

## **SECTION 4 - SERVICE SPECIFICATION FOR CARE AND SUPPORT SERVICES FOR ADULTS WITH LEARNING DISABILITIES**

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SECTION ONE: INTRODUCTION																										
1.	<b>Introduction</b>																									
1.1	<p>The London Borough of Enfield is establishing a Dynamic Purchasing System (DPS) for the provision of care and support services for adults with learning disabilities aged 18 and over. Enfield Clinical Commission Group is not currently a part of the DPS, however they may want to enter into a joint DPS agreement with the LA in the future.</p> <p>Throughout this process we carried out an extensive consultation with the service users and their parents/carers and their views have been fully integrated in our Service Specification*</p>																									
1.2	<p>This service specification sets out the overarching outcomes expected of providers delivering these services. Providers are further required to deliver services in accordance with the requirements contained within:</p> <ul style="list-style-type: none"> <li>• lot-specific service specifications</li> <li>• individual placement agreements</li> <li>• individual care and support plans</li> </ul> <p>This document also sets out the process for agreeing support arrangements via this DPS.</p>																									
1.3	This document should be read in conjunction with the Invitation to Tender documentation and the Terms & Conditions.																									
2.	<b>Vision</b>																									
2.1	<p>Our vision is for people with learning disabilities to lead safe, happy and meaningful lives.</p> <p>We want people to live as independently as possible in high quality accommodation in their local communities. For those people who need specialist accommodation with support, we will ensure they are supported by a skilled provider, in a least restrictive way, as locally as possible.</p>																									
3.	<b>Purpose and local context</b>																									
3.1	We want to establish relationships with the providers that are skilled to deliver high quality, personalised supported living services for adults with learning disabilities. Implementing a new way of procuring these services is an opportunity to increase the range of services available for people to choose from and to drive innovation, value for money and an increased focus on outcomes.																									
3.2	<p><b>Enfield’s anticipated Learning Disabilities Care and Support future need:</b></p> <table border="1"> <thead> <tr> <th></th> <th>13/14</th> <th>14/15</th> <th>15/16</th> <th>16/17</th> <th>17/18 (proj)</th> <th>18/19 (proj)</th> <th>19/20 (proj)</th> <th>20/21 (proj)</th> </tr> </thead> <tbody> <tr> <td><b>Individual clients</b></td> <td>764</td> <td>790</td> <td>823</td> <td>853</td> <td>878</td> <td>907</td> <td>936</td> <td>964</td> </tr> </tbody> </table>									13/14	14/15	15/16	16/17	17/18 (proj)	18/19 (proj)	19/20 (proj)	20/21 (proj)	<b>Individual clients</b>	764	790	823	853	878	907	936	964
	13/14	14/15	15/16	16/17	17/18 (proj)	18/19 (proj)	19/20 (proj)	20/21 (proj)																		
<b>Individual clients</b>	764	790	823	853	878	907	936	964																		

<b>Transition</b>						
	<b>Year 13 (leaving 2018 – 119)</b>	<b>Year 12 (leaving 2019 - 114)</b>	<b>Year 11 (leaving 2020 - 114)</b>	<b>Year 10 (leaving 2021 – 113)</b>	<b>Year 9 (leaving 2022 – 120)</b>	<b>Total in the next 5 years</b>
Durants School	17	15	6	15	18	<b>71</b>
Waverley School	7	2	7	5	6	<b>27</b>
West Lea School	10	16	19	7	11	<b>63</b>
Oaktree School	6	10	5	11	12	<b>44</b>
<b>Total</b>	<b>40</b>	<b>43</b>	<b>37</b>	<b>38</b>	<b>47</b>	<b><u>205</u></b>

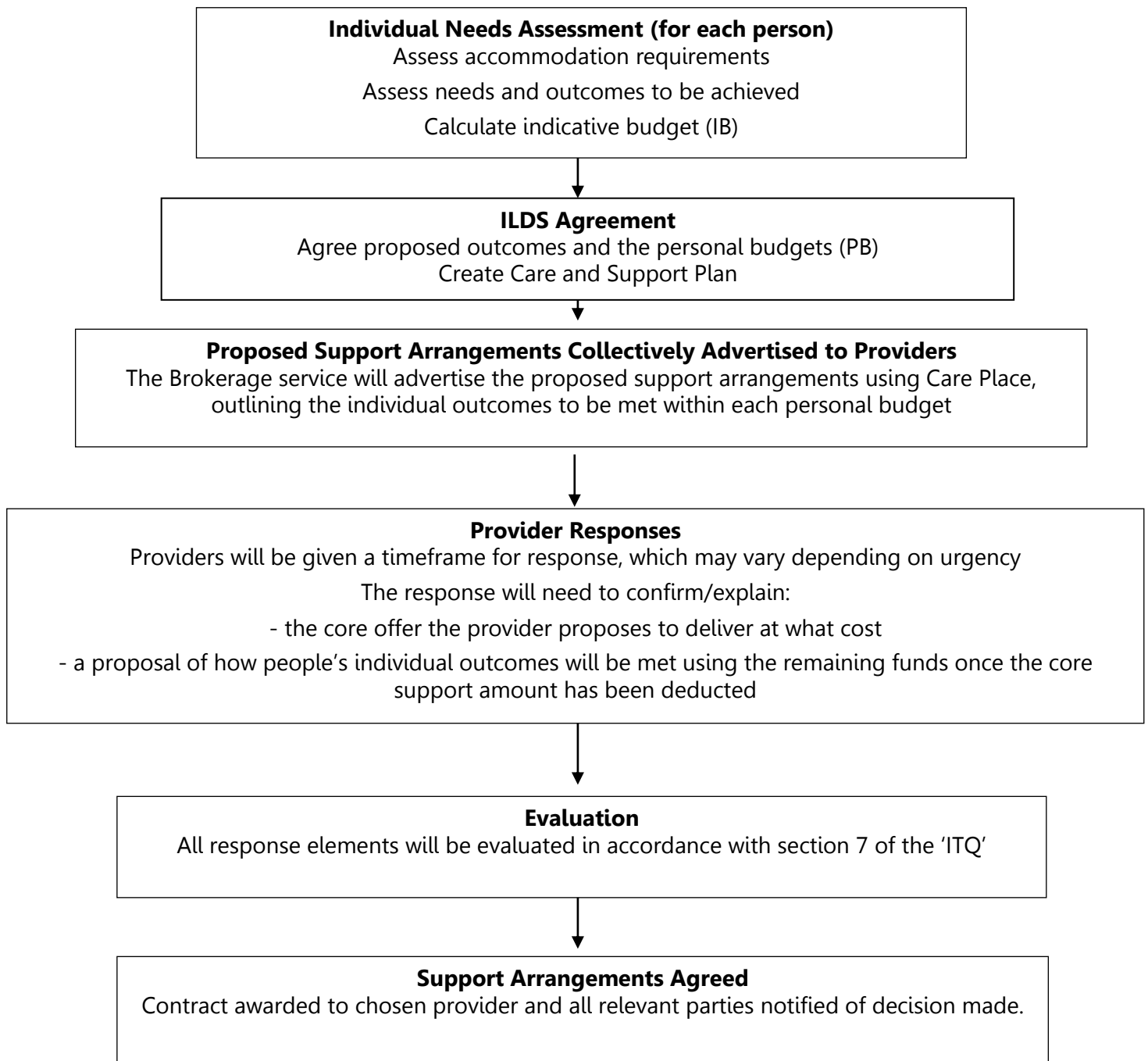
3.4	<p>Enfield has been and continues to be committed to increasing the use of personal budgets through a Direct Payment to achieve the outcomes identified in an individual's care and support plan. This will facilitate supporting individuals in more flexible ways in order to achieve the outcomes they want to achieve. It will also enable greater choice and control. Enfield will support the providers to work more flexibly to deliver outcomes within an agreed budget. Providers will be encouraged to offer innovative ways of supporting people to achieve the outcomes individuals want, whilst ensuring that services are safe, affordable and effective.</p> <p>The DPS will offer services a) DP or B) Commissioned by the council.</p>
4	<b>What is important to the Service Users and their parents/carers</b>
4.1	We carried out an extensive consultation with the service users and their parents/carers to ensure their views are fully integrated in our Service Specification. Providers are expected to provide services in line with the Service User feedback provided in Appendix 1.
5.	<b>Policy Context</b>
5.1	<p>The service will provide care and support that is in line with, but not limited to, the values, standards and objectives set out in the following key Legislation and Strategy documents.</p> <ul style="list-style-type: none"> <li>• Care Act 2014</li> <li>• Equalities Act 2010</li> <li>• Valuing People Now (DH 2009)</li> <li>• Mental Capacity Act 2005</li> <li>• Children and Families Act 2014</li> <li>• Building the Right Support 2015</li> <li>• Building the Right Home 2016</li> <li>• REACH Supported Living Standards 2014</li> <li>• The London Multi-Agency Safeguarding Policy and Procedures</li> <li>• Enfield's Joint Commissioning Strategy (in development)</li> <li>• Enfield's Housing Strategy</li> <li>• Enfield's Market Position Statement</li> <li>• Enfield's Charging Policy</li> <li>• Other recognised, evidence-based requirements for high quality services</li> <li>• All relevant legal, regulatory and local authority requirements</li> </ul>

6.	<b>Values</b>
6.1	Support providers are expected to uphold core values around personalisation, independence, choice, control, social inclusion, prevention and early intervention.
6.2	Service users and family carers will be actively engaged as equal and valued partners in service development and delivery and will be treated with dignity and respect.
6.3	Providers will run well-managed, reliable and cost effective services that deliver value for money for the individuals choosing them and the local authority.
6.4	Providers will work collaboratively with the Local Authority to ensure services continue to meet the needs of the borough's changing population.
7.	<b>Eligibility</b>
7.1	Services users eligible for accommodation and support via the DPS will: <ul style="list-style-type: none"> <li>• have a learning disability</li> <li>• be eligible and open to Enfield's Integrated Learning Disabilities Service (ILDS)</li> <li>• be aged 18 years or over, or in transition to adult services</li> </ul>
7.2	Service users may have a range of additional needs including: <ul style="list-style-type: none"> <li>• mental health</li> <li>• substance misuse</li> <li>• behaviour that challenges</li> <li>• autism</li> <li>• physical disabilities</li> <li>• sensory impairments</li> <li>• complex health conditions</li> <li>• a risk of offending and/or contact with the Criminal Justice System</li> <li>• communication difficulties</li> <li>• risk-taking behaviours that put the person or others at risk of harm</li> <li>• victims of abuse or a history of experiencing abuse or traumatic life events</li> </ul>
8.	<b>Lots</b>
8.1	Support arrangements will be advertised to providers on the framework in the following lots (lot profiles – appendix 2): <ul style="list-style-type: none"> <li><b>1a</b> Care and support for people moderate to severe learning disabilities <u>without accommodation</u></li> <li><b>1b</b> Care and support for people moderate to severe learning disabilities <u>with accommodation</u> sourced by the provider</li> <li><b>2a</b> Care and Support for people with profound and multiple learning disabilities and/or complex health needs <u>without accommodation</u></li> <li><b>2b</b> Care and support for people with profound and multiple learning disabilities and/or complex health needs <u>with accommodation</u> sourced by the provider</li> <li><b>3a</b> Care and support for people with learning disabilities <b>and</b> behaviour that challenges and/or mental health issues <u>without accommodation</u></li> <li><b>3b</b> Care and support for people with learning disabilities <b>and</b> behaviour that challenges and/or mental health issues <u>with accommodation</u> sourced by the provider</li> </ul>

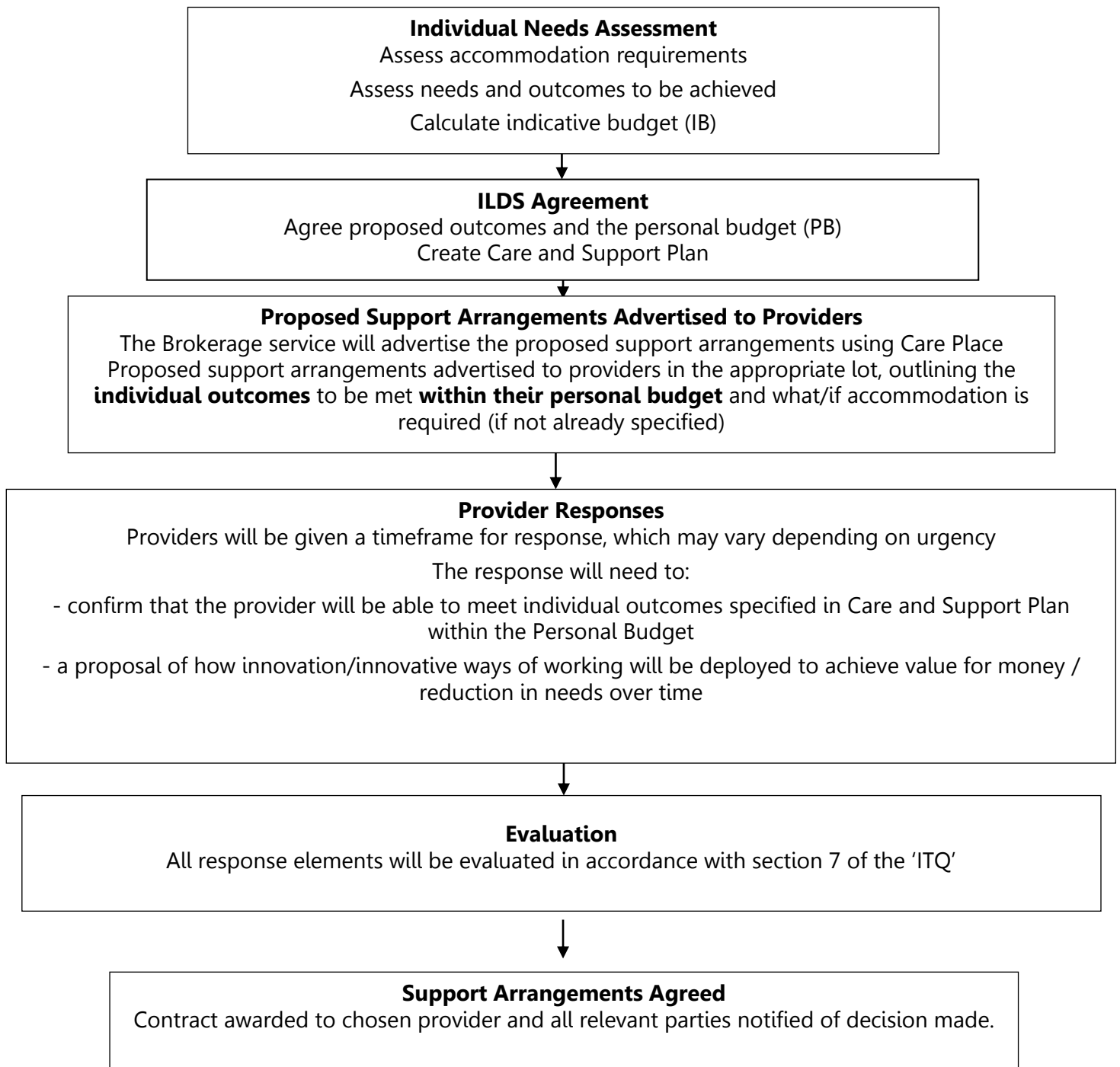
8.2	<p>Call-off adverts will clearly state which of the following scenarios apply:</p> <ul style="list-style-type: none"> <li>• Care and support services to be delivered in pre-existing tenancies/accommodation</li> <li>• Care and support services to be delivered in accommodation sourced by the provider.</li> </ul>
8.3	<p>Support arrangements may be advertised for individuals or for groups of individuals, depending on the circumstances and most effective model of support to deliver the best possible outcomes. Where appropriate, providers will be invited to work with service users to pool personal budgets to share care and support.</p>
8.4	<p><b>Shared Support</b></p> <p>This element will focus on keeping safe and well in the home. This may include:</p> <ul style="list-style-type: none"> <li>- Night support</li> <li>- Personal care</li> <li>- Medication prompting / administration</li> <li>- Tenancy management</li> <li>- Ensuring a safe and viable service</li> </ul> <p>Support providers should ensure that any core support does not compromise individual choice and control.</p> <p>Bids proposing high core support offers will need to demonstrate how services will remain personalised and flexible.</p>
8.5	<p><b>Individual Support</b></p> <p>This element will focus on accessing the community, meaningful activities (including accessing work and learning), developing independent living skills, etc.</p> <p>The support providers are encouraged to pool individual support element of an individual's personal budget into an Individual Service Fund (ISF), where possible.</p> <p>The lead provider will hold the ISF and they will co-produce a care and support plan with the individual and their circle of support, as appropriate, to determine how this money will be spent to achieve the agreed outcomes.</p> <p>This final care and support plan will be agreed with the Social Worker/ Care Coordinator prior to the service commencing.</p> <p>Support providers are actively encouraged to be as creative as possible when support planning to make the most effective use of the resources available in the delivery of positive outcomes.</p>
8.6	<p><b>Change in Need – Shared Support</b></p> <p>Over time, the lead provider or members of the care management / contracts teams may consider that the collective needs of the individuals living at the scheme have either decreased or increased. The Care Management team will undertake a review and develop the new Care and Support Plan.</p> <p>Enfield Service Development and Procurement teams will facilitate a discussion about any changes to the core offer, in consultation with service users, their circle of support and Social Worker/Care Coordinator.</p>
8.7	<p><b>Change in Need – Individual Support</b></p> <p>Over time, the lead provider or a member of the care management team may consider that the individual support needs of someone living at a scheme have either decreased or</p>

	increased. In this instance, following a reassessment of need, the individual's PB may be reduced or increased accordingly. A revised care and support plan will be required.
9.	<b>Finances – Personal Budgets and Assessed Contributions</b>
9.1	<p>After the individual is assessed, the Personal Budget will be agreed required to meet individual needs. There will be 2 options available for individual to use their Personal Budget -</p> <ol style="list-style-type: none"> <li>1) Our preferred option is for people to take this amount of money as a direct payment either directly or through a managed account (E-Card) and manage the budget themselves in accordance with Enfield Council's policies and procedures relating to direct payments. All providers/personal assistants employed by the individual will need to adhere to section 16 of this specification regarding partnership working expectations.</li> <li>2) Authorise the care manager to manage the budget on their behalf through a directly commissioned service. If this option is chosen, the individual and their circle of support will remain involved in the co-production of the care and support plan.</li> </ol>
9.2	<p><b>Assessed contributions</b></p> <p>All individuals will have a financial assessment to calculate their contribution towards the cost of their care. Direct Payments are paid net of the Service Users contribution and Service Users are expected to pay their contribution. If a Service User or their agent is purchasing care and support through the DP, it is provider's responsibility to ensure they have advised the service user or their agent of their payment terms.</p>
SECTION TWO: PROCESS	
10.	<b>Process for making support arrangements</b>
10.1	Please see 10.3 and 10.4 for a process overview

10.3 Overview of the process for making support arrangements where a group of individuals are proposed to live together:



## 10.4 Overview of the process for making support arrangements for an individual





**SECTION THREE: SERVICE DELIVERY**

11.	<b>Overarching Outcomes</b>
11.1	<p>The expected outcomes for service users receiving care and support in Enfield are:</p> <ul style="list-style-type: none"> <li>• To be supported to make own decisions regarding their tenancy</li> <li>• to be supported to maintain their tenancy</li> <li>• to be able to live safely within their community, in the least restrictive setting</li> <li>• to work towards maximising independence and reducing support needs</li> <li>• to be equipped with the skills, knowledge and resilience to maintain the best physical, mental and emotional health</li> <li>• to be engaged in meaningful activities</li> <li>• to have an income and manage their finances appropriately</li> <li>• to have increased choice and control</li> <li>• to be supported in a person-centred way and to be treated with dignity and respect</li> <li>• to be an active citizen and able to contribute to the local community</li> <li>• to form and maintain safe and positive relationships with others</li> </ul>
11.2	<p>Providers will ensure the service users they work with are supported to maintain their tenancy. This includes ensuring service users:</p> <ul style="list-style-type: none"> <li>• Have an easy-read tenancy agreement which they have signed or has been agreed via best interests if they lack capacity</li> <li>• have easy-read information explaining the roles and responsibilities with regards to housing management and maintenance</li> <li>• are able to report maintenance issues which are responded to promptly and effectively*</li> <li>• are actively engaged in maintenance and housing management decisions and activities*</li> <li>• are supported to maintain positive relationships with neighbours</li> </ul> <p>*recognising that individuals may need support to do this / this may be done on an individual's behalf</p>
11.4	<p>Support services will ensure the service users they work with:</p> <ul style="list-style-type: none"> <li>• have maximum choice and control in all elements of their life and support (positive risk management approach)</li> <li>• are supported to maintain and develop skills to manage their home as independently as possible</li> <li>• are supported to work towards a reduction in support needs, where appropriate, and to move on to more independent living best suited to their needs</li> <li>• have access to appropriate meaningful day activities, including exploring education, employment and training where appropriate</li> <li>• are encouraged to be active participants in their local community and to engage in social and leisure activities</li> <li>• have access to independent advocacy if and when required</li> <li>• are supported to develop and maintain positive relationships with their network of friends, family and partners</li> <li>• are supported in a way that is sensitive and responsive to their cultural, ethnic and religious needs</li> <li>• are supported positively with regards any behaviour that may be challenging to services</li> <li>• have support to manage their finances, including their personal budget where applicable</li> </ul>

	<ul style="list-style-type: none"> <li>are communicated with in a way that is accessible to them, taking a Total Communication Approach where appropriate (this may include visual aids, use of Makaton (or equivalent), etc.)</li> </ul>
11.5	<p>Providers are expected to adhere to the five good communication standards for all individuals they work with:</p> <p>1: There is a detailed description of how best to communicate with individuals.</p> <p>2: Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.</p> <p>3: Staff value and use competently the best approaches to communication with each individual they support.</p> <p>4: Services create opportunities, relationships and environments that make individuals want to communicate.</p> <p>5: Individuals are supported to understand and express their needs in relation to their health and wellbeing.</p> <p><a href="https://www.rcslt.org/news/docs/good_comm_standards">https://www.rcslt.org/news/docs/good_comm_standards</a></p>
12.	<b>Person-centred Approach and Co-production</b>
12.1	<p>Services will champion ‘nothing about me without me’.</p> <p>Service users and their circle of support will be actively engaged as equal and valued partners in decisions about how their support is delivered. Where a service user is deemed to lack capacity to be involved in these decisions, a mental capacity assessment must be carried out to evidence this and best interests’ decisions should be made and recorded, in accordance with the Mental Capacity Act 2005, where appropriate.</p>
12.2	<p>Support providers are required to ensure all service users have individual assessments and plans that are comprehensive, live documents. These documents will include (as appropriate / required):</p> <ul style="list-style-type: none"> <li>person-centred plan which is outcomes-focussed and has been co-produced with the service user and their circle of support, as appropriate</li> <li>risk assessments</li> <li>care and support plan</li> <li>Positive Behaviour Support plan (PBS)</li> <li>communication passport</li> <li>health passport</li> <li>health action plan, maintained in partnership with primary care</li> </ul> <p>These documents will be reviewed at regular intervals by support staff who know the individual well, in partnership with the service user, their care manager and their circle of support, as appropriate. Assessing progress against outcomes will be essential to these review processes.</p>
12.3	<p>Support providers will have a formal mechanism for capturing service user experience and satisfaction on at least an annual basis.</p>
12.4	<p>Support providers will have Easy Read compliments and complaints procedures which are clearly communicated to tenants at the start of their placement.</p> <p>Service users will be offered independent advocacy to raise complaints if required.</p>

13.	<b>Family Carers</b>
13.1	<p>Definition: A Family Carer is someone of any age whose life is restricted because they are looking after another person who cannot manage without help because of illness, age related frailty, mental health need, substance misuse or disability. Family Carers are not paid and do not always live with the person they care for. They may be caring for a friend, neighbour or relative.</p>
13.2	<p>In line with the wishes of the service user, support providers will regularly engage with family carers via meetings, reviews, surveys, and regular verbal and written communications in order to:</p> <ul style="list-style-type: none"> <li>• learn from family carers as experts by experience</li> <li>• review progress against outcomes</li> <li>• share information and learning</li> <li>• capture carer feedback / experience / satisfaction</li> <li>• identify and discuss any risks, issues or complaints</li> </ul>
13.3	<p>Support providers will share their compliments and complaints procedures with family carers at the start of a placement.</p>
14.	<b>Health</b>
14.1	<p>Support providers are expected to sign up to the VODG Health Charter and STOMP Pledge:</p> <ul style="list-style-type: none"> <li>• The VODG Health Charter is designed to support social care providers to improve the health and well-being of people with learning disabilities. Signing up to the charter involves carrying out a self-assessment and putting together an action plan for the organisation. <a href="https://www.vodg.org.uk/publications/health-charter-for-social-care-providers/">https://www.vodg.org.uk/publications/health-charter-for-social-care-providers/</a></li> <li>• The VODG STOMP Pledge is a campaign to stop the over-use of psychotropic medication to manage people’s behaviour. Signing up to the pledge involves carrying out a self-assessment and putting together an action plan for the organisation. <a href="https://www.vodg.org.uk/campaigns/stompcampaign/">https://www.vodg.org.uk/campaigns/stompcampaign/</a></li> </ul> <p>Active participation in the Health Charter and STOMP schemes will be monitored through contract monitoring reviews.</p>
14.2	<p>Support providers will support service users to:</p> <ul style="list-style-type: none"> <li>• understand what it means to be healthy and well and support people to make informed choices about their health and wellbeing</li> <li>• register with a local GP within 7 days of commencing service</li> <li>• access universal health services to promote physical, mental and emotional wellbeing and support access to specialist health services as appropriate; including specialist support available through the Enfield’s Integrated Learning Disability Service</li> <li>• take any prescribed medication as directed by medical professionals</li> <li>• attend their annual health checks with their GP and ensure people have up to date health action plans that are followed through and actioned – any issues achieving this must be flagged during contract monitoring</li> <li>• ensure people have up-to-date health action plans and hospital passports</li> <li>• arrange, attend and follow-up all medical appointments for any arising health needs and long term conditions</li> <li>• visit a dentist annually</li> </ul>

	<ul style="list-style-type: none"> <li>• have an eye test at least every 2 years</li> <li>• access independent health advocacy when appropriate</li> </ul>
14.3	Providers will be compliant with NICE medicines management and PHE infection control guidelines. If providing regulated services, providers will comply with CQC standards regarding the management of medicines.
14.5	<p><b>Management of Dysphagia</b></p> <p>When a service is supporting an individual with dysphagia:</p> <ul style="list-style-type: none"> <li>• all staff are required to have completed a dysphagia awareness training course which has a focus on Learning Disabilities and includes practical experience of food/fluid modification and supporting others to eat and drink.</li> <li>• staff will consistently comply with the eating and drinking instructions (Eating and Drinking Risk Management Plans) provided by the Speech and Language Therapist</li> </ul> <p>All services will:</p> <ul style="list-style-type: none"> <li>• promptly refer an individual to Speech &amp; Language Therapy for an assessment where that individual shows signs of a swallowing difficulty.</li> </ul>
15.	<b>Staffing and Training</b>
15.1	<p>Providers must ensure that service users are supported by experienced staff members who can meet the needs set out in care and support plans.</p> <p>Enfield expects providers to ensure that:</p> <ul style="list-style-type: none"> <li>• all staff members are recruited through a comprehensive value-based recruitment process that involves service users and/or family carers</li> <li>• all relevant staff have enhanced DBS checks prior to commencing employment</li> <li>• all staff undergo a full set of recruitment checks prior to commencing employment</li> <li>• staff have the appropriate skills, competencies and values to provide the service</li> <li>• staff are committed to the delivery of a high quality personalised service</li> <li>• staff are properly supported and supervised, with written records to evidence this</li> <li>• staff are able to recognise the limitations of the service and know when and how to access additional and/or specialist support promptly when needed</li> <li>• staff are able to access support at short notice to manage stressful situations and in the event of whistleblowing</li> <li>• cover arrangements are in place to ensure that the service continues in the case of absence of support staff either due to annual or other leave, sickness, planned or unplanned employment termination or suspension</li> </ul>
15.2	<p>Ongoing training and development is essential to maintaining a highly skilled and motivated staff team.</p> <p>Enfield expects providers to ensure that:</p> <ul style="list-style-type: none"> <li>• a training and development programme is in place and regularly reviewed in line with changing service user needs</li> <li>• staff have access to bespoke training relating to specific service users e.g. health conditions, PBS, sensory impairments</li> <li>• as well as all appropriate professional training, all staff (including management) are trained in health and safety, safeguarding, equal opportunities and diversity</li> <li>• there is a comprehensive induction programme for all new staff members which involves shadowing existing staff prior to any 1:1 work</li> <li>• individual training records are held for each staff member</li> </ul>
15.3	Providers shall consider using a Workforce Capacity Planning Tool to establish whether they have the right mix and numbers of staff with the right skills and knowledge to effectively

	<p>provide the service.  Further information at: <a href="http://www.skillsforcare.org.uk/Document-library/Standards/Care-Act/workforce-capacity-planning-model-september-2014.pdf">http://www.skillsforcare.org.uk/Document-library/Standards/Care-Act/workforce-capacity-planning-model-september-2014.pdf</a></p>
15.4	<p>Engagement of properly trained, supervised and DBS checked volunteers is supported to enhance services but volunteers should not replace contracted/core activity personnel. Each volunteer must have a clear, written description of their role and an identified member of staff who would be available to offer support on a regular basis to enable them to make a valued contribution.</p>
15.5	<p>Providers will ensure that the use of agency/temporary staff is kept to an absolute minimum. Any agency/temporary staff must have the relevant experience, receive suitable induction and have an identified staff member who would be available to offer support if required.</p>
15.6	<p>Any complaints regarding the improper conduct of staff or volunteers must be reported immediately to the local authority and a safeguarding alert raised where appropriate.</p>
16.	<p><b>Partnership Working</b></p>
16.1	<p>Enfield expects accommodation and support providers to develop positive and effective partnerships in order to deliver high quality supported living services for adults with learning disabilities.</p> <p>The terms of this partnership working must be clearly set out in a comprehensive management agreement or service level agreement prior to commencement of the service.</p> <p>This agreement must outline roles and responsibilities with regards to housing management and maintenance and for ensuring tenants have appropriate, accessible information about this arrangement.</p>
16.2	<p>Support providers will work in partnership with the Integrated Learning Disabilities Service and other statutory and voluntary agencies, as appropriate, to ensure that individuals receive a joined-up service that is tailored to their assessed needs. Providers are encouraged to attend relevant forums.</p>
17.	<p><b>Provider Organisation Requirements</b></p>
17.1	<p>All providers will be expected to have a robust organisational structure that provides:</p> <ul style="list-style-type: none"> <li>• management support for services and staff</li> <li>• robust quality, and health and safety monitoring</li> <li>• has access to appropriate support functions to support smooth running of services, to include - HR, finance / accounts, training / learning and development and policy development</li> </ul>
17.2	<p>Providers will ensure the organisation has internal expertise at management level around:</p> <ul style="list-style-type: none"> <li>• supporting people with learning disabilities and associated conditions</li> <li>• management of risks; including those associated with behaviour that challenges</li> <li>• safeguarding</li> <li>• mental capacity</li> <li>• DoLS</li> </ul>
17.3	<p>Provider organisations will be able to demonstrate that the voice of service users and family carers is heard throughout the organisation.</p>

17.4	Providers will have, and regularly review, robust business continuity plans that are specific to local service delivery.
17.5	<p>Providers are expected to adhere to guidance published by the Care Quality Commission (CQC) and notify the Local Authority if there is a change in CQC rating <a href="http://www.cqc.org.uk/sites/default/files/20170612_registering_the_right_support_final.pdf">http://www.cqc.org.uk/sites/default/files/20170612_registering_the_right_support_final.pdf</a></p> <p>This includes registering services with the CQC, if required, and sending inspection reports to the Commissioning/Procurement team when received.</p> <p>CQC guidance states: "most supported living and extra care housing services that provide personal care will need to be registered with CQC to carry on the regulated activity 'Personal Care'".</p>
18.	<b>Incident Reporting and Safeguarding Vulnerable Adults, Children and Young People</b>
18.1	<p>Any of the following would be classed as an incident:</p> <ul style="list-style-type: none"> <li>• 999 called or hospital admission</li> <li>• Use of physical intervention</li> <li>• Challenging or violent behaviour that is out of character</li> <li>• Crime</li> <li>• Potential safeguarding concern</li> <li>• Missing person</li> <li>• Medication error or alert</li> <li>• Serious harm, serious injury, death</li> <li>• Business continuity issue</li> <li>• Repeated pattern of smaller incidents</li> <li>• Modern day slavery and trafficking</li> </ul> <p>Incidents must be reported in writing to ILDS Duty within 24 hours. In exceptional circumstances, if this timescale is not achievable, the incident should be reported by phone within 24 hours with a written report to follow.</p>
18.2	<p>The Enfield Safeguarding Adults Board (ESAB) has agreed to adopt London Multi-Agency Safeguarding Policy and Procedures :</p> <p><a href="http://londonadass.org.uk/wp-content/uploads/2015/02/Pan-London-Updated-August-2016.pdf">http://londonadass.org.uk/wp-content/uploads/2015/02/Pan-London-Updated-August-2016.pdf</a></p> <p>All providers are required to follow these policies and procedures if abuse is identified or if the provider has grounds to believe that abuse may have taken place.</p>
18.3	<p>Providers are required to have their own internal policies and procedures to protect adults, children and young people from abuse and to ensure that safeguarding is personalised and involves service users as much as possible through supported decision making.</p> <p>To ensure compliance with the Care Act 2014, providers must have separate Adults and Children's policies that make reference to the Care Act, modern slavery, domestic violence and self-neglect.</p>
18.4	The provider shall immediately bring to the attention of the local authority any allegation, complaint or suspicion of abuse by or regarding any service user, whether the suspected abuser is employed by the provider, by the council or by any other person.

19.	<b>Whistleblowing</b>
19.1	Providers must ensure that staff feel supported to raise any concerns they have without fear of victimisation, subsequent discrimination, disadvantage or dismissal.
19.2	Providers are required to have a comprehensive whistleblowing policy that draws on best practice guidance and regulations, including PIDA 1998. This policy must: <ul style="list-style-type: none"> <li>• enable staff to feel confident about raising serious concerns at the earliest opportunity</li> <li>• provide avenues for raising concerns and receiving feedback on action taken</li> <li>• provide assurance that staff will receive a response to their concerns and clarify the procedure for pursuing this if they are unsatisfied</li> <li>• reassure staff that they will be protected from possible reprisals or victimisation following any disclosure made in good faith</li> </ul>
<b>SECTION FOUR: MONITORING AND QUALITY ASSURANCE</b>	
20.	<b>Performance and Contract Monitoring and Quality Assurance</b>
20.1	Providers will be expected to cooperate with LBE quality assurance processes and monitoring. We would like to develop KPIs with providers to measure the quality of care and increase in independence and reductions in care, which will include: <ul style="list-style-type: none"> <li>• % of people supported to access Annual Health Check with their GP</li> <li>• % of families and services who are satisfied with the service (annual satisfaction survey)</li> <li>• % of people fully involved in service delivery decisions</li> </ul>
20.2	The Contracts Officer will visit schemes on an annual basis to complete a file audit and a health & safety audit. Providers will be required to ensure all documents are available for this visit.
20.3	The Local Authority uses an innovative scheme that employs people with lived experiences as Quality Checkers and providers are expected to enable access, when requested.
20.4	Enfield Council reserves the right to visit schemes unannounced if they have valid cause for concern.

## **Appendices:**

### **Appendix 1**

What is important to the Service Users and their parents/carers

*Attached separately*



## Appendix 2

### Lot profiles

<b><u>LOTS</u></b>	<b>Description of needs</b>	<b>Care &amp; Support</b>	<b>Care &amp; Support with Accommodation</b>
<b>Moderate to severe learning disabilities</b>	<p>An individual who has a learning disability</p> <ul style="list-style-type: none"> <li>- but may be able to travel on his/her own or with minimum support;</li> <li>- access college, volunteering or meaningful work activities</li> <li>- may need support with daily tasks such as budgeting, cleaning, cooking</li> <li>- may have difficulties with social skills</li> </ul>	<b>Lot 1a</b>	<b>Lot 1b</b>
<b>Profound and multiple learning disabilities and / or complex health needs</b>	<p>An individual who has a learning disability and</p> <ul style="list-style-type: none"> <li>- difficulties communicating</li> <li>- additional sensory needs (visual / hearing impairment)</li> <li>- physical disabilities, such as cerebral palsy</li> <li>- complex health needs</li> <li>- mental health difficulties</li> <li>- difficulties with movement and posture control</li> <li>- some people may have epilepsy</li> <li>- may require oxygen, tube feeding or suctioning equipment</li> </ul> <p>(Mencap PMLD factsheet about profound and multiple learning disabilities)</p>	<b>Lot 2a</b>	<b>Lot 2b</b>
<b>Learning disabilities and behaviour that challenges and / or mental health issues</b>	<p>An individual who has a learning disability and</p> <ul style="list-style-type: none"> <li>- behaviour that challenges which may include self-injury, hurting others, destructive behaviour, etc.</li> <li>- have autism</li> <li>- have little or no speech</li> <li>- need support with daily activities such as dressing, washing eating and keeping safe</li> </ul> <p>(The Challenging Behaviour Foundation)</p>	<b>Lot 3a</b>	<b>Lot 3b</b>



## **Appendix 3**

### **Policies and Procedures**

Business Continuity Plan \*

Code of Conduct / Professional Boundaries \*

Compliments, comments and complaints \*

Data Protection \*

Recording and Reporting Incidents \*

Developing and Monitoring Individual Support / Person Centred Plans (incl. Risk Assessments, user involvement) \*

Event of death \*

End of life care / living wills - desirable

Equal opportunities, diversity and inclusion \*

Financial procedures including protection of money and property \*

Gifts and gratuities \*

Health and Safety \*

Infection control \*

Management of challenging behaviour \*

Medication Management \*

Mental Capacity Act and Deprivation of Liberty Safeguards \*

Missing Persons / Residents \*

Moving and Handling \*

Safeguarding Adults \*

Safeguarding Children awareness

Whistleblowing \*

Quality Assurance \*

Staff \*

Recruitment and Selection, induction, supervision, development, training, disciplinary and grievance \*

\* Essential requirement