

# **Appendix 11: Care and Support at Home Quality Monitoring Standards**

## **Introduction**

The Commissioning Partners are committed to the development of a range of care and support services which work in a spirit of consultation, co-operation and partnership with independent Providers to ensure that appropriate services are available to meet the needs and outcomes of adults living within the County of Dorset.

This document sets out Service User focused outcomes in line with The Fundamental Standards and in the context of other legal requirements and key national best practice guidance.

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## **Appendix 1: Care and Support at Home Quality Monitoring Standards**

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## **STANDARD 1: Assessment of Needs**

### **SERVICE USER FOCUSED OUTCOME**

Service Users' health and wellbeing is maintained as Providers will only provide care and support to people whose needs, they are able to meet.

- a) New Service Users receive a full and holistic assessment undertaken by a competent person to establish that the service can meet the needs and wellbeing outcomes relating to the level of care and support they require. Such assessments will involve the prospective Service User, their representatives (if any) and relevant professionals.
- b) Assessments will consider wider care and support needs in addition to those that can be met by the Provider.
- c) The Provider's assessments are based both on the Commissioning Partners' Care and Support Plans and the individual Service User's needs.
- d) In normal circumstances, the assessment of a Service User's needs should be completed prior to the start of their care and support package and a Care and Support Plan should be put in place before the first visit. However, there will be occasions where support is required at short notice, in such circumstances initial visits will be undertaken by staff sufficiently trained and experienced to undertake a contact assessment, a full assessment and Care and Support Plan will then be put in place within two working days.

## **STANDARD 2: Care and Support Planning and Record Keeping**

### **SERVICE USER FOCUSED OUTCOME**

Service Users' ongoing health and social care needs are set out in individual person-centred Care and Support Plans. Service User rights and best interests are safeguarded by the Provider's record keeping policies and procedures.

- a) Following a comprehensive assessment, individual risk assessments are undertaken and person centred Care and Support Plans produced for all relevant current and potential needs (for example, where there is a potential for the Service User's outcomes to change as a result of their condition changing or deteriorating).
- b) Care and Support documentation will follow the process of assessment, planning, implementation, and evaluation and provide clear, concise, and directive information that reflects the care and support required to meet the Service User's individual needs. Care and Support Plans shall include goals for independence and maintaining Service Users' abilities.
- c) There will be clear links between Care and Support Plans, risk assessments and other relevant documentation.
- d) Documentation produced by professionals and relevant to the Service User's care and support needs will be appended to the Service User's Care and Support Plan (for example, guidance from a speech and language therapist or an occupational therapist's moving and handling plan).
- e) All documentation will be concise and accurate.
- f) All records, including care and support records, daily records and charts must be made during the visit, recorded chronologically and be legible to the reader.
- g) Service Users and, where required, their representatives, including advocacy support, must be involved in the production of Care and Support Plans.

- h) Service Users will have access to their records and information held about them by the Provider, in their choice of format.
- i) Copies of Care and Support Plans and other relevant documents will be held both in the Service User's home and in the Provider's office. If there is a reason why care and support documentation cannot be held in the Service User's home (for example, if the Service User refuses to have documentation within their home), this should be clearly recorded and a risk assessment undertaken to ensure that Care and Support Workers have the necessary information available to safely meet the Service User's needs.
- j) All individual records held by the Provider will be stored in a secure place. Records will be up to date, adhere to professional record keeping standards and are constructed, maintained, and used in accordance with the GDPR (General Data Protection Regulation) 2018 and other statutory requirements.
- k) In addition to risks to Service Users, risks to Care and Support Workers will also be considered, these will include (but not be limited to) risks from the working environment, risks from lone working and risks from behaviours that may challenge others.
- l) Where the Provider operates an electronic Care and Support Planning system the following stipulations will apply:
- The Provider will facilitate reasonable access for the Service User (and where appropriate their families and advocates) to their records.
  - There will be no additional cost to the Service User or Carer for routine access to the records (where the documentation and accessibility is equivalent to having paper records in a home file).
  - The Provider will ensure that records are provided in a format that the Service User can readily access.
  - Records requested by Service Users will be provided within five working days.
  - Where the Provider or a third party makes a charge for additional services over and above routine access to records this must be agreed by the Commissioning Parties.
  - Service users will be provided with details of how they can access their records.
  - Copies of records will be provided to the Commissioning Partners in an accessible format on request, for routine requests records will be provided within two working days, for urgent requests records will be provided the same day (or next working day if out of office hours).
  - There will be no charge to the Commissioning Partners or to other health and social care professionals for reasonable access to records.
  - The Provider will ensure that an up to date 'grab sheet' is available in the Service User's home. This will be in hard copy and include, as a minimum, a basic description of the Service User's care and support needs, a list of current medications, details of any significant identified risks and contact details of next of kin and key professionals.
  - The Provider will ensure that Staff have access to full care and support plans during visits in Service Users' homes with limited or no mobile telephone network coverage.
  - The Provider's Business Continuity Plan will consider failure of the electronic care and support planning system in whole and in part.
  - The Provider will supply the Commissioning Parties with a Statement of GDPR Compliance, where third party software systems are used the Provider should obtain this from the supplier.

### **STANDARD 3: Outcomes**

#### **SERVICE USER FOCUSED OUTCOME**

Service Users and their representatives know that the Provider will endeavour to meet and continue to meet their agreed outcomes

- a) Providers will work to meet the specified outcomes of Service Users. These will include both maintenance outcomes (those that prevent a Service User's condition from deteriorating or from coming to harm as a result of their condition) and improvement outcomes (those that improve a Service User's condition).
- b) Where appropriate, the Provider will work to meet Service User outcomes identified in the Commissioning Partners' Care and Support Plans. The Provider will also, as part of their assessment and reviews processes, identify additional outcomes pertinent to the Service User, these will be identified and agreed with individual Service Users and/or their representatives.
- c) It will be possible to measure whether outcomes have been achieved and where possible SMART (Specific, Measurable, Achievable, Relevant and Time-Bound) goals will be set.
- d) Clear plans will be drawn up describing how Service Users will be supported to achieve individual outcomes. The Provider will not necessarily provide all required support but may help to facilitate access to the support required, for example by assisting the Service User to access a service in the wider community.
- e) Service Users' progress towards meeting their outcomes will be reviewed at regular intervals and if necessary, outcomes, goals, and the plans to achieve existing outcomes may be amended and new outcomes identified. Where outcomes have been met this will be documented.

### **STANDARD 4: Review of Needs**

#### **SERVICE USER FOCUSED OUTCOME**

Service Users' health and wellbeing is promoted as Providers and care and support staff will have access to accurate and up to date information to meet their needs and outcomes.

- a) Care and Support Plans and risk assessments will be reviewed regularly, the frequency will be dependent on the individual needs and outcomes of Service Users. Where there is a significant change in a Service User's care and support needs a review will be completed, where visiting care and support staff note changes to a Service User's needs they will be aware that this should be reported to trigger the Provider's review.
- b) As well as identifying changes to a Service User's needs and progress towards meeting outcomes, reviews will record any other progress or improvements made and summarise the care and support provided since the previous review.
- c) The Service User's satisfaction with the care and support provided will be assessed and documented as part of the review.
- d) Service Users and/or their representatives, including advocacy support, must be involved in the review process.
- e) Where reviews identify a significant change in a Service User's needs this will be communicated to the responsible Commissioning Partner.
- f) If invited, the Provider will participate or provide feedback to support the Commissioning Partner's own reviews.

## **STANDARD 5: Medication**

### **SERVICE USER FOCUSED OUTCOME**

Service User are assisted to maintain responsibility for their own medication, or to remain in their own home when unable to administer their own medicines and protected by the Provider's practice and policies and procedures for dealing with medicines

- a) The Provider will have clear policies and procedures which demonstrate recognised best practice. The policies will be evidence based and include the principles of:
  - Sharing information about a Service User's medicines including when they transfer to another care setting.
  - Accurate and up to date record keeping and MAR charts.
  - Identifying, reporting, and reviewing medicines-related problems.
  - Keeping Service Users safe (safeguarding).
  - Safe handling of medicines and controlled drugs.
  - Care and support staff administration of medicines including 'when required' medication.
  - Staff training and competence requirements.
  - Covert administration.
  - Palliative care.
  - Monitored dosage systems and compliance aids.
- b) Care and Support Workers' competency with respect to the administration of medication will be assessed during observational supervision sessions (spot checks).
- c) Where necessary, information and advice will be sought from the pharmacist in relation to administering, monitoring, and reviewing medication.
- d) The Provider will seek timely advice from a medical professional in the event of a medication error, this advice and any subsequent action will be recorded.
- e) Service Users or their representative will be notified of any errors in relation to the administration of their medication.
- f) The Provider will ensure that they have an up to date list of medications for each Service User immediately the service begins. A hard copy will be available in the Service User's home file that will be kept up to date.
- g) Where possible, the Provider will support Service Users to take medicines independently and only administer medication when necessary.
- h) Records should include details of any capacity assessments and best interest decisions made on behalf of any Service User lacking capacity to consent to medication.
- i) Any arrangements for covert medication must be made in accordance with the Mental Capacity Act and clearly documented.
- j) Medication Administration Records (MAR charts) will be audited regularly.
- k) The Provider will proactively identify opportunities where assistive technologies could be used to assist Service Users with their medication requirements, examples include, telecare, memory boards, blister packs and medication safes.
- l) The Provider will only dispense medication from the original packaging.
- m) Where a Service User is prescribed as required (PRN) medication a clear protocol will be in place instructing the Care and Support Worker as and when this medication should be administered, the reason for administration of each dose of PRN medication will also be recorded.
- n) The Provider will inform the Commissioning Partners of any concerns relating to a Service User's medication outcomes or needs.

- o) Where a Service User is unable to collect their own prescriptions and no suitable family member or acquaintance is available, then the Provider may collect prescriptions to ensure the continuity of medication.

## **STANDARD 6: Mental Capacity Act and Deprivation of Liberty Safeguards**

### **SERVICE USER FOCUSED OUTCOME**

Service Users are enabled to make decisions and choices as the Provider will work within the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

- a) The Provider will have a thorough understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Standards. All actions undertaken by the Provider will comply with this legislation.
- b) The Provider will adhere to the five key statutory principles of the Mental Capacity Act 2005:
  - Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
  - A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
  - Just because a Service User makes what might be an unwise decision, they should not be treated as lacking capacity to make that decision.
  - Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
  - Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms
- c) Service Users will be asked to consent to their Care and Support Plans and evidence of their consent will be recorded.
- d) Where a Service User is assessed as not having the capacity to consent to a decision, consent may be given by a person in possession of the proper legal authority, for example a Power of Attorney for Health and Welfare. The Provider must ensure and evidence that a person has the proper authority in place. The Provider will not ask family members or other Carers to give their consent on behalf of the Service User without the proper legal authority.
- e) Where a Service User lacks capacity to make a decision and no other person holds the proper legal authority to consent on their behalf a best interest decision will be made and recorded.
- f) The Provider will be aware of the role of an Independent Mental Capacity Advocate (IMCA) and will seek to involve one where appropriate.
- g) Staff will receive training in The Mental Capacity Act (2005) and the Deprivation of Liberty Standards.
- h) The Provider will have a policy and procedure in place that makes reference to the Mental Capacity Act (2005) and Deprivation of Liberty Standards.

## **STANDARD 7: Accidents, Incidents and Emergency Assistance**

### **SERVICE USER FOCUSED OUTCOME**

The health and wellbeing of Service Users is promoted as lessons learnt from accidents, incidents and near misses are used to reduce the future likelihood of harm.

- a) The Provider's policies will reflect the procedures to be undertaken following an accident or incident and staff are fully aware of the processes. The Provider will have a policy around what actions should be taken following a head injury.
- b) All accidents and incidents will be comprehensively and contemporaneously documented using a system that meets current Data Protection and GDPR guidelines. Where appropriate, additional records, such as falls diaries and behavioural charts will be implemented and maintained to support ongoing monitoring and management.
- c) The Provider will consider whether amendments should be made to Service Users' Care and Support Plans and risk assessments following an accident or an incident, the Service User and/or their representative will be involved in this process.
- d) Details of accidents and incidents will also be recorded within Service Users' daily records together with information to reflect the Service Users' health, safety, and wellbeing.
- e) Injuries, including bruises that are sustained following an accident or incident, shall be fully documented, using body maps where possible. Treatment required following an accident or incident will be clearly documented, including the precise treatment and support and any necessary health or social care professional input for example from, paramedics, district nurses, general practitioners, or community psychiatric nurses.
- f) Accidents and incidents will be regularly audited, and a comprehensive analysis undertaken and documented to identify patterns or trends to investigate and put in place timely measures to minimise or prevent such events reoccurring.
- g) Repeated accidents and incidents, such as falls or aggressive behaviour, will be referred to specialist health and/or social care professionals to seek support and guidance in managing such situations effectively and in the best interests of the Service User.
- h) Providers will ensure that all accidents and incidents are properly recorded and acted upon, to this end, the Provider will be proactive in encouraging staff to report and will take appropriate action to address any identified under-reporting.

## **STANDARD 8: Assistive Technology**

### **SERVICE USER FOCUSED OUTCOME**

Service Users' health, wellbeing, independence, and community access are supported by the Provider's proactive use of assistive technology.

- a) The Provider shall be aware of the types of assistive technology available to support Service Users using their service. Assistive technology can provide a number of benefits including (but not limited to), increasing independence, reducing risk, giving community access and a reduction in paid for services.
- b) The Provider will actively look for opportunities where Service Users may benefit from the use of assisted technology and support Service Users to access the appropriate technology.
- c) Where relevant, Service Users' Care and Support Plans will document their use of assisted technologies, the effectiveness of these will be considered as part of the Service Users' reviews.

## **STANDARD 9: Community Integration**

### **SERVICE USER FOCUSED OUTCOME**

Service Users are socially integrated and not isolated, Service Users spend their time in a way that matches their preferences and meets their needs for social, cultural, religious, and recreational participation.



- a) Identified outcomes for Service Users may include participation in the wider community, the Provider will, where appropriate, support Service Users to participate in employment, educational, social and leisure activities.
- b) In some cases, the Provider may directly provide the support to meet the desired outcome, in other cases the Provider may facilitate access to the support by signposting the Service User to another service or by considering alternatives to formal paid support.

**STANDARD 10: Meeting Service Users' Individual Health and Social Care Needs and Outcomes.**

**SERVICE USER FOCUSED OUTCOME**

Service Users' health and wellbeing is promoted by staff whose practice meets their health and social care needs and outcomes.

- a) The Provider's practice will ensure that Service Users' specific health and social care needs and outcomes are met.
- b) The Provider will be aware of the common conditions and life events that affect Service Users to whom they provide a service. They will ensure staff have received appropriate training, that condition specific information is available, that they follow best practice guidance and that they are aware of local professionals, groups and organisations that can provide additional support.
- c) The Provider will ensure staff receive the appropriate training and/or guidance to meet the needs and outcomes of Service Users with needs and outcomes not covered by the Provider's routine training programme.
- d) There will be a variety of different conditions and life events for which care, and support is provided, these may include (but not be limited to):
  - Nutrition and hydration issues
  - Dysphasia
  - End of Life
  - Behaviours which Challenge Others
  - Sensory Loss
  - Dementia
  - Mental Illness
  - Diabetes
  - Epilepsy
  - Multiple Sclerosis
  - Tissue Viability

**STANDARD 11: Dignity, Independence, Choice, Rights, Fulfilment**

**SERVICE USER FOCUSED OUTCOME**

Respect towards Service Users means they are supported and treated in a way that makes them feel better about themselves.

Service Users are assisted to express informed choice and control over their daily lives and supported in maintaining their personal identity, individuality, and independence.

Service Users' legal rights are respected, protected, and upheld.

- a) The Provider will promote a culture that reflects and demonstrates that Service User privacy, dignity and respect is embedded in the beliefs and values of the service. Service Users will exercise choice and control because of the way they are treated.
- b) Consent will be obtained from Service Users for each action that affects them.
- c) Care and Support Workers will ensure that modesty and privacy are protected at times that are important to Service Users and particularly when supporting them with their continence needs and when bathing and dressing.
- d) Staff will uphold Service Users' right to confidentiality and the protection of personal information relating to communication (verbal and written) and recording. The Provider will adhere to all aspects of GDPR in this respect.
- e) Information or the image of the Service User will not be published on a website or on social media without their explicit written permission. Such consent must be fully informed, and the Provider will take into account that not all Service Users will be familiar with electronic media and so will, where necessary, ensure that the Service User sufficiently understands the consequences of their decision.
- f) Service Users will be supported in a polite and courteous manner and agreement will be reached with them regarding how they would prefer to be addressed.
- g) Care and support will enhance the Service User's choice and control and promote the Service User's self-confidence, self-esteem, sense of belonging and wellbeing and maximises their individual abilities.
- h) Service Users will be treated as individuals, receiving a personalised service encouraging choice and control. They will be listened to and supported to express their needs and wishes.
- i) Staff will not make judgemental statements about the lifestyle or standards of any Service User, either in verbal or written communication.
- j) Service Users shall be encouraged and promoted to make independent choices as individuals in order to uphold their needs, beliefs, culture, preferences, and values.
- k) Service Users will identify the circle of people to be involved in their life (for example, partners, relatives, or friends) and state how they would like them involved. This circle of people will be provided with adequate and timely information so they can be involved in accordance with the Service User's wishes.
- l) Service Users and/or their relatives and friends shall be informed of how to contact external agencies (for example, advocates) who will act in their interests.
- m) Service Users shall be assisted to exercise their right to be a full citizen in the way they choose.
- n) Service Users' rights will be written into the Provider's statement of values, aims and objectives.
- o) Service Users have the right to take risks, risk taking is a normal part of everyday life. Restraint shall not be used unless there is immediate danger to the safety of the person concerned or others. Risks shall be fully assessed and reasons for actions clearly documented.
- p) Service Users will be given the opportunity to request a Care and Support Worker of the same gender when assistance with personal care forms part of the Care and Support Workers duties and reasonable requests should be complied with. Where operational restrictions mean that a Care and Support Worker of the same gender cannot be guaranteed, this should be discussed with the Service User and/or their representative and plan of how support will be delivered agreed, if agreement cannot be reached the Commissioning Partners will be informed.
- q) Dependent on the Service User's identified outcomes the Provider will use staff matching to ensure that support staff have the relevant experience and training to meet these outcomes.
- r) Service Users should be given an appropriate level of input in choosing the Care and Support Workers who will support them, the exact level of input will be dependent on the Service User's overall support needs and identified outcomes. For example, it may be appropriate to arrange for a new live in Care and Support Worker to visit and spend time with the Service User prior to starting their assignment.

- s) Whilst Service Users have a right to make choices and decisions, these are not unfettered. The Provider will not facilitate or enable choices and decisions that are discriminatory and do not respect the diversity or individuality of the Provider's staff or others.

## **STANDARD 12: Communication with Service Users**

### **SERVICE USER FOCUSED OUTCOME**

Communication with Service Users is conducted in a way that maximises their independence, choice, control, inclusion, and enjoyment of rights.

- a) Communication both verbal and written is conducted in a way that is understandable to the Service User and in a way that they can make themselves understood.
- b) The communication needs of each individual Service User are identified and include recognition of visual, hearing, and cognitive difficulties. The Provider will ensure they find sources of information and advice and understand how to deal with any dilemma relating to communication.
- c) Communicating in inclusive ways is dependent upon:
  - An Individualised Care and Support Plan using accurate information on how to get communication right for each Service User. This may be in the form of a communication passport
  - Staff awareness and knowledge of a range of resources that support inclusive communication approaches.
  - Use of relevant external support when required, for example Speech and Language Therapy
  - Meeting the needs and outcomes of Service Users for whom English is not a first language.
- d) The Provider and staff will communicate and provide written information in a format that the Service User and/or their representative can understand.
- e) Referrals are made to advocacy services where this is necessary.
- f) The Provider will ensure that staff have the oral and written English language skills to meet the outcomes of Service Users.

## **STANDARD 13: Dementia/Mental Health**

### **SERVICE USER FOCUSED OUTCOME**

Service Users whose emotional or mental wellbeing are affected by memory or cognitive impairment or similar condition are assured that the care and support they receive promotes their quality of life.

- a) The Provider shall ensure staff are aware of difficulties experienced by Service Users relating to emotional and perceptual changes, depression, anxiety, and disorientation, which may also affect their normal pattern of behaviour and functional ability.
- b) Symptoms of aggression, confusion and disorientation may be the result of dementia or mental disorder or a delirium/toxic confusion state due to infection, dehydration, constipation, or the side effects of medication. Providers shall monitor these aspects to assist with differentiating between symptoms and Service Users shall be supported to refer to a General Practitioner for a specialist mental health assessment, diagnosis, and treatment as necessary.
- c) Care and supporting planning shall take account of the impact of these symptoms and direct staff how to meet Service User outcomes and needs.
- d) Staff shall accept and uphold Service Users sense of reality from moment to moment and respond in a way that is meaningful to them and support them to safely express themselves.

Interrupting a Service User's sense of reality shall only occur if their wellbeing, or the safety of another, is likely to be adversely affected, and the least restrictive interruption shall be used.

- e) The Provider shall ensure staff work as part of any multi-agency team to support the Service User, this will include effective liaison with primary mental health services and the Service User's general practitioner.
- f) Providers shall recognise when their service may need additional support of a more specialised service to meet the needs of Service Users and refer this to the Commissioning Partners for a review to be instigated in a timely manner.
- g) Where a Service User is self-neglecting or regularly refusing support, the Provider will inform the Commissioning Partners.
- h) The Provider will ensure that staff have the necessary training, skills and knowledge of Service User's individual needs and behaviour in order to deliver effective person-centred care and support. Dementia Awareness training, as a minimum, is included as part of staff induction.
- i) For Service Users living with dementia, the Provider will recognise the importance of providing a flexible service, whilst ensuring a consistency in terms of the care and support staff who visit.
- j) The Provider will ensure that life stories are captured for Service User's living with dementia.
- k) The Provider will proactively consider the use of assistive technologies and memory aids, for example, tele-care or memory boards.
- l) For Service Users living with mental health needs the Provider will ensure that identified outcomes and support provided helps Service Users to maintain their accommodation and reduces hospital admissions.
- m) The Service User's Care and Support Plan will include the signs of mental health relapse and give clear guidance as to how the Service User should be supported and to whom any issues should be escalated to.
- n) The Provider will work proactively with a range of specialist mental health services.

#### **STANDARD 14: Service Users' Finances**

##### **SERVICE USER FOCUSED OUTCOME**

The Provider's practice ensures that Service Users receive support to achieve their financial outcomes and are protected from financial abuse.

- a) The Provider will ensure that where money is handled on behalf of Service Users a robust procedure is in place to protect both the Service User and the Care and Support Worker. This will include signing by both Service User and Care and Support Worker for money given and change returned and the keeping of any receipts. Where Service Users are unable to sign this should be considered within a risk assessment.
- b) Where applicable, the Provider will support Service Users to meet their identified financial outcomes, these may include support with budgeting, saving, or making appropriate spending choices, they may also include support to access finance related advice and services. Where Service Users are lacking the mental capacity to make decisions around their finances, best interest decision will be taken where necessary.
- c) The Provider will assist where appropriate with pension and benefit collection, however no more than two weeks' benefit should be collected at one time.
- d) The Provider will not sign cheques on behalf of Service Users nor withdraw cash using the Service Users bank card and PIN number.
- e) The Provider will have policies and procedures in place in respect of the loss or damage to a Service User's property, these will be fair and equitable to the Service User.
- f) The Provider will inform the Commissioning Partners of any additional privately funded support the Service User wishes to purchase over and above their funded allocation.

- g) If the Service User is hospitalised or away, any benefit monies which may have accumulated should be reported to the responsible Commissioning Partner, who will advise accordingly.
- h) The Provider will not become involved in any personal transactions with the Service User, including borrowing or lending of money or goods.
- i) The Provider must ensure that if a Service User has anxieties about apparent financial discrepancies, the Service User or their representative must have easy access to the Provider in order for the query to be investigated and resolved as quickly as possible.

## **STANDARD 15: Complaints and Compliments**

### **SERVICE USER FOCUSED OUTCOME**

Service Users' complaints are listened to and responded to appropriately. Providers learn from complaints and use them as an opportunity to improve their service.

- a) The Provider will ensure that there is a straightforward, transparent, well publicised, and accessible policy and procedure to enable Service Users, their Carers, or advocates to make a complaint and for complaints and concerns to be investigated within agreed timescales.
- b) Service Users will be informed of their rights to be able to raise complaints through other avenues, for funded Service Users this will include the Commissioning Partners' own complaints systems.
- c) The Provider shall demonstrate a positive and open attitude to complaints and facilitate verbal or written complaints to be made on or behalf of the Service User and shall not seek to obstruct, delay or interfere with the person's rights in this regard.
- d) The Provider will ensure that all complaints are thoroughly investigated by a competent person and records are kept to demonstrate how they have been managed, a timescale for responses, how Service Users have been informed, the outcome and the overall final level of satisfaction of the complainant.
- e) When resolving complaints, the Provider will not only consider actions relating to the individual Service User but will also consider whether improvements or changes could be made to the wider service.
- f) The Provider will receive details of issues and concerns that fall below the level of what could be considered a formal complaint, the Provider will have methods to document these issues outside of the formal complaints system and record any follow up action taken.
- g) The Provider records compliments and uses them to learn from positive experiences.

## **STANDARD 16: Information in Service Users' Homes**

### **SERVICE USER FOCUSED OUTCOME**

Service Users are provided with relevant information in a format that is accessible to them.

- a) The Provider will supply Service Users with information relevant to the service provided, this as a minimum will include:
  - Information on how to make a complaint.
  - Information on how to raise a safeguarding concern.
  - Contact details for the Provider.
- b) The Provider will ensure that the Service User's care and support records are readily accessible to the Service User. Where a Provider operates an electronic Care and Support Planning system, they will need to ensure that access is facilitated.
- c) Information provided will be in a format that is accessible to the Service User.

- d) The Provider will inform Service Users in advance of their schedule of visit, to include the time of the visit and the Care and Support Worker(s) attending. Normally this will be achieved by the sending of a written timesheet, however other methods are acceptable providing they are accessible to Service Users.

#### **STANDARD 17: Communication with Professionals**

##### **SERVICE USER FOCUSED OUTCOME**

The Provider works proactively and collaboratively with other organisations and professionals to ensure Service Users outcomes and needs are met.

- a) The Provider will inform the responsible Commissioning Partner of any significant changes in the Service User's needs or outcomes.
- b) The Provider will work collaboratively with other organisations and professionals to achieve Service Users' outcomes.
- c) The Provider will be proactive in identifying opportunities where a Service User would benefit from engagement with health professionals and other services, where appropriate the Provider will support Service Users to access such services.

#### **STANDARD 18: Telephone Communication**

##### **SERVICE USER FOCUSED OUTCOME**

Service Users can easily contact the Provider for information or to raise an issue. Service Users are informed of any changes to their support in a timely manner.

- a) Service Users have access to the Provider via the telephone, as a minimum this will be available during the normal working hours of the service (7am to 10pm extended to 11pm for night support services). The person answering the telephone should be able to answer the telephone and deal with general queries, they will not therefore be expected to be on call whilst also being expected to provide support to Service Users.
- b) Service Users will be informed of any changes to their timesheets.
- c) Where a Care and Support Worker is known to be running more than thirty minutes late the Provider will advise the Service User of this.

#### **STANDARD 19: Service Continuity**

##### **SERVICE USER FOCUSED OUTCOME**

Service Users will always continue to receive a safe level of service.

- a) The Provider will have a business continuity plan in place, this will be tested and reviewed at least annually.
- b) The business continuity plan should plan for a variety of events, including those for which a date is known in advance, for example a large scale community event, those which are likely to occur during a given period, for example road closures due to winter weather and those which cannot be foreseen in advance, for example the closure of the Provider's offices due to fire or flood.
- c) The business continuity plan will consider the failure of electronic systems used, including both temporary and irretrievable failure and the loss of data.

- d) The business continuity plan will include measures to identify the vulnerability of Service Users to ensure that no critical care and support is missed. This will include working with families, Carers, other agencies, and professionals to ensure at least the minimum level of support is provided.
- e) The business continuity plan should also consider the possibility of the Provider ceasing trading, both due to a planned closure or a closure at very short notice. To this end the Provider will maintain an up to date list of all Service Users receiving support, including those self-funding or funded by other authorities, this list will, as a minimum, contain the name, address and telephone number of the Service User and their next of kin, Carer and /or advocate, details of their General Practitioner, their funding authority (if applicable) and highlight any Service Users who would be at immediate risk if their support was not delivered.
- f) The Provider shall co-operate with the Commissioning Partners at the times that contingency plans require a joint response to interruptions, this will include reasonable requests for information.
- g) The Provider will plan for known reoccurring events, for example school holidays, to ensure that Service Users do not receive a disrupted service.

## **STANDARD 20: Timing and Consistency of Service**

### **SERVICE USER FOCUSED OUTCOME**

Service Users will receive a consistent service at a time that meets their identified outcomes.

- a) Times of support will be agreed between the Service User, the Provider and where appropriate the Commissioning Partners.
- b) For many Service Users a degree of reasonable flexibility in times of care and support is acceptable, providing the Service Users' outcomes are being met. Where Service Users require time critical support, for example to meet their medication needs or to attend an appointment or activity, then the Provider will ensure that support is provided at the specified time.
- c) Care and Support Workers will be provided with sufficient travelling time between visits, travelling time will allow time for parking and be adjusted to consider seasonal or temporary changes, for example summer traffic or major road works.
- d) Daily records will show the actual arrival and departure time of Care and Support Workers.
- e) The Provider will have the ability to increase or decrease the hours of support a Service User receives within a given week to meet the Service User's identified outcomes, the total amount of support provided will however remain within the Service User's monthly allocation. Such variations within the level of support will be in order to meet a Service User outcome, for example to allow extra support to allow the Service User to attend a social function, and not to address operational pressures on the Provider, for example reducing support hours as a result of staff shortages during school holidays.
- f) Whilst some degree of flexibility is both acceptable and desirable in order to meet Service Users' outcomes, most Service Users will benefit from a degree of consistency with respect to both the timing of care and support and the number of different Care and Support Workers who visit and for some Service Users, for example many Service Users who live with dementia, a high degree of consistency will be necessary to meet their outcomes. Therefore, the level of consistency provided will be tailored to the individual Service User.

## **STANDARD 21: Safeguarding**

### **SERVICE USER FOCUSED OUTCOME**

Service Users are protected from abuse.

- a) The Provider will have robust procedures in place for safeguarding vulnerable adults and responding to suspicion or evidence (including “whistle-blowing”) of abuse to ensure the safety and protection of Service Users.
- b) The Provider’s procedures must reflect Dorset’s Multi Agency Safeguarding Adults Policy and Procedures. The Provider will ensure a copy of Dorset’s Multi-Agency Policy and Procedures is available and accessible to all staff.
- c) The Provider’s employees must follow the procedure set out in the Dorset policy immediately if they suspect that a Service User or otherwise vulnerable person has suffered any form of abuse or is otherwise thought to be at risk.
- d) Service Users will receive information in an appropriate format describing what they should do to report any suspected abuse.
- e) The safety and wellbeing of the Service User is paramount and in the event that the alleged abuser is a member of staff or a volunteer, proportionate action must be taken immediately to ensure the protection of the vulnerable adult(s) from the possibility of further abuse while an investigation is carried out.
- f) The Provider will co-operate fully in any safeguarding enquiries and comply with any agreed requirements of a safeguarding/risk management plan which may include a referral by the Provider to the Disclosure and Barring Service. Failure to comply with procedures or outcomes/actions from safeguarding enquiries may be regarded as a fundamental breach of the Support at Home Service Contract.
- g) Training in safeguarding, including whistleblowing, is included in the induction and ongoing training for all staff and volunteers employed by the Provider and this is updated every three years.
- h) The Registered Manager will attend specific manager’s safeguarding training.
- i) The Provider ensures whistle-blowers are protected from adverse treatment.
- j) The Provider will be aware of the Dorset Interagency Community Risk Management Protocol and will use this appropriately to highlight and address concerns.

## **STANDARD 22: Infection Control**

### **SERVICE USER FOCUSED OUTCOME**

Service Users’ health and welfare is protected where standard precautions and routine safe practice ensure the infection risks to Service Users, staff and other household members are minimised.

- a) The Provider shall ensure that procedures and practices protect Service Users from infection.
- b) Staff will receive infection control training.
- c) Staff members’ infection control practice will be assessed during observational supervision (spot checks).
- d) Support staff will understand the importance of good hand hygiene and will use antiseptic gels as an addition to and not a replacement of hand washing.
- e) Protective equipment is available and worn for all aspects of care and support which involve contact with blood or body fluids.



- f) All Service Users' equipment is cleaned and maintained appropriately to prevent cross infection.
- g) The Provider will ensure that the Commissioning Partners are informed of any significant deterioration in a Service User's living environment and the associated infection control risks.

### **STANDARD 23: Safe Working Practices**

#### **SERVICE USER FOCUSED OUTCOME**

The safety of the Service User is protected and promoted by the Provider's practices.

- a) The Provider will ensure that staff are both trained and equipped to support Service Users in a safe manner.
- b) Staff will receive moving and handling training; this training will include a practical as well as a theoretical element and be regularly refreshed.
- c) Staff competency and practice will be assessed during observational supervision (spot checks).
- d) Staff should be competent to use equipment provided to support Service Users, this will include training on individual pieces of equipment if necessary.
- e) The Commissioning Partners' operational therapists may provide training on the use of individual Service Users' equipment, the Provider will ensure that Care and Support Workers are made available to attend this training and will ensure that training is then cascaded to other staff as necessary.
- f) Where an occupational therapist has provided a moving and handling plan this will be available for care and support staff to access.
- g) Where an occupational therapist has advised that a task should be completed with a given number of staff, then the Provider will comply with this stipulation. This not only includes situations where more than one member of staff is required, but also situations where an occupational therapist has determined that one member of staff can safely provide support.
- h) The Provider will inform the Commissioning Partners of concerns with the health and safety of individual Service Users.
- i) The Provider will undertake appropriate risk assessments in relation to fire safety and evacuation, for sleep-in care and support both the safety of the Service User and the Care and Support Worker must be considered. To this end the Provider will, where necessary, seek guidance from Dorset and Wiltshire Fire and Rescue Service.

### **STANDARD 24: Security**

#### **SERVICE USER FOCUSED OUTCOME**

Service Users are protected and are safe and secure in their homes.

- a) The Provider will keep Service Users' keys and entry codes secure. These will not be marked with names and addresses outside of the Provider's office.
- b) The Provider will ensure that Service Users' homes are properly secured on leaving.
- c) Where a Service User chooses to leave their home unsecured then this should be considered within a risk management framework. Service Users with the mental capacity to do so can choose to make unwise decisions and these should be respected, however the Service User's choice must be clearly documented within their Care and Support Plan. For Service Users who have been assessed as lacking capacity, a best interest decision should be undertaken.

- d) Staff will be issued with photographic identity cards; these will be returned to the Provider when the employee leaves the organisation.

## **STANDARD 25: Conduct of Care and Support Workers**

### **SERVICE USER FOCUSED OUTCOME**

Service Users can expect that Care and Support will be provided by staff who understand the principles of good conduct and adhere to these.

- a) The Provider will have a written code of conduct for staff, which will be shared with staff during their induction.
- b) The Commissioning Partners operate a no gifts policy. It is recognised that the Provider will operate their own gifts policy, if gifts are allowed then the policy must ensure that all gifts are declared, that the value of gifts should be negligible, that individual Service Users should not frequently be giving gifts and that cash gifts would not normally be acceptable.
- c) As a minimum, the code of conduct will detail the following:
  - ☐ Professional boundaries.
  - ☐ Gifts.
  - ☐ Smoking.
  - ☐ Intoxicating substances.
  - ☐ Bringing people or pets into a Service User's home.
  - ☐ Confidentiality.
  - ☐ Social media.
  - ☐ Wills and bequests.
  - ☐ Borrowing and lending money.
  - ☐ Buying and selling of goods or services.
- d) The Provider will comply with any reasonable request to remove an individual Care and Support Worker from the Support at Home Service.

## **STANDARD 26: Diversity and Equal Opportunities**

### **SERVICE USER FOCUSED OUTCOME**

Service Users are supported by a Provider that is committed to promoting a culture which respects diversity, equality and individuality and their experiences reflect this commitment.

- a) The Provider will understand and be committed to promoting a culture for both Service Users and staff that reflects and demonstrates that diversity, equality, and individuality is embedded in the beliefs and values of the service adhering to the Equality Act 2010.
- b) The Provider will support Service Users to meet outcomes related to their religious, cultural and lifestyle needs. However, whilst the Provider will support the Service User to achieve reasonable outcomes, they will not be expected to facilitate outcomes that would be considered inappropriate, such as supporting criminal activity or discrimination against others.
- c) The Provider will respect the diversity and individuality of Service Users and staff members.
- d) The Provider will understand that respecting Service User diversity, choice and individuality does not include enabling behaviours or views that do not respect the diversity of staff or others.
- e) Diversity, individuality, and equality are covered in staff induction and training.
- f) Migrant workers employed by the Provider will, where appropriate, be supported to access further education to improve English language skills.

- g) The Provider's recruitment and staff management processes will embrace the principles of diversity and equality.

## **STANDARD 27: Recruitment and Disclosure and Barring Service**

### **SERVICE USER FOCUSED OUTCOME**

Staff employed are fit and competent to meet the outcomes and needs of Service Users.

- a) The Provider shall operate a robust staff recruitment and selection procedure which takes all reasonable steps to ensure that individuals employed, including volunteers, those appointed through an agency and workers from other countries, are in all respects appropriate persons to work with vulnerable people. A written policy and procedure shall be in place to reflect this practice.
- b) These steps must include a Disclosure & Barring Service (DBS) check at the appropriate level in accordance with the Safeguarding Vulnerable Groups Act 2006 requirements. Where there is a clear operational need, staff may commence duties prior to DBS clearance upon obtaining a DBS Adult First check, staff must work under supervision until all clearances have been obtained.
- c) Providers employing staff who are required to obtain permission to work in the United Kingdom either directly or through an agency must ensure that they meet the legal entry requirements, that they have the necessary skills, expertise and qualifications required and all necessary and relevant documentation is available prior to employment, copies of which must be evidenced in their personal file for inspection and monitoring purposes.
- d) When recruiting staff, the Provider shall ensure that at least two appropriate written references are taken up, one of which must be from the individual's last employer. Where the reference provided only gives dates of employment the Provider must be able to demonstrate that all attempts have been undertaken to ensure a safe and robust system of recruitment.
- e) Staff shall go through a full recruitment process including completion of an application form which provides a complete employment history, and addresses any gaps in employment history. A record of interview will be kept. This will include a summary detailing the applicant's fitness to undertake the role.
- f) Staff must have the personal qualities and caring attitudes which enable them to relate well to Service Users and Carers, and possess the required skills in spoken English, written literacy, and numeracy to do the tasks required when supporting Service Users.
- g) Providers shall maintain a personnel file for every employee which evidences all required documentation for inspection and monitoring purposes.
- h) Where information gained as part of the recruitment process reveals any questions regarding the suitability of the applicant, for example a disclosed prior criminal conviction or poor reference, but the Provider feels on balance that the applicant can be offered a post, then a thorough risk assessment should be undertaken and recorded along with any actions taken to mitigate the risk.
- i) Providers employing agency staff will obtain a staff profile prior to commencement of the employment. This will include photographic ID, relevant skills and competencies for the position, qualifications, confirmation of a Disclosure and Barring Service check and an up to date training record.

## **STANDARD 28: Training**

### **SERVICE USER FOCUSED OUTCOME**

Service Users are cared for and supported by competent staff who are properly inducted, trained and utilise best practice and this will be reflected in the standard of care and support that they receive.

- a) The Provider will ensure that there is a staff induction, training, and development programme which meets or exceeds Skills for Care standards. Staff who are new to Care and Support achieve the Care Certificate within twelve weeks of commencing employment. As part of their induction, staff should have the opportunity to shadow an experienced member of staff, records will be maintained to evidence this period of shadowing.
- b) Experienced staff will be able to demonstrate that they also meet the standards of the Care Certificate, the Provider will keep documentary evidence of competency assessments. Prior learning undertaken by individuals before employment with the Provider shall not give automatic exemption to the training requirements. The Provider must demonstrate that the individual is fit to provide the services for which they are employed.
- c) Whilst staff may take up to twelve weeks to complete their induction, during this time they will not be asked to undertake any procedure prior to being trained and/or assessed as competent to do so.
- d) Support staff will receive all training considered mandatory under the Support at Home Service or by legislation. Training will be sufficiently comprehensive; evidence based and reflect up to date guidance. Training should be delivered by a competent trainer who holds any necessary qualifications to deliver the training in question.
- e) In addition to mandatory training, care and support staff will receive training to meet the individual outcomes and needs of Service Users.
- f) The Provider will undertake a training needs analysis for all staff that is reviewed regularly and updated and formulated into individual staff members' personal development plans.
- g) Casual staff/trainees and student workers will be subject to the same requirements as all permanent staff.

## **STANDARD 29: Supervision and Appraisal**

### **SERVICE USER FOCUSED OUTCOME**

Service Users will be supported by staff who are suitably and regularly supervised, monitored, and appraised and this will be reflected in the standard of care and support that they receive.

- a) All staff will receive formal supervision on a minimum three-monthly basis. Supervision is systematically used to guide the work of staff, to reflect upon their work practices and as a means of support for staff to facilitate good practice. Casual staff, trainees and student workers will receive proportionate support and review.
- b) Formal supervision will be in addition to ongoing day to day support and advice, a record of the supervision session and any actions arising will be maintained. The Provider may use a variety of different methods or forums to deliver supervision including team meetings, however staff must receive both one to one sessions with their line manager and observational sessions where their competency is assessed as part of their regular supervision programme.
- c) Robust appraisal systems will be in place and all staff will receive an annual appraisal/personal development review.

- d) A written policy and procedure will be in place to support the Provider's practice regarding supervision and appraisal. Supervision and appraisal sessions will be documented.
- e) Poor performance or staff conduct is identified, challenged, and managed, a record is kept demonstrating that appropriate support has been provided and action taken where necessary.

### **STANDARD 30: Management, Audit and Quality Assurance**

#### **SERVICE USER FOCUSED OUTCOME**

The service is led so that Service User outcomes are achieved and sustained for the whole time Service Users use the service.

Continuous quality improvement systems are in place to ensure the service is run in the best interests of Service Users, demonstrates the quality and consistency of information, measures Service User outcomes and ensures that risks to Service Users are minimised.

- a) The philosophy within the service is person-centred and promotes the benefits of open, trusting, and collaborative relationships between staff, Service Users, and their social and professional networks. The Provider promotes a clear understanding of the organisation's purpose, values and vision and encourages learning and innovation by rewarding reflection, creativity, flexibility, and positive risk management.
- b) The Provider shall ensure that the service is managed in such a way that it complies with all requirements under the Health and Social Care Act 2008 and the Care Quality Commission (Registration) Regulations 2010, or any amending legislation.
- c) A Manager shall be appointed who is registered with the Care Quality Commission or has applied to be registered with the Commission within three months of commencement of employment within the service.
- d) The Manager clearly demonstrates up to date knowledge and skills, leadership, competence, and experience to effectively manage the service on a daily basis and shows a sound understanding of the requirements set out in the Support at Home Service Contract. The Manager will hold a relevant qualification or, within three months of appointment, be working towards QCF Level 5 Diploma in Leadership in Health and Social Care to be completed within two years.
- e) The Provider will undertake regular quality audits, the subjects of these audits and the frequency will depend on the nature of the services being provided, typically these could include:
  - Care and support records and record keeping.
  - Medicines management.
  - Training.
  - Staff records.
  - Nutritional screening and support.
  - Tissue viability and wound care.
  - Accidents and incidents.
  - Complaints and compliments.
  - Time keeping and consistency of support delivery.
- f) Audits will identify trends and training issues and action plans will report action taken and outcomes achieved.
- g) Service User and staff surveys will be conducted on at least an annual basis. The format of Service User surveys will be mindful of Service User's communication needs and abilities. The results of these surveys will be recorded and analysed, any action taken to address an

individual's issues or concerns will be documented and an action plan drawn up to address any service wide trends.