected. Service User’s consent in receipt of their care and support must be documented and evidenced in Service User files. |
| 7.16 | The Provider must inform staff of the care tasks they are required to undertake in accordance with the care plan and the outcomes to be achieved for individual Service Users. |
| 7.17 | On arrival to, and before departure from the Service User’s home, staff must complete the electronic call log-in procedure. |
| 7.18 | All information relating to Service Users must be kept in confidence and only shared as necessary on a need-to-know basis. |
| 7.19 | Service Users’ records must be kept in a locked, fireproof filing cabinet. Access to electronic records must only be granted to authorised Provider staff in accordance with the Provider’s security and governance information policies and procedures. |
|  | **Written Information for Service Users and Carers** |
| 7.20 | The Provider is required to provide up-to-date and comprehensive information about the service it provides to Service Users and carers in a form that is accessible and easily understood by the Service User and carer. It must be made available to the Council when requested. The following information must be included:* Aims and objectives of the service and its underpinning principles;
* Range and level of services provided
* Complaints procedure;
* Arrangement to cover holidays, sickness and unexpected staff absences;
* Procedures for the prevention of abuse;
* Procedures for the protection of money and property;
* Procedures for assistance with medication;
* Emergency procedures including out of hours contact numbers; and
* Latest Care Quality Commission (CQC) ratings and link to CQC report.
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|  | **Units of Service** |
| 7.21 | To support the development of outcome-based care visits, the Council may commission care in blocks of 15-minute increments to increase flexibility. Visits will typically be commissioned for durations of 1 hour, 45 minutes or 30 minutes and no shorter than 30 minutes. |
| 7.22 | The service will be delivered at the agreed contracted blended rates for standard (hourly) services. Other rates such as sleep-in and waking nights services will be agreed as part of the pricing tool. |
|  | **Travel Time** |
| 7.23 | The Provider is required to ensure that travel time is made available between calls so that Service Users receive the full time allocated to them and must ensure that work rotas allow enough time for staff to travel between calls. The Council will regularly monitor compliance with the clause as part of the contract monitoring process. |
|  | **No Access/Refusal of Service** |
| 7.24 | In accordance with the Provider’s ‘no response’ policy, staff will immediately inform their manager if they are unable to gain entry to a Service User’s home. The Provider will follow the ‘no access’ policy of the Council when unable to gain access to a Service User’s home. |
| 7.25 | The Provider must inform staff of the procedures in place for occasions when a Service User refuses the service. Please see policy in Appendix E**Out of Hours/Bank and Public Holidays** |
| 7.26 | The Council requires that services are provided as normal over any holiday periods including bank and public holidays as well as school holidays. The package may also change during the school holidays. Where Service Users cancel calls, the Provider must have a protocol in place that ensures that alternative arrangements are in place to ensure the safety of the Service User and/or that the requirements will be met in some other way. The onus is on the Provider to ensure that the protocol is followed. |
| 7.27 | The Provider must ensure that staff are aware they must not make assumptions that a Service User will not need their service over holiday periods. If carers notify the Provider that a Service User wishes to cancel some service calls, a supervisor or senior member of staff must confirm this with the Service User or their next of kin. |
| 7.28 | The Provider must ensure that only its staff enter or use any part of the Service User’s home in order to provide the services specified in the care plan only. |
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|  | **Pricing Approach** |
| 7.29 | The Council has a commitment to developing a robust framework of Providers that can be called upon when packages have not been successfully placed with the Patch Providers. |
| 7.30 | Once appointed on the Framework, Providers are chosen on their availability to meet the demand, across the priority groups listed above, and their blended rate prices for the Brokerage team to place a package of care. |
| 7.31 | The Council works with Providers with varying market rates; for this reason, the Council has adopted a commitment to realistic pricing. |
| 7.32 | Providers that bid at artificially low rates will be subject to a due process of interrogation to understand the pricing mechanism used. |
| 7.33 | This commitment allows the Council to place packages across a range of Framework Providers who offer competitive rates and are not out-priced by artificially low-rate Providers. |
| **8.** | **RISK ASSESSMENT AND RISK MANAGEMENT** |
| 8.1 | To minimise the risk of accidents and harm occurring to Service Users and staff, the Provider must assess the potential risks to the Service User and staff associated with delivering the package of support. The assessment should be carried out before the staff member commences direct work with the Service User and must be updated at least annually or more frequently, if necessary, for example if a Service User’s needs change or there are other relevant changes to circumstances. If it is not possible to complete a risk assessment before commencement of service, such as in emergency situations, it must be completed as soon as possible but not later than 48 hours from commencement. |
| 8.2 | The Provider must ensure the assessment includes the risks for the Service User in maintaining their independence and daily living skills. |
| 8.3 | The Provider must ensure the assessment is appropriate to the identified needs of the Service User, the Service User’s views are considered, and the assessment is signed by the Service User where this is possible. |
| 8.4 | The Provider must ensure a separate moving and handling risk assessment is undertaken by a member of staff who is trained for the purpose, as required under the Manual Handling Operations Regulations 1992, current Care Standards or any future legislation or guidance. |
| 8.5 | The Provider must implement a risk management plan as part of the Care & Support Plans and ensure this is reviewed annually or more frequently if required by the relevant authority. |
| 8.6 | The Provider must ensure a procedure is in place for reporting new risks which arise, including defective appliances, equipment and fixtures that are required to assist in the Service Users care or may cause injury or death to the Service User. |
| 8.7 | If a Service User is deemed to be a falls risk, the Provider must ensure this information has been passed on to the various appropriate organisations, for example, a referral to an assistive technology service regarding the provision of a fall’s detector. |
| 8.8 | The Provider must ensure a procedure is in place for reporting fire risks and for contacting the relevant fire rescue service in order to arrange home fire safety checks. |
| 8.9 | The Provider must respond appropriately to physical and verbal aggression by a Service User, their relative or friends and ensure that this is responded to by using non-physical intervention. Within the framework of the law and current guidance issued by the Department of Health, only as a last resort should physical intervention, i.e. restraint, be used. Any occurrences of this require the completion of an incident report and sent directly to Quality Assurance.  |
| 8.10 | In a situation where a Service User, any other occupant of their home or any carer/relative presents violence, aggression or unacceptable behaviour to the Provider’s staff, the Provider may approach the Council to discuss the concerns. The Service can only be suspended following such discussions and presentation of evidence and the impacts of such behaviour on staff and the outcomes of the service. The Provider must maintain detailed records that evidence the use of any de-escalation techniques or interventions. The Council, in considering any suspension or removal of service, will take into account the vulnerability of the Service User, the risk presented to them by any suspension or removal and also the duty to ensure that the Provider’s staff is not placed in situations where they are at risk and/or subject to unacceptable behaviour. |
| **9.** | **CARE & SUPPORT PLANNING** |
|  | **Person-centred Care & Support Planning** |
| 9.1 | Domiciliary Care is about supporting people to do things for themselves as much as they are able. Person-centred care looks at what people want, the support they need and how they can get it to assist them in leading as independent and inclusive a life as possible. |
| 9.2 | Good person-centred Domiciliary Care puts people at the centre of any Care & Support Planning. It helps people to maintain their independent living skills and to regain them after a period of ill health or difficulty. It also ensures they have the right support at the right time to live well with their health condition where this is progressive. It enables and re-enables people, whatever their situation, and supports them to continue living in their own home for as long as practical. In practice terms this means:* Providing services that are personalised to the individual that meet their needs rather than the needs of the service. This could be achieved by developing systems to better match carers to Service Users in terms of their interests to support the establishing of good working relationships and including the development of one-page profiles.
* Negotiating meaningful and achievable goals with the Service User, their families and advocates; clarifying the responsibilities of all Service Users who are supporting the Service User to achieve these goals.
* Ensuring Care & Support Plans are written with the direct involvement of Service Users and consultation of their families where appropriate, listening to their needs and requirements and being flexible regarding when support is provided rather than fitting Service Users into pre-arranged rounds of calls.
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|  | **Support Plan**  |
| 9.3 | The Provider must develop a Care & Support plan as described above following an assessment of need and provide a copy of the Care & Support plan to the Care manager to be kept on file. The Care & Support Plan must outline what is important to the Service User, incorporating the identified care support needs outlined in the care plan. |
| 9.4 | The Provider must ensure that there is evidence of the Service User having given consent to their care and support. If consent is not able to be given, evidence must be available on the Service User’s file to support how the Provider has sought to gain the Service User’s consent. The Service User must be given a copy of the Care & Support Plans; if they do not want a copy kept at their home, the Provider will record this decision in the Service User’s file. |
| 9.5 | The Care & Support Plans will be used as a tool to support the Service User to meet their agreed outcomes. It will include and address issues with communication/language and reflect the cultural and ethnic background of the Service User as well as their faith, gender, sexuality and any other preferences they may have. The Care Plans must evidence that family members and/or carers are included in devising the Care Plans.  |
| 9.6 | It will inform the level, nature and frequency of support required to achieve the desired outcomes and be jargon free, written respectfully and is accessible to the Service User. |
| 9.7 | If the Provider identifies any significant changes or risks as part of their ongoing monitoring and review of the Service User, this should be notified immediately to the Council’s care management service |
| 9.8. | Where a change is proposed for a service to an adult that is within agreed parameters for trusted assessors the change can be made without prior agreement subject to agreement with the individual concerned and alignment to the individual’s goals. Notification of the change will still be sent to the Council in line with the draft process outlined in Appendix G. |
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| **10.** | **SAFEGUARDING ADULTS AND CHILDREN** |
|  | **Policy and Guidance** |
| 10.1 | The Provider must give clear written guidance for all staff setting out measures to prevent all forms of abuse including physical, psychological, financial, sexual, organisational, discriminatory and neglect to all those receive care. The guidance must be in line with the law, relevant guidance from any regulatory authority and safeguarding policies of the Council for the areas in which they operate. The Provider must ensure that its guidance continues to reflect the safeguarding policies of the Council, including any recommended training and local reporting requirements. |
|  10.2 | The internal guidance should clearly define the roles and responsibilities of all staff members in relation to safeguarding Adults and Children and set out the procedure for reporting and dealing with concerns, allegations and disclosures of abuse. |
| 10.3 | The guidance must identify the role and involvement of community services and external organisations including the police. Providers act as alerting agencies in the first instance and, therefore, must not begin enquiries. A decision will be made by the Council in the screening process in relation to which organisation will lead the enquiry. For some enquiries this may be the Provider. Chapter 14.69 of the Care Act Statutory Guidance states that when an employer is aware of abuse or neglect in its organisation, it is duty-bound to correct this and protect the Service User from harm as soon as possible and inform the local authority, CQC and CCG if the latter is the commissioner. |
| 10.4 | The details of all incidents or suspected incidents of abuse and the action to be taken must be recorded in a written format, available always. The record should demonstrate that the registered manager has checked that the necessary action has been taken. |
| 10.5 | The Care Act Statutory Guidance specifically states in chapter 14.41 that Providers must have children and adult safeguarding policies and procedures in place and that these procedures are known and understood by the Provider’s entire staff. Providers must immediately notify the duty manager within their organisation and the Council of any welfare concerns concerning Service Users. |
| 10.6 | Providers should have clear policies in line with those from the Council’s Safeguarding Adults and Children Boards for dealing with allegations against people who work, in either a paid or unpaid capacity, with adults who have care and support needs. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. |
| 10.7 | The focus of Safeguarding Adults and Children work is to safeguard one or more identified Service Users with care and support needs. There are occasions when incidents are reported that do not involve an adult at risk but indicate, nevertheless, that a risk may be posed to adults at risk by a person in a position of trust. |
| 10.8 | Where such concerns are raised about someone who works with children and adults with care and support needs, it will be necessary for the Provider to assess any potential risk to children and adults with care and support needs who use their services and, if necessary, to take action to safeguard those adults. Examples of such concerns could include allegations that relate to a person who works with child or adult with care and support needs who has:* Behaved in a way that has harmed or may have harmed an adult or child;
* Possibly committed a criminal offence against, or related to, an adult or child; and
* Behaved towards an adult or child in a way that indicated they may pose a risk of harm to child or adults with care and support needs.
 |
| 10.9 | When a person’s conduct towards an adult may impact on their sustainability to work or continue to work with adults or children, it must be referred to the local authority’s designated officer. |
| **11.** | **MANAGEMENT OF MEDICINES** |
| 11.1 | The Provider must ensure that staff adhere to written policies and procedures for the obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. The policy must be provided to the Council upon request and must comply with all CQC requirements identified in Outcome 9, (Regulation 13) – Management of Medicines and NICE Guidance ‘Managing Medicines for Adults Receiving Social Care in the Community’, March 2017. |
| 11.2 | The Provider must help the Service User, if necessary, to understand any given information about their medication. |
| 11.3 | Adults' resident in their own homes will normally be regarded as responsible for the administration of their own medication. If the Provider is required to assist with the administration of medication, this must be recorded clearly in the Service User’s care plan. |
| 11.4 | The Provider must ensure that its policies and procedures comply with the Essential Standards of Quality and Safety for Medication Management and that medicines in the custody of the Provider are handled according to the requirements of the Medicines Act 1968, guidelines from the Royal Pharmaceutical Society, the requirements of the Misuse of Drugs Act 1971, the Handling of Medicines in Social Care Settings – RPSGB October 2007 and NICE guidelines relating to the managing of medicines for people receiving social care services in the community. |
| 11.511.6 | If the Provider is supporting people to take their medication, they should have a robust process in place to be assured of the 6 rights (Rs) of administration which include:* Right person;
* Right medicine;
* Right route;
* Right dose;
* Right time; and
* Person’s right to decline.

To be assured that the right medication is being administered and to reduce unnecessary waste, care workers should only prompt/administer medication from original packaging, i.e. the manufacturer’s packaging. Compliance aides including monitored dose systems (blister packs), even if dispensed by a pharmacist, are not acceptable. |
| 11.7 | The Provider must maintain a record of all medicines received and administered or disposed of to ensure there is no mishandling. This includes prescribed and non-prescribed medication. A record must be maintained of current medication for each servicer user. Receipt, administration and disposal of controlled drugs must be recorded in a controlled drugs register. When a Service User dies, medicines must be retained for a period of 7 days in case there is a coroner’s inquest. |
| 11.8 | Medication administration training must be accredited as specified by the CQC. The Provider must ensure that care workers involved with supporting Service Users with medicines have received the appropriate training and have been assessed as being competent. Knowledge, skills and competencies should be assessed annually. |
| **12.** | **SERIOUS INCIDENT REPORTING** |
| 12.1 | The Provider will recognise that they are contractually obligated to report any serious incidents that affect a Service User or the provision of the service.  |
| 12.2 | The Provider will immediately report all serious incidents to the Council to enable the Council to:* Provide support to the Provider to resolve immediate difficulties;
* Alert and inform other stakeholders in the service about the incident;
* Facilitate an inquiry into the incident; and
* Manage any publicity.
 |
|  | **Definition of a Serious Incident** |
| 12.3 | The definition of a serious incident is broad and the process of reporting them and an explanation of what they mean must be covered within the Provider’s risk management policy this must include all incidents involving the following:* Serious crime or violence to Service Users, staff or members of the public;
* Serious threats to Service Users, staff or members of the public;
* Unexpected death or serious injury within the service;
* Emergency admission to hospital;
* Any incident that leads to a safeguarding Adults / Children alert being raised; and
* Any other incident which compromises the Provider’s ability to deliver the service to any Service User in accordance with the contract.
 |
| 12.4 | The Provider will ensure that all serious incidents are reported to the Council as soon as possible following the serious incident and, in any event, within 12 hours of the occurrence of the incident. This initial report will record all details that are known including:* Date of serious incident;
* Full description of incident;
* All parties involved;
* Involvement of emergency services;
* Immediate action taken;
* Further action required;
* Service User group, e.g. Learning Disability, Mental Health; and
* Service Username and user ID number known the LBB
 |
| 12.5 | The Provider will complete the serious incident reporting form no later than 48 hours after the incident has occurred with as much information as is known as the time and sent by email to the Council. The Provider will supply the Council with regular updates on the status of the serious incident and detail how it is being handled. This information must be enough to enable the Council to either close or escalate the serious incident as appropriate. The report should provide an opportunity for the Provider to learn from the incident and reduce any contributory factors for the future. |
| **13.** | **COMPLAINTS / COMPLIMENTS / SERVICE USER SATISFACTION** |
| 13.1 | The Provider must adhere to the Council’s complaints procedure. <https://www.bromley.gov.uk/info/200025/complaints/307/complaints_about_childrens_services> |
| 13.2 | In addition, the Provider is required to have a written complaints procedure which must include a role for a person who is independent of the organisation, as either an investigator or decision maker at an appeal stage. |
| 13.3 | The Provider must bring this complaints procedure to the attention of Service Users by way of leaflets, posters etc. A copy of the complaint’s procedure must be provided to the Council on request. |
| 13.4 | The Provider must ensure the policy sets out the arrangements for dealing with conflicts of interest. |
| 13.5 | The Provider must attempt to resolve complaints by information discussions with the Service User and their family / other carers / advocate where appropriate. If discussions fail to provide a solution satisfactory to both the Provider and the Service User, a full written report shall be submitted to the Council who will designate a representative to investigate the complaint. |
| 13.6 |

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| The Provider must keep a record of all complaints made by Service Users or their representatives. Service Users’ files must contain a copy of the complaint and the outcome and be provided to the Council immediately on request. |
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| 13.7 |

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| The Provider must keep a record of all complaints made by Service Users or their representatives. Service Users’ files must contain a copy of the complaint and the outcome and be provided to the Council immediately on request. |
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|  | **Service User Satisfaction** |
| 13.8 | The Provider must have mechanisms in place to gauge Service User (or their next of kin / advocate, or where this is a child, their parent / carer) opinions as to how the service is meeting outcomes. Any evidence collated must be shared with the Council and any positive outcomes reported should be identified in order to inform and support the sharing of good practice. |
| 13.9 | This mechanism must include the conducting of a Service User satisfaction survey conducted at least annually. The Provider must promote the survey to Service Users in order to ensure as large a response as possible in an accessible format. |
| 13.10 | The Provider will collate the survey results and produce a summary report detailing performance for submission to the Council twice yearly. |
| 13.11 | Following receipt of the survey results, the Council will discuss the findings of the survey and, if it is deemed necessary, discuss with the Provider the formulation of an action plan to address any concerns highlighted. |
| 13.12 | The Provider will use the results of the survey to inform their own service delivery improvement work and provide a copy of improvement plan to the Quality Assurance Team |
| **14.** | **STANDARDS OF SERVICE** |
| 14.1 | In order to fulfil the terms of the agreement, the Provider is required to be registered with the CQC and comply with the regulations of the Health and Social Care Act 2008 (Regulated Local Authorities) Regulations 2014, the Health and Social Care Act 2012, the CQC (Registration) Regulations 2009 and the standards set out in this specification which complement the CQC Inspection Framework. All standards contained within the CQC Essential Standards must be met as part of this Agreement. |
| 14.2 | The Provider must comply with the regulations detailed in 16.1 above and any regulations that replace these either fully or in part. |
| 14.3 | The Council expects all Providers to operate, as a minimum, an overall quality rating of ‘Good’ from the CQC. In instances where a Provider has rating of ‘requires improvement’ (either as an overall rating or relating to any of the CQC five key questions), it must have an active time limited improvement plan in place to achieve a CQC rating of Good or above (either overall or relating to the specific five key questions) at its next inspection. The Provider must share this CQC inspection improvement plan with the Council’s Quality Assurance Team.  |
| 14.4 | The Council’s Contract Compliance Team will work closely with individual Providers to meet the expectations and requirements of their specific improvement plan. |
| 14.5 | During the period of a ‘Requires Improvement’ status, no new packages of care will be placed with the Provider. |
| 14.6 | Where an overall ‘Inadequate’ CQC rating is given, this will trigger a full contract review. The contractual position on default of a service Provider and resolution of disputes and termination are set out under the terms and condition of this contract. |
| **15.** | **QUALITY CONCERNS** |
| 15.1 | A request for information from the Provider will be submitted by the Council if it wishes to raise a quality concern with any aspect of the delivery of the service. |
| 15.2 | The Provider will be required to investigate the query and provide a written response to the Council within 7 working days; the timescale may be shortened or extended, depending on the nature of the concern(s) and amount of work expected in order to investigate the concern. The response should detail the investigations conducted and if the Provider has found that there has been an issue with the delivery of the service, details of the actions taken and timescales to resolve the issue.  |
| 15.3 | Upon receipt of the response from the Provider, the Council will analyse the response and a decision will be made (often in liaison with the care manager and the Service User / next of kin / advocate) regarding whether the actions taken, and the timescales are acceptable. The Provider may be required to submit a detailed action plan. |
| 15.4 | If the Council assesses that either the outcome of the Provider’s investigation or the actions taken constitute a default or breach under the terms of the contract, notice may be served under the terms defined in the contract and/or a referral under the Council’s safeguarding procedures may also be made. |
| **SECTION 4** |
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| **16.** | **STAFF RECRUITMENT, TRAINING AND INDUCTION** |
|  | **Recruitment** |
| 16.1 | The Provider must have a recruitment and selection policy that complies with the Rehabilitation of Offenders Act 1974 and vet all staff in line with all relevant Department of Health guidance. This must include use of the Disclosure and Barring Service (DBS). Providers must comply with equality and diversity related legal and operational responsibilities. |
|  | **Staff Training, Development and Workforce Planning** |
| 16.2 | The Provider must have in place appropriate training programmes, ensuring a mix of approaches is used, for all staff groups which include mandatory and up-to-date training and support for continuous professional development. This training will include but is not limited to:* Manual Handling Introduction
* Emergency First Aid
* Food Hygiene
* Infection Control
* Safe Administration of Medication
* Safeguarding for Adults
* Trusted Assessor
* Bereavement and Loss
* Infection Control
 |
| 16.3 | The Provider must access training provided by the Council in addition to training supplied by the Provider as part of the workforce development requirements. The Council uses <https://www.skillsforcare.org.uk/Learning-development/Guide-to-developing-your-staff/Core-and-mandatory-training.aspx>. |
|  | **Vacancies and Work-Related Experience** |
| 16.4 | Where possible, the Provider will ensure that recruitment is targeted to local communities and ensure that all vacancies related to the contract are advertised through local media as well as nationally. |
| 16.5 | The Provider will also share with the Council, when requested, basic workforce information including age, gender, postcode, qualification levels and their employment status on entering the Provider’s workforce. |
| 16.6 | The Provider is required, where possible, to provide work experience placements during the life of the Agreement. The placements will be co-ordinated by the applicable referring agency and the number of opportunities made available will be agreed with the agencies. |
|  | **Workforce management** |
| 16.7 | Providers should deliver professional progression routes for staff and operate pay structures to attract and retain the required number and calibre of staff. |
| 16.8 | Providers must endeavour to reduce staff turnover and increase staff retention by making the job more attractive to both male and female staff members by:* Ensuring that staff receive at least national minimum wage and that this is not eroded through costs incurred in their employment such as use on their own mobile telephone; travelling expenses to Service User calls, and uniforms that are not reimbursed;
* Having a written contract that outlines their entitlement to minimum annual leave and bank holidays;
* Offering all staff, a minimum of 16 contracted hours per week; the aim is to provide job security to staff and reduce the number of zero-hour contracts. If staff members choose to have a zero-hour contract, this must be recorded with the staff member signing a declaration to say that they do not wish to be offered a permanent contract;
* Giving staff members incentives to use their own transport;
* Promoting a career path and progression-based opportunities;
* Recruiting a higher calibre of staff by more stringent checks;
* Providing comprehensive induction training and information given on recruitment;
* Committing adequate levels of investment into training and development of staff; and
* Offering incentives for long service.
 |
| 16.9 | The Provider will ensure that staff are offered a workplace pension in line with statutory requirements and fulfil their employer’s obligation to the pension schemes in place. The Provider will also ensure that eligible staff are paid statutory sick pay to cover periods of sickness in accordance with HMRC guidance and legislation. |
| 16.10 | In the carrying out of their duties under the contract, staff must always carry a form of identification which must include a photograph of the staff member, their signature and an expiry date which should not exceed 36 months from the date of issue. This must also show the name of the Provider and a telephone number that can be used to verify this information. |
| 16.1116.12  | The Provider is required to have a written policy on confidentiality. Staff must, always, respect the confidentiality of the Service User. Any personal information disclosed to staff during their work must be treated as confidential.Providers must seek to ensure that staff are provided with a workplace pension where this requirement is pursuant to Government guidance.  |
| **17.** | **CONTROL AND SUPERVISION OF STAFF** |
| 17.1 | The Provider is required to ensure that the Registered Manager or a competent deputy duly authorised by the Provider to act on his/her behalf, is available in person at all reasonable times during which the service is provided. |
| 17.2 | The Responsible Officer shall inform the Council promptly and confirm in writing any instances of activity or omission on the part of the Council which prevents or hinders or may prevent or hinder the Provider from complying with the contract. The provision of information under this clause shall not in any way release or excuse the Provider from any of its obligations under the contract. |
| 17.3 | The Provider is required to provide a sufficient number of supervisory staff, in addition to the Registered Manager, to ensure that the staff engaged in and about the provision of the service are adequately supervised at all times and can properly perform their duties to the required standard; |
| 17.4 | Supervision must include assessment of training needs, support and an opportunity to discuss specific task / Service User related issues. It must be offered to care staff both formally in planned sessions and informally through the day-to-day management; |
| 17.5 | The supervisory staff must also conduct quality assurance assessments of staff, including direct observation of care activities being provided. The Provider must ensure that direct observations are conducted at various days / times of the week including weekends, early mornings and evenings. |
| 17.6 | All staff, including supervisory staff, should receive formal supervisions at least quarterly per year. |
| 17.7 | The Provider is required to ensure that its staff:17.7.1Perform their duties in an orderly, professional and dignified manner and in as quiet a manner as may be reasonably practicable about the nature of the duties being performed by them;17.7.2 Observe the security of all secured areas of the Service User’s premises;17.7.3 Do not smoke whilst they are on duty, including at Service User locations; 17.7.4 Do not take family members, friends or pets into the Service User’s homes; and17.7.5 Are properly and presentably dressed in appropriate uniforms or workwear as agreed with the Council. |
| 17.8 | When requested to do so, or when communicating with other persons as a representative of the Provider in the performance of the service, all staff must disclose their identity and should not attempt to avoid doing so. |
| 17.9 | Where the Council’s policies, rules, procedures or standards require any special or protective clothing or footwear to be worn, the Provider must ensure that such clothing or footwear is provided to and worn by its staff. Such special or protective clothing or footwear shall be maintained and replaced as necessary by the Provider at its cost. |
| **18.** | **PREMISES** |
| 18.1 | Without prejudice to the obligations set out in the clauses in the contract, the Provider is required to have an established office at the time of submitting their tender. The registered office must be in the London Borough of Bromley or in a borough that shares a borough boundary and must be suitably equipped for the purpose of the day-to-day operation of the services. The office must be able to support delivery of the Service to meet the stated requirements and standards, with particular reference to the supervision of staff, delivery of training and responsiveness to Service Users.  |
| 18.2 | Under no circumstances during the Agreement, must the Provider use any premises or equipment of the Council or the Service User’s home to perform, either on its behalf or on behalf of any other party other than the Council, any work other than provided for in the contract. |
| 18.3 | The Provider is responsible for the security of all materials, goods or equipment used by the Provider in or about the provision of the service or otherwise belonging to the staff and on the Service User’s premises. The Council shall not be liable for any materials, goods or equipment belonging to the Provider or any of its servants or agents. |
| 18.4 | The Provider is required to co-operate with the Council in all relevant security matters and shall comply with all reasonable instructions. |
| **SECTION 5** |
| **19.** | **SYSTEMS, PROCEDURES AND QUALITY ASSURANCE** |
| 19.1 | The Provider is required to have its own quality assurance and quality control systems / procedures in place that monitors its performance against this specification. This should include but is not limited to:19.1.1. Establishing a procedure for consulting with Service Users and their carers in order to obtain their views and feedback on the quality of the service delivered by the Provider;19.1.2 Ensuring that staff is aware of the standard of service it is required to provide and meet that standard;19.1.3 Monitoring routinely performance and adherence to these standards ensuring that remedial action is taken where necessary;19.1.4 Demonstrating that it is operating working practices which comply with legislation relating to employment, equalities, legislation, modern slavery, health and safety at work and any other statutory provisions; and19.1.5 Making available to the Council all information gathered from its own monitoring processes as determined by the Council. |
| 19.2 | The Provider is required to fully co-operate with the Council in monitoring the quality assurance procedures of the Provider. |
| 19.3 | The Provider is required to maintain all the records necessary for the efficient running of the business for the requisite length of time. Records must be kept securely, up to date and in good order and, where possible, portable, preferably electronic, in accordance with legislation / Council requirements. |
| 19.4 | The Provider must demonstrate that it has management information / office systems that can accommodate the minimum requirements of the Council. |
| 19.5 | The Provider will keep a record of all staff and the hours worked. Each member of staff will complete timesheets and electronic monitoring reflecting the accurate times and dates that they have provided a service-to-Service Users. These records must be made available to the Council to inspect as and when requested. |
| 19.6 | The Provider is required to demonstrate that it has systems by which it satisfactorily and effectively implements its written policies in all necessary areas, including:19.6.1 Provision of services, including methods of checking that tasks are being carried out at the times required with the intended outcomes;19.6.2 Health and safety aspects of work management and delivery; 19.6.3 Employee / workforce deployment systems; 19.6.4 Effective management of lone working arrangements;19.6.5 Effective recruitment, management, support, induction and training of staff; and19.6.6 Equal opportunities issues in relation to recruitment and service provision. |
| 19.7 | The Provider is required to ensure its compliance and reliability in terms of:* Completion of activities as identified in the care plan and staying the required time with the Service Users; and
* Always delivering a service when the Service User needs it in accordance with the agreed care plan.
 |

 **20. PERFORMANCE MEASUREMENT & STRATEGIC PERFORMANCE MANAGEMENT**

 20.1 The Council has adopted an outcomes-based commissioning model for domiciliary care in 2021.

20.2 This is a culture change for the Council where traditionally domiciliary care has been delivered using time and task methodology.

20.3 Performance Measurement includes:

* + - Packages accepted
		- Packages decreased due to implementing outcomes based domiciliary care
		- Packages increased in hours
		- Quality Indicators such as reporting critical incidents, number of safeguarding. CQC rating; QAF rating
		- ASCOF, and any other statutory measures reporting
		- Assessments and Care Management Feedback
		- Unscheduled visits by Contract Monitoring Officers to Provider
		- Sample case reviews
		- Verification of monthly monitoring information
		- Review most recent CQC report on Provider
		- Quality Assurance Processes

20.4 Performance Measurement and Management will consider a range of evaluation indicators to manage Framework Providers that have an aggregate value of over £500k pa in payments for providing Domiciliary Care and the evaluation indicators are listed in Appendix C

20.5 In addition to the rights of the Council to implement performance management and measurement: The Provider shall permit officers of the Council to inspect, with or without notice, at any time the Services in order to monitor the provision of the Services and the well-being of the Service Users. Visits will incorporate any reviews required under relevant Quality Assurance Frameworks.

20.6 The Provider must meet with the Council at least yearly to monitor the Contract terms and Service provision and on a more regular basis if an authority deems that to be necessary.

20.7 The Provider will comply with all reasonable requests relating to the monitoring of any aspects of its performance, in particular those which demonstrate the Provider’s ability to continue to meet the terms of the Contract.

20.8 The Provider will allow access to all locations used by the Provider for provision of the Services. Access must always be made available without notice for the purpose of carrying out such checks as the Council thinks necessary for the monitoring of the Service.

20.9 The Council may undertake formal quality control audits using their quality assessment tools and service user/carer questionnaires. The Provider must co-operate in any such activities of the Council.

20.10 The Commissioning Manager or their representative may at any time interview any employee or Service User of the Provider in connection with the monitoring programme.

20.11Where the Provider does not meet 22.4, with spend over £500k pa, any request to implement 22.4 will be at the discretion of the Council and solely based on the process providing a learning benefit for the Council for us to consider practices of implementing a good domiciliary care service.

20.12 The Council recognises the need to work with those providers delivering services to adults to ensure that new trusted assessor arrangements and associated expectations relating to practice support a viable and sustainable business model for providers. This will be part of co design work with successful providers post contract award.

**21 STAFF ATTENDANCE MONITORING**

21.1 The Provider must have effective staff attendance monitoring in place including the use of a GPS tracked electronic call monitoring system.

21.2 The electronic call monitoring system must:

- Register calls made by Staff members;

- Record the duration of stay by Staff member without incurring a call charge to the Service User

- Record the date and time of Staff member(s) arrival and departure;

- Produce an ‘alert’, which is generate when identified calls have not been made within a 30-minute time frame

- Record alerts and any follow up action taken;

- Be able to be interrogated to provide aggregate management information on time, location or individual user basis;

- Produce exception reports on requests to highlight for example late, short and missed visits;

21.3 Electronic monitoring must be used by the Provider and its entire Staff to log a minimum of 90% of all calls. The Provider must have an identified resource to monitor record and respond to ‘Alerts’.

21.4 Failure to carry out a planned visit or the tasks indicated will be viewed as a very serious under performance matter. The Provider is required to carry out spot checks to see if Staff are present in a Service User’s home at the time they are supposed to be. The Council will not pay for missed calls; this is usually raised with by the Service User when being billed and will amount to a fraud/breach of contract if missed calls are presented as otherwise.

**22 SERVICE ALERTS**

22.1 Providers must have a procedure in place to record the action taken by Staff regarding late or missed calls.

22.2 As soon as an alert is received by the Provider the Service User must be contacted to ensure that they are alright and to reassure them that the carer will call as soon as possible. The Service User should never be asked if they still need the carer to call.

22.3 The Staff member should then be contacted to ensure that they are on the way to the Service User.

22.4 If that Staff member is unable to complete the scheduled call for any reason a replacement must be sent within the hour.

22.5 The Service User must then be contacted in order to let them know that the carer is on their way, and it is a replacement carer. The Service User should be informed of the name of that replacement carer.

22.6 If the Provider is unable to contact the Service User, then the Council and the Service User’s next of kin must be informed.

22.7 Alerts must be recorded in one location. The time of the alert must be recorded along with the time that the Service User and Staff member were contacted, and any action taken. This is necessary both to protect Service Users and to ensure that Providers and the Council have a record if there is an incident / complaint at a later date.

**APPENDICIES**

|  |
| --- |
| **APPENDIX A – PATCH ALLOCATIONS PROCESS** |
| Upon receipt of a Referral Form from the Care Manager, the document will be anonymised, and password protected before the Brokerage Team send it out to the Patch Providers.A window of 2 hours is available in which the Patch Providers can bid for the package. The Provider must indicate the day and time at which they could commence / deliver the care package and how they would deliver the care (for example in relation to for complex care, double-handed, children etc.).After the 2-hour window, the broker will evaluate the ‘proposals’ from the Patch Providers; ensuring that all other criteria are met, the package will be offered to the suitable Patch Provider. Where both patch providers bid the package will be offered in a fair and transparent way to ensure that both providers receive a reasonable number of packages. On occasion there may be exceptions to this allocation process apply where there is a requirement for specialist needs, skills or geographic considerations which outweigh the normal process. Packages will then be awarded to the provider which is best able to meet the needs of the service user. If neither of the patch providers is able to accept the referral or do not respond after a 2-hour period, the package will be offered to the borough wide provider Framework.In establishing suitability, the Brokerage Team will ensure that: 1. The package allocation across two Patch Providers is fairly distributed;
2. The package allocations to the Patch Providers have not exceed the ADASS recommended 3,000 hours of care delivered by the Provider in both their private and allocated care packages work.

Two Providers are expected to be allocated to each Patch in the West, East and Central of the borough. However, the South will have one Patch provider and where packages are declined by the Patch, we will seek to approach other Patch Framework Providers. At the end of the 2 hours, the Provider will be advised that the package has been allocated to them, (or earlier in emergency circumstances) and the full documentation will be sent under password protection. Where the Provider has not been contacted after 2.5 hours, they should assume that they have not been successful in their bid. Once the agency has had a chance to read the full referral (service request) they should confirm by email to the broker the day and time of the first call.The first call should be undertaken by a field supervisor who is able to undertake the risk assessment and draft the Care Plans with the Service User. At that meeting the Service User should be advised of the name of the carer and the time of the next call.With reference to Discharge to Assess (D2A) all of the above applies, except the response time. Providers are required to respond to D2A packages within 30 minutes (please see Appendix M) |

Patch Providers will also need to be mindful that any declines of packages will be monitored. Persistent declines of packages, which includes non-responses to requests, will be monitored by the Brokerage team and will trigger a discussion in the contract meetings.

**APPENDIX B – ASSISTED TECHNOLOGY REFERRAL PROCESS**

**Carelink and Assistive technology**

Carelink and Assistive technology allow people to live in their own homes with greater independence. They are sometimes known as Telecare. There are a wide range of alarms and assistive technology equipment available in order to get help, security and peace of mind 24 hours a day.

Carelink community alarm scheme

Our Carelink service, is a 24-hour lifeline alarm scheme that helps vulnerable people to remain safely in their own home by enabling them to summon help in an emergency.

Who can use the service?

* vulnerable people at risk, who meet the [**eligibility criteria for adults**](https://www.bromley.gov.uk/info/200050/help_for_adults/1231/getting_social_care_support/3).
* younger people with disabilities can also apply to have the service and should speak to their care manager or to an occupational therapist.

The service can be obtained on a private basis provided certain criteria are met. Customers will need to complete a declaration form to ensure they meet these criteria.

The service is intended for people who:

* Can understand how to use the alarm
* Maybe virtually housebound
* Are at risk of collapse or falling where delay in receiving assistance could be dangerous
* May have suffered an emergency in the last 12 months
* Live alone or with a spouse/carer who is unable to leave the house because of the risk to the person cared for

Alarms can also be provided on a short-term basis (up to 4 weeks) following hospital discharge or when carers are away on holiday. The minimum chargeable period is four weeks which covers the services administration costs.

Next steps

Installation is easy. All that is needed is a modern telephone socket and a 3-pin mains electric power socket within 2.75 metres (9 feet) of each other.

At times the service will purchase specialized equipment for customers with special needs.

To find out if you are eligible for Carelink via social services, contact us to discuss an assessment of your needs.

If you are in hospital and need help now or when you go home contact the social services care managers based at the hospital

**Carelink**

**Tel:** 020 8466 0046

**Fax:** 020 8313 4722

Civic Centre, Stockwell Close, Bromley, BR1 3U

**APPENDIX C CONTRACT MANAGEMENT & KEY PERFORMANCE INDICATORS DASHBOARD**

This Contract monitoring will be implemented across all Patch Providers and those Framework Providers whose care package spend is in excess of £500,000 pa.

Standard Contract Meeting and & KPI Sheet

|  |  |  |
| --- | --- | --- |
| **No.** | **Section Title**  | **Answer option** |
| **1** | **Referrals and initial risk assessment/ care and support planning** |
| 1.1  | Number of referrals received from LBB:  | [State number] |
| 1.2   | Number of referrals received from LBB that were accepted:   | [State number] |
| 1.3  | Percentage of referrals accepted out of the overall received:  | [State percentage]  |
| 1.4   | Percentage of service users risk assessed within 5 working days of referral acceptance:  | [State percentage]  |
| 1.5   | Percentage of service users who received a care and support plan within 5 working days of referral acceptance:  | [State number] |
| 1.6   | Number of service users who have had their homes fire risk assessed:  | [State number] |
| 1.7   | Number of service users referred onto the London Fire Brigade out of those that had their homes fire risk assessed:   | [State number] |
| **2** | **Annual reviews and increases/decreases**   |
| 2.1   | Number of care packages which had a year’s anniversary in the last quarter:  | [State number] |
| 2.2  | Number of reviews undertaken within time in the last quarter:  | [State number] |
| 2.3  | Percentage of reviews undertaken within time in the last quarter:   | [State percentage] |
| 2.4   | Percentage of reviews undertaken which included a review of any risk assessments in place:  | [State percentage]  |
| 2.5  | Number of care packages reduced in the last quarter:  | [State number] |
| 2.6  | Number of care packages increased in the last quarter:  | [State number] |
| **3** | **Visits undertaken.** |
| 3.1   | Total number of LBB service users in receipt of services at end of quarter:  | [State number] |
| 3.2 | Total number of LBB service users closed during the quarter: (This is a new question from Q4 23/24)  | [State number] |
| 3.3  | Number of visits scheduled daily on average.  | [State number] |
| 3.4  | Number of visits out of those scheduled that were missed (not attended to):  | [State number] |
| 3.5  | Percentage of visits not attended to:  | [State percentage]  |
| 3.6   | Percentage of visits recorded as being 15 minutes outside of the agreed timeframe:  | [State percentage] |
| **4.** | **Complaints and compliments** |
| 4.1 | Number of complaints received: | [State number] |
| 4.2   | Percentage of complaints received that have been acknowledged within 24 hours:  | [State percentage] |
| 4.3   | Percentage of complaints received that have been resolved in 3 working weeks (15 days):  | [State percentage] |
| 4.4  | Number of compliments received in the last quarter (if available):  | [State number] |
| **5.** | **Safeguarding** |
| 5.1  | Number of incidents of abuse or suspected abuse have arisen and been reported to LBB in the last quarter:  | [State number] |
| 5.2   | Percentage of incidents of abuse or suspected abuse that have been reported to LBB Adult Social Care within 12 hours of becoming aware of the matter, for them to progress to S42 if appropriate:  | [State percentage]  |
| **6.** | **Accidents, incidents and near misses** |
| 6.1   | Number of accidents, incidents and/or near misses have been reported in the last quarter:  | [State number] |
| 6.2   | Number of RIDDOR reportable events have taken place in the last quarter:  | [State number] |
| **7** | **Staffing**  |
| 7.1  | Number of staff as at end of the quarter:  | [State number] |
| 7.2  | Number of staff that joined in the last quarter:  | [State number] |
| 7.3  | Number of staff that left in the last quarter:  | [State number] |

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**APPENDIX E NO ACCESS POLICY**

**No Reply Procedure**

When a Personal Carer calls at a Service User’s home and cannot gain a reply, the Personal Carer must make all possible efforts to identify the reason and follow the Contractors published procedure.

When the Contractor receives a ‘No Reply’ report (in the form of an email, mobile call or text message) from the Personal Carer, they must immediately notify the appropriate Duty Care Manager or the Emergency Duty Team **if** outside normal Council working hours.

Non-Compliance with this condition will result in the issue of a default notice.

**Procedure - No Reply unable to locate the Service User**

1. When a Personal Carer calls at a Service User’s home and cannot gain a reply, they must remain at the Users home until a complete investigation has been carried out to the reason for the ‘No Reply’; the carer must attempt to:
	1. Peer through the letterbox
	2. Peer through all accessible windows
	3. Check back door (if available)
	4. Check with neighbours
	5. Check with warden (if applicable)
2. The Personal Carer must report the No Reply to their office, along with investigation findings.
3. A member of the Contractor’s office staff will then need to contact the:
	1. Service User (to see if they are inside the property)
	2. Next of Kin (if contact details are available)
	3. Warden (if applicable)
	4. Personal Carer’s next scheduled Service User, to inform them of the late running of the Carer;
	5. Local hospitals, to see if the Service User has been admitted (checking A&E and Admissions)’
4. The Contractor should then telephone back the Personal Carer to give instructions as to the next steps to take, such as:
	1. Remain at the service user’s home until informed otherwise or
	2. Continue onto the next Service User
5. The Personal Carer should post a calling card through Service User’s door stating date and time of visit.
6. The Contractor should then report the ‘No Reply’ via telephone or email to the Care Manager/Duty then complete the No Reply form and email to the Care Manager/Duty.

**Procedure No Reply Emergency**

1. When a Personal Carer calls at a Service User’s home and cannot gain a reply, they must remain at the user's home until a complete investigation has been carried out to the reason for the ‘No Reply’.
	1. Peer through the letterbox
	2. Peer through all accessible windows
	3. Check back door (if available)
	4. Check with neighbours
	5. Check with the warden (if applicable)
2. If the Personal Carer locates the Service Users and has cause for concern to the user’s wellbeing, the carer must implement the contractor’s procedure for dealing with emergency situations.
	1. On no account should the carer attempt to move the user
	2. Telephone the ambulance service immediately, then contact the office
	3. If the Service User is likely to be admitted to hospital prepare an overnight bag with essential personal items such as medication, nightwear, toothbrush, toothpaste, washing requisites and ensure the property is secure, giving the user their keys.
	4. Whether or not the user is admitted to hospital the Contractor must immediately inform the Next of Kin and the Care Manager of the Service User’s condition.
	5. Be flexible e.g. waiting for an ambulance to arrive.

Should a ‘No Reply’ occur between 17:00-17:30 Monday to Friday, the same procedure must still be followed, however the No Reply needs to be reported via telephone to Bromley Social Services Direct **0208 464 3333**. This must then be followed by an email to the Care Manager immediately. Email address is: **AEIS@bromley.gov.uk****.**

If a No Reply occurs outside normal Council working hours, the same procedure must still be followed. However, the No Reply needs to be reported to the Emergency Duty Team, followed by an email immediately to the Care Manager.

Out of hours emergency duty service: **0203 036 1574** email: **AEIS@bromley.gov.uk**.

**APPENDIX F ENABLING DOMICILIARY CARE APPROACH & OUTCOMES FOR CHILDREN AND YOUNG PEOPLE**

F.1 Domiciliary Care Providers are required to work with Children and Young people who require personal support in the home up to the age of 25 years old which means that dual registration for adults and children domiciliary care will be required via CQC.

F.2 This approach may be a time limited intervention working with the Service User and their families to assist and increase the personal care abilities of the young person.

F.3 Help at home for families who need extra support for their disabled child or young person may include showering, toileting, changing, and feeding from full support to assisting and creating independence in the Service User to meet, where possible, their own personal care requirements. This service can also support in dealing with challenging behaviour.

F.4 The Domiciliary Care Provider is wholly engaged with the personal care of the young person. However, due to the complexity of need that Service Users may have, the carer may at times need to co-operate with the multi-disciplinary team to ensure the personal care is meeting the wider care plan and needs of the young person in a holistic manner that aims to meet the enabling outcomes where possible or to keep care needs from escalating.

F.5 Where specifically stated by the Care Manager, care may be provided outside the home. A community enabling care element of the service might support the child or young person to get out and take part in activities in their local community. Activities could include sports, clubs, interest groups, or visits to local attractions. The benefits of this type of support include developing independence, social skills, a sense of personal achievement, fun and enjoyment. It could also provide well- needed and safe respite breaks for parents and carers.

**APPENDIX G ENABLING CARE & TRUSTED ASSESSOR MODEL AND DRAFT TRUSTED ASSESSOR MANUAL.**

G.1 Providers will be required to ensure that assessments are carried out by suitably qualified Trusted Assessors. Trusted Assessors must complete the LBB Trusted Assessor training, have at least a level 2 Diploma in care (working towards Level 4) and have the appropriate skills, knowledge and experience needed to carry out health and social care assessments and to formulate care plans on behalf of Domiciliary Care Providers.

G.2 Patch Providers will be required to employ staff who are competent to act as Trusted Assessors. A key aim is for Domiciliary Care Trusted Assessors is to review care packages and adjust the support levels ensuring a focus on enablement.

 G.3 By applying the Trusted Assessor model the Provider will also work in partnership with the council to achieve service effectiveness that results in service efficiency. For example, because of the focus on enablement and rehabilitation, we anticipate that care packages will be adjusted accordingly.

G.4 During the lifetime of this contract the role of the Trusted Assessor will be developed and may evolve. To support this end, we will develop a Trusted Assessor Manual. The Manual will be informed by the ongoing dialogue with provider and will be updated accordingly. A first draft of this Manual is at the end of this appendix

G.5 Following contract award the Council will implement a Working Project Group to work in partnership with providers to co-design Trusted Assessor initiative and this will include representation from the CCG, Council and Providers Forum.

G.6 LBB are seeking to authorise delegated permission levels for Providers. This could result in enabling Providers to reduce packages by potentially 25% or an increase in packages up to the maximum threshold of 10% for low level care packages.

G.7 Any greater increases or reductions, will require approval in the first instance from LBB care managers.

G.8 As LBB implement and review this new responsibility for Providers we will be ratifying safeguards that do not leave the Council exposed to any unintended consequences resulting from the Trusted Assessor Model.

G.9 Where unintended consequences are evidenced to result from breaches of trust LBB will rely upon the appropriate remedies available in the contract.

**G.10 Draft Trusted Assessor (Provider Support Plan Adjustments) Manual**

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1. **Overview.**

The Trusted Assessor (Provider Support Plan Adjustments) will be developed in partnership with providers after contract award. This version of the manual aims to provide an outline of the process as part of tender pack information to support providers in bidding for work in Bromley.

The trusted assessor model was originally established to enable the completion of holistic assessments, with the intention of reducing delayed discharges from hospitals and has been used extensively across the UK to support with work including carers assessments, prescribing community equipment and Disabled Facilities Grant assessment.

This paper describes an outline of a process in Bromley designed to enable domiciliary care providers to make timely changes to their provider care and support plans without the need for prior sign off from care managers. This will involve staff of domiciliary care providers making judgements as Trusted Assessors.

Providers will be required to ensure that assessments are carried out by suitably qualified staff who will have access to LBB Trusted Assessor training (Outline at Appendix 1).

A suggested role profile is at Appendix 2. This role profile provides an indication of the skills and functions of the trusted assessor in a domiciliary care agency. It is for the provider to propose how they would locate this role in their organisational structure, but it is envisaged that this role will be an element of the responsibilities of supervisory staff in providers.

By applying the Trusted Assessor (Provider Support Plan Adjustments) model and through reablement informed practice the Provider will work in partnership with the Council to achieve the individual’s goals. Whilst every case must be reviewed based on individual circumstances the Council anticipates that this approach will promote independence and wellbeing and enable timely changes to provider support and care plans.

The Council proposes to authorise delegated permission levels for Providers. Subject to co-design work after contract award the provisional parameters for Trusted Assessor adjustments to support plans will be reducing packages by up to 25% or increasing packages by up to 10%.

One of the reasons for increasing support temporarily may be to provide the support necessary to promote longer term outcomes that contribute to independence and wellbeing.

# Trusted Assessor (Provider Support Plan Adjustments) principles.

* 1. **Domiciliary Care provided with a reablement ethos.**

A key aim of the Trusted Assessor (Provider Support Plan Adjustments) role is to apply a reablement based approach throughout the period that individuals receive domiciliary care in Bromley. This means applying some of the key reablement principles as described by the Social Care Institute for Excellence[[1]](#footnote-1) (SCIE):

* leads to improved health and wellbeing
* uses a strengths-based, person-centred approach
* may be appropriate to support timely discharge from hospital or enable an individual to remain living at home if, due to illness or disability, they have increasing difficulty with daily life activities
* focus should be on achieving outcomes rather than completing care tasks
* goals or outcomes should have meaning to the individual and be aimed at promoting wellbeing, autonomy, independence and choice
* support plans should be determined by both the long- and short-term outcomes the person has identified
* aims to help reduce or eliminate unnecessary reliance on paid support.
	1. **Trusted Assessor Principles and Background.**

Many of the links and papers below refer to a more complex Trusted Assessor Arrangement that supports full assessment. As noted above the proposals in this paper relate to providers in Bromley having the discretion to make timely adjustments in their own provider care and support plan without prior sign off by the Council. Nonetheless the following links do provide good practice guidance and examples of the concept in action.

The CQC guidance[[2]](#footnote-2) on Trusted Assessors is a useful resource but it should be noted that this guidance relates specifically to the use of Trusted Assessor in the context of developing hospital discharge assessments and support plans.

ADASS list what they consider are essential elements of a trusted assessor development programme[[3]](#footnote-3)

The following links provide examples of approaches in other areas:

[https://www.wmca.care/ta](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wmca.care%2Fta&data=04%7C01%7CNick.Fripp%40bromley.gov.uk%7C6a5433a8b5bc44a430b308d8b6eb7b5a%7C8cc3d50b245a4639bab48b879ac9838c%7C0%7C0%7C637460469793697944%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=YItaNLzAzbFKEwh63w%2FP3U83DS6SbufiuVU6Nkq8g4k%3D&reserved=0)

[https://www.local.gov.uk/surrey-discharge-assess](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.local.gov.uk%2Fsurrey-discharge-assess&data=04%7C01%7CNick.Fripp%40bromley.gov.uk%7C6a5433a8b5bc44a430b308d8b6eb7b5a%7C8cc3d50b245a4639bab48b879ac9838c%7C0%7C0%7C637460469793697944%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=hPqcVh0kN0%2B8XZVyiCipS7vWEE5V8nkWOukwnsT%2BQH8%3D&reserved=0)

[https://www.rcpa.org.uk/trusted-assessor-scheme/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rcpa.org.uk%2Ftrusted-assessor-scheme%2F&data=04%7C01%7CNick.Fripp%40bromley.gov.uk%7C6a5433a8b5bc44a430b308d8b6eb7b5a%7C8cc3d50b245a4639bab48b879ac9838c%7C0%7C0%7C637460469793707937%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=TU28nUh3wYmV7f42ExjejjFubyVZyDc58rMePR3uvqI%3D&reserved=0)

* 1. **Strengths and outcomes-based approaches.**

This proposed new way of working is informed by London Borough of Bromley’s Making Practice Personal Framework. This Framework aims to promote the development of strengths and outcomes-based approaches across adult services in Bromley. A range of resources that illustrate these approaches is at Appendix 3. Training for provider partners will be available to support a shared understanding of what this means in practice in Bromley, see Appendix 1 for an outline.

1. **Co-Design with Providers and the Timescale for Implementation.**

This is a new way of working for Bromley. The Council expects to learn as the approach is developed. The Council will develop this approach in partnership with providers in the Borough.

The Council is in the process of commissioning learning and development opportunities resources in the form of e-learning programmes and face to face workshops for provider staff and its own assessment and care management staff who will be involved.

The Council will have a dedicated project manager for this programme of work to bring partners together and co-ordinate the joint development work.

Following contract award, we will arrange for further development work with providers. We will begin to implement the new ways of working from the contract go live date in the autumn of 2021.

The Council understands the need for the new contract arrangements to bed in following go live and therefore does not aim to have trusted assessor processes and practice fully in place until the end of March 2022 to allow for co design and testing of the new approach.

1. **Trusted Assessor (Provider Support Plan Adjustments) process.**
	1. **A summary of the process**

On-going consulting role

People with a potential need for adult social care support will have an assessment to establish needs and eligibility for social care funded support. This process may include access to reablement, community equipment, assistive technology, moving and handling risk assessments and occupational therapy which will help to establish the need for further support.

If further support is needed an assessment will be completed by adult services assessment and care management staff. The outcome of this assessment may propose the delivery of domiciliary care to support someone to meet their needs and achieve their goals.

* 1. **Process steps**

Providers will receive, via secure email, relevant information from the individual’s care management assessment. This information will be provided by the Central Placement Team and record the goals and pathway to goals (i.e. what the person wants to achieve and how this is proposed to happen).

Providers will develop their own care and support plan in line with expectations laid out in the specification. Providers will periodically review their care and support plan, and this may prompt a proposed change in the plan.

A provider member of staff who has Trusted Assessor responsibilities will be responsible for internal scrutiny of changes to provide care and support plans.

Those adjustments that are within agreed parameters ***and*** support the achievement of the individual’s goals as recorded in the care management assessment summary ***and*** are agreed by the individual can be implemented immediately following approval by the Trusted Assessor (Provider Support Plan Adjustments).

The provider will submit evidence that an individual’s support plan adjustment is within the agreed parameters. They will enter the new actual service level via the Provider Portal and send a notification including the rationale and evidence for the change to a dedicated secure e-mail addressfor review and sign off. The evidence will be recorded on the provider’s review paperwork. The exact requirements for this evidence will be the subject of co-design post contract award.

During the initial development of this new approach (for at least the first 12 months post contract go live) a dedicated Senior Care Manager and Moving and Handling Risk Assessor will be responsible for reviewing and signing off trusted assessor adjustments to care plans and liaising directly with provider trusted assessors.

If the senior care manager has concerns about any proposed adjustment, they will contact the provider to discuss and address. If the senior care manager cannot immediately address the concerns through contact with the provider, they may ask for the changes to be paused pending a care management review. In this event the provider will reinstate the original service pending the outcome of the review.

The Council will amend its Quality Assurance and Contract Monitoring Arrangements to reflect expectations of trusted assessors and the associated development of strengths-based practice.

* 1. **Adult Social Care Assessment**

By the time the new contract arrangements go live the Council assessment and care management services will be using the Liquidlogic system to manage records of individuals and associated payment arrangements.

A care management assessment summary will record information under the following headings:



The pathway to goals section of the assessment summary will attempt to make it clear how the goals to improve wellbeing will be achieved through costed and non-costed services.

A snapshot of the individual’s support will be represented as follows:



1. **Provider care and support planning and review**.

Providers will receive a service request from the Council Central Placement Team Brokerage service which includes support planning information from the assessment summary. This will include pulling through relevant elements of the ‘pathway to goals’ sections from the assessment summary.





The Council outlines expectations of providers in relation to Care and Support Planning in the Specification.

At the beginning of a new service provision the provider will develop its own care and support plan in response to the Council’s assessment summary.

The aim of developing the role of Trusted Assessor (Provider Support Plan Adjustments) is to support timely changes in support plans rather than waiting for a formal care management review of the individual concerned.

Trusted Assessors will co-ordinate reviews of support plans in liaison with the individual concerned their family and their support workers.

Trusted Assessors will ensure that these reviews note and respond appropriately to any mental capacity issues relating to the individual concerned. If appropriate prior to the review the Trusted Assessor will draw on advice and guidance in relation to community equipment, assistive technology, moving and handling risk assessments and occupational therapy and/ or reablement practice. All these elements may support the individual to be as independent as possible.

The review should record progress towards the individual’s goals and make any necessary adjustments to the provider care and support plan.

Those adjustments that require changes that do not fall within agreed parameters will require care management and/ or OT review.

This process does not replace any need for responding to risk of harm through safeguarding reporting procedures.

# APPENDIX 1. Trusted Assessor (Provider Support Plan Adjustments) and Foundation Training Outlines

Outline programme for provider Trusted Assessor (Provider Support Plan Adjustments).

It may be that this training could be delivered alongside LBB staff involved in Trusted Assessor Work to promote a shared understanding of how the roles will work together.

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| **Course Title** | **Domiciliary Care with a Reablement Focus.** |
| **Who will deliver the training?** | LBB SCM/ OT or training provider ideally with provider representatives. |
| **Audience.** | Staff within domiciliary care providers who will (or may) be acting as Trusted Assessors and provider managers. |
| **Format**  | Face to face 2 session training. First session to provide information and develop understanding. Second session to reflect on work in practice. |
| **Content** | Trusted Assessor (Provider Support Plan Adjustments) principles.What the specification expects of providers.Strengths and outcomes-based approaches.Trusted Assessor (Provider Support Plan Adjustments) process and paperwork.Responsibility and accountabilityWhat difference this makes to people who use services and making sure we act in the best interests of people who use services.Who does what in the Trusted Assessor (Provider Support Plan Adjustments) process?Introduction to the principles and processes for community equipment prescription, assistive technology use and Moving and Handling Risk Assessment.Positive Risk Management. |

**Outline of Foundation Training for all provider staff.**

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| **Course Title** | **Domiciliary Care with a Reablement Focus.** |
| **Who will deliver the training?** | LBB OT or CM or training provider or provider representative. |
| **Audience.** | Support workers in domiciliary care providers |
| **Format**  | Face to face 2 session training. First session to provide information and develop understanding. Second session to reflect on work in practice. |
| **Content** | Reablement and rehabilitation principles and examples[[4]](#footnote-4).Strengths and outcomes-based approaches[[5]](#footnote-5).Support planning[[6]](#footnote-6).What difference this makes to people who use services and making sure we act in the best interests of people who use services.Who does what in the Trusted Assessor (Provider Support Plan Adjustments) process?Positive Risk Management. |

# APPENDIX 2 Outline Role Description.

**Role Description:** Trusted Assessor (Provider Support Plan Adjustments)

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| **MAIN PURPOSE:** The underlying principle of the Trusted Assessor (Provider Support Plan Adjustments) approach is to enable safe and timely review of provider support plans and to adjust them within agreed parameters. This approach allows domiciliary care providers to make changes to their support plans with the aim of helping people who use their services to reach their goals. |

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| **SUMMARY OF RESPONSIBILITIES AND DUTIES:** Oversight of individual’s support plans.Liaison with frontline support workers.Liaison with Council staff including care managers, Health and Social Care OTs, community equipment prescribers, Moving and Handline Risk Assessors and Reablement staff.Co-ordinating support plan reviews.Authorising adjustments to support plans.Submitting a record of the adjustment to the Council.Ensuring that all decisions are made with the full participation of the individual using services and/ or those who represent them.Acting to support positive risk taking and managing any risk of harm to individuals.Liaison with Council Care Management staff in the course of the Council reviewing and signing off changes to individual’s support. |

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| **CONTACTS AND RELATIONSHIPS:** Individuals who receive support and their familiesFrontline support workers.Council staffLine Manager in the provider agency |

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| **MANAGEMENT AND LEADERSHIP:** As appropriate within the agency concerned. |

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| **ADHERANCE TO KEY AGENCY POLICIES AND GUIDANCE:**As appropriate within the agency concerned. |

**Person Specification.**

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| **SKILLS & ABILITIES**Good Skills in assessment and person-centred support planning and the ability to work with frontline staff to oversee and amend individual’s support plans within agreed parameters.Able to demonstrate good verbal and written communication skills Ability to prepare accurate reports.Ability to negotiate and work with Local Authority staff, community groups and representatives of health services.Ability to think creatively and imaginatively to anticipate and solve problems within appropriate parameters. |

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| **Essential**  | **Desirable** |
| **KNOWLEDGE AND SKILLS**Understanding of a regulated work environment.Understanding of reablement principles and practice and how to apply this to support and care planning.Knowledge of resources that will support people who use services to maximise their independence such as assistive technology and community equipment.Good working knowledge of CQC regulations, safeguarding processes, how mental capacity impacts on care and support planning and risk assessment. | Understanding of relevant legislation, including Knowledge of relevant legislation e.g. Health & Social Care Act 2008, Care Act 2014An understanding of care act eligibility.A comprehensive knowledge of available local community resources |

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| **Essential**  | **Desirable** |
| **EXPERIENCE**Substantial experience of working in social careor health care delivery at a supervisory level orabove.Substantial experience of working with olderpeoples’ services. | Experience of working as a Trusted Assessor (Provider Support Plan Adjustments). |

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| **Essential**  | **Desirable** |
| **QUALIFICATIONS**Level 2 Diploma in care Working towards level 4 or equivalent. | Level 4 QCF in health and/or social care orequivalent / Level 5 qualification in Leadershipand Management / Nursing Qualification/ otherrelevant experience. |

# APPENDIX 3. Resources relating to strengths and outcomes-based approaches.

Care Act Statutory Guidance www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

Commissioning for Better Outcomes www.adass.org.uk/media/4576/commissioning-for-better-outcomes-a-route-map-301014.pdf

NHS Digital Adult social care outcomes framework https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/adult-social-care-data-hub/adult-social-careoutcomes-framework-ascof

Outcomes from use of assistive technology - www.housinglin.org.uk/\_assets/Resources/Housing/OtherOrganisation/TEC-Stories-brochure.pdf

Professional Standards for Occupational Therapy - www.rcot.co.uk/sites/default/files/Professional%20standards%202018%20update.pdf

Public health outcomes framework: February 2020 data update - www.gov.uk/government/statistics/public-health-outcomes-framework-february-2020-data-update

Royal College of Occupational Therapists: Professional standards for occupational therapy practice - www.rcot.co.uk/practiceresources/rcot-publications/downloads/professional-standards

SCIE: Care Act guidance on Strengths-based approaches - www.scie.org.uk/strengths-based-approaches/guidance

SCIE: The role and principles of reablement - www.scie.org.uk/files/reablement/role-of-reablement.pdf

Skills for Care: National Occupational Standards www.skillsforcare.org.uk/Learning-development/ongoing-learning-and-development/national-occupational-standards/NationalOccupational-Standards.aspx

Social Work England: Professional standards www.socialworkengland.org.uk/standards/professional-standards

Strengths Based Social Work: Practice Framework and Handbook - www.gov.uk/government/publications/strengths-based-social-work-practice-framework-and-handbook

Think Local Act Personal: Making it Real www.thinklocalactpersonal.org.uk

Think Local Act Personal: Making it Real - How to do Personalised Care and Support www.thinklocalactpersonal.org.uk/\_assets/MakingItReal/TLAP-Making-it-Real-report.pdf

University of Birmingham: Commissioning for Better Outcomes - A Route Map - [www.adass.org.uk/media/4576/commissioning-for-better-outcomes-a-route-map-301014.pdf](http://www.adass.org.uk/media/4576/commissioning-for-better-outcomes-a-route-map-301014.pdf)

**APPENDIX H - DEFINITIONS OF CARE FOR THE PRICING TOOL**

**Standard Care for Adults**; is defined as people requiring assisted care to meet their care needs to remain at home.

**Palliative & End of Life Care**: includes a range of care such as: double handed care, continuing chronic care needs where intensive care is required and may at times include CHC & FNC.

**Standard Care for Children and Young People:** Enabling domiciliary care that is part of a wider care plan to enable the young person to maintain and learn personal care to increase independence.

**Discharge to Assess (D2A)**: The aim of the Service is to facilitate a speedy return home from hospital by providing a domiciliary package of care **for up to 6 weeks** to enable a full assessment of needs to take place within the Service Users home environment

Currently the Council has one price for all these provisions, above. This will continue with the flexibility to negotiate care packages that are considered exceptional.

**APPENDIX I: VOLUNTARY SECTOR CARE & ADVOCACY**

* Link to Council’s directory of services <https://www.bromley.gov.uk/info/200050/help_for_adults/1226/adult_care_and_support_services_directory>
* Link to Bromley Well <https://www.bromleywell.org.uk/>
* Link to Community Links <https://www.communitylinksbromley.org.uk/>

**APPENDIX J WAKE UP TO CARE**

See LBB website as at the time of this ITT the webpage is under reconstruction however the following page provides the aims of the scheme:

https://www.bromley.gov.uk/info/100008/jobs\_and\_careers/1330/wake\_up\_2\_care\_recruitment\_initiative

**APPENDIX K COUNCILS COMPLAINTS PROCEDURE**

We aim to provide the best services possible but sometimes things go wrong. If they do, please tell us about it and we will try to put the problem right as quickly as possible. We have a specialist complaints department to help and support you through the process.

With effect from 1 April 2017, the council’s complaints procedure has been streamlined, as set out below.

**Stage 1**

Please report your complaint to us. You can use our online [**complaints form**](https://www.bromley.gov.uk/site/xfp/scripts/xforms_form.aspx?formID=178) to do so and can attach documents or photographs if you wish.

Your complaint will be acknowledged within 3 working days. The manager of the service concerned will investigate the complaint and reply to you within 20 working days. If the issue is more complicated it may take longer, but we will let you know if we need more time to investigate and respond. Timings may be different for complaints about children’s social care.

**Stage 2**

We can usually resolve complaints at Stage 1, but in the unfortunate event that you remain dissatisfied with the Council’s response, you can contact the [**Local Government Ombudsman**](http://www.lgo.org.uk/make-a-complaint). This independent organisation investigates complaints against councils. There is no charge for this service, but the Local Government Ombudsman will usually only consider your complaint after you have given us the opportunity to resolve matters for you.

**Complaints**

**Email:** corporate.complaints@bromley.gov.uk

**Tel:** 020 8461 7644

Civic Centre, Stockwell Close, Bromley, BR1 3UH

**APPENDIX L CARBON NEUTRAL POLICY**

Please see Bromley Council website: <https://www.bromley.gov.uk/press/article/1528/net_zero_carbon_emissions_by_2029>

**APPENDIX M BROMLEY COUNCIL REQUIREMENTS FOR DISCHARGE TO ASSESS (D2A) SERVICES (EXTENSION TO THE STANDARD DOMICILIARY CARE MODEL)**

1. **AIMS OF THE SERVICE**

The aim of the Service is to facilitate a speedy return home from hospital by providing a domiciliary package of care for up to 6 weeks to enable a full assessment of needs to take place within the Service Users home environment.

1. **NEW SERVICE MODEL**

The Service will provide domiciliary care to adults, primarily older people and people with physical disabilities and will:

* + bridge the time between hospital discharge and full recovery of independence;
	+ enable intervention from reablement services and delivery of a reablement service;
	+ facilitate assessment for an ongoing package of care (PoC)

In some circumstances the Service User will be returning home to continue an existing package of care that cannot start immediately.

The Provider will also be acting as ‘Trusted Assessors’ in determining if a Service User could benefit from a reablement package or refer directly for long-term community care support.

1. **SERVICE USER CRITERIA**

The D2A team will only refer Service Users to this Service if they are eligible for a D2A PoC. It will not be the responsibility of the Provider to ascertain whether or not a Service User meets this criterion.

The Provider will be required to advise the D2A Team if there are improvements or deterioration in the Service Users condition, as this may indicate that the Service User no longer requires a D2A PoC.

1. **CAPACITY MANAGEMENT**

The Provider must ensure staffing levels are sufficient to ensure timely acceptance of new Service Users as well as managing their existing D2A caseload. This will include:

* Timely response **(within 1 hour)** to the D2A Team to accept new Service Users on to their D2A caseload;
* Ability to respond to new Service Users being discharge from hospital and carrying out the initial care call (potentially on the same day), meeting the care call time schedule for all Service Users on the D2A caseload.

1. **SERVICE DELIVERY**

Prior to Referral to the Provider:

* Whilst in hospital, Service Users will be identified by hospital staff as being suitable for discharge from hospital via a D2A PoC;
* In consultation with the Service User and family/carers, details of the care package required post discharge will be agreed in line with the Care Act 2014 and the National Health Service and Community Care Act 1990;
* Details will then be recorded within a Discharge Passport/Referral Form.

**The above process will be managed by the Hospital Discharge Team**.

In some instances, two care workers will be required for care calls and this will be documented in the Discharge Passport/Referral Form.

Although the schedule of care calls for each Service User is initially documented in the Discharge Passport/Referral Form, the Provider is expected to respond flexibly to changes in Service User requirements as advised by the Hospital Discharge Team

During the period of each Service User’s PoC, the D2A Team will carry out a full assessment of the Service User’s future care needs. This will also involve the D2A Team liaising with the Provider and Service User to confirm the date when the D2A PoC will be ending.

The maximum length of the D2A domiciliary PoC for an individual Service User is 6 weeks.

1. **REFERRAL PROCESS:**

The Brokerage Team will refer the PoC to each of the patch providers for them to ‘bid’ for the package.. This will include:

* Number of care calls required per day;
* Length of care call;
* Expected date and time the Service User is being discharged from hospital.

The Brokerage Team will send a Discharge Passport/Referral Form by secure email\*. This will be password protected.

The Provider will be required to respond within one hour to the Brokerage Team to bid for the new Service User. The Brokerage team will be available 9:00am to 5.00pm (Mon-Friday) and 10am-2pm Saturday and Sunday

\*The Brokerage Team Secure Email address is: D2A.DomcareDuty@bromley.gov.uk

The Brokerage Team will use a dedicated email address to communicate with Providers about Service Users PoC;

The Brokerage Team will use this email address to formalise changes to any PoC;

It is important that communications about D2A PoC are via this email address as this will be used to validate activity and invoicing.

The timescales for notification by the Brokerage Team and Initial Care Call are to take place are:

* Same day: ￼The Provider must be notified by 3.00pm (1pm Sat/Sun)
* Next Morning: ￼The Provider must be notified by 5.00pm (1pm Sat/Sun)

Otherwise care calls will commence with the timescales agreed between the Brokerage Team and the Provider in line with the Discharge Passport/Referral Form.

1. **FINALISING DISCHARGE ARRANGEMENTS FOR ACCEPTED SERVICE USERS:**

Once a Service User is accepted by the Provider, the Brokerage Team will liaise with the Provider to finalise the discharge date, time and other arrangements. This may include amendments to the original discharge documents due to subsequent changes in the Service User’s requirements which may not have been known as part of the original notification.

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| **APPENDIX N LONDON BOROUGH OF BROMLEY****DOMICILIARY CARE QUALITY ASSESSMENT FORM** |

**Due to the size of the QAF we have added a link for you to click.**

This is added as a separate document

1. https://www.scie.org.uk/reablement/what-is/principles-of-reablement?gclid=EAIaIQobChMI-KypqoK67gIViu3tCh1l-woDEAAYASAAEgJGmvD\_BwE [↑](#footnote-ref-1)
2. https://www.cqc.org.uk/sites/default/files/20180625\_900805\_Guidance\_on\_Trusted\_Assessors\_agreements\_v2.pdf [↑](#footnote-ref-2)
3. https://www.adass.org.uk/developing-trusted-assessment-schemes-essential-elements [↑](#footnote-ref-3)
4. E.g. https://www.scie.org.uk/reablement/what-is/principles-of-reablement [↑](#footnote-ref-4)
5. Making Practice Personal Framework in [↑](#footnote-ref-5)
6. Support planning principles and the format used by the provider that supports trusted assessor work. [↑](#footnote-ref-6)