

**EU OPEN PROCEDURE**

**Appendix B**

**Service Specification**

**Opportunity Title**

**OPPORTUNITY TO JOIN THE EXISTING FRAMEWORK OF APPROVED SUPPLIERS FOR THE PROVISION OF DOMICILIARY CARE SERVICES**

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**PEOPLE’S SERVICES DEPARTMENT**

**SERVICE SPECIFICATION**

**SCHEDULE B**

29th July 2016

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**SERVICE SPECIFICATION**

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**SCHEDULE B – SERVICE SPECIFICATION – DOMICILIARY CARE**

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| **1. INTRODUCTION** |
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This specification sets out the minimum requirements for how Provider’s will deliver Domiciliary Care Services in St. Helens.

Domiciliary Care Services provide personal care for people living in their own homes and are independently regulated by the Care Quality Commission under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009

The CQC **‘Essential Standards of Quality and Safety’** underpin the requirements and quality standards within this specification. The Department will require Services to be provided in accordance with the registration requirements of the CQC, complying with all relevant regulations and best practice guidelines.

The aim of this specification is to ensure the provision of high quality, safe services that meet the quality outcomes and safeguarding responsibilities of St. Helens Council People’s Services Department.

**1.1 SCOPE OF THIS SPECIFICATION – SERVICE USER GROUPS**

Service Users shall be ordinarily resident and living in the borough of St. Helens, and be assessed as having eligible social care needs to be met by social care services following the completion of a Community Care Assessment.

The service will be available to:

* Older People (aged 65+) including those with dementia and on occasion those at end of life.
* Adults aged 18 – 64 with physical or sensory impairments, including people living with long-term conditions.
* Adults aged 18+ with a learning disability and/or a mental health need.

**1.2 OUR VISION FOR ADULT SOCIAL CARE IN ST. HELENS**

Our Vision is to make a positive difference to the lives of adults with social care needs, and their carers, in St. Helens. We will do this by achieving the 7 key outcome targets from The White Paper “Our health, our care, our say”.

* **Improved health and emotional well-being** - Services will promote and facilitate the health and emotional well-being of Service Users who will use the service.
* **Increased choice and control** - Service Users, and their carers, have access to choice and control of high quality services, which are responsive to individual needs and preferences.
* **Improved quality of life** - Services will promote independence, and support Service Users to live a fulfilled life making the most of their capacity and potential.
* **Freedom from discrimination and harassment** - Service Users have equal access to services without hindrance from discrimination or prejudice; they feel safe and are safeguarded from harm.
* **Maintaining personal dignity and respect** - Services will be sensitive to personal beliefs and preferences and will respect confidentiality, and will promote and preserve dignity at all times.
* **Making a positive contribution** - Service Users who use the Services are encouraged to participate fully in their community and feel that their contribution is valued equally with other people.
* **Economic well-being** - Service Users are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this.

We believe that we should deliver services where personalisation and person centred planning are robustly embedded, and which put the Service User and their relative carers at the heart of all decision making.

The vision for Adult Social Care will be delivered through effective joint working across partner agencies in the statutory, independent, the voluntary and community sectors.

**1.3 GUIDING PRINCIPLES**

St. Helens People’s Services Department aims to promote improved health, independence and inclusion through the provision of social care services, which enables vulnerable adults to achieve as full and independent a life as possible.

There are a number of guiding principles that will underpin this specification:

* Quality will relate to Service User experience and outcomes
* Quality will be measured against performance standards within this contract (See Section 6)
* The Council and the Provider will communicate with each other clearly and regularly (openly and honestly)
* The Council and the Provider will work in partnership with internal and external partners to assure quality.
* The quality monitoring process will be robust and transparent.
* Service Users will be accorded the dignity and respect, which underlies their value as a unique individual within the context of their past and present life and throughout care provision.

**1.4 AIMS OF THE SERVICE**

The primary aims of the service will be: -

* To support individuals’ in their own community for as long as they are able and wish to do so.
* To enable and assist Service Users to live as independently as possible within the community, in their own homes, for as long as possible by adopting an ‘enabling approach’ rather than a ‘ doing for’ approach.
* To ensure the safety and welfare of service users is promoted at all times.
* To promote and support the use of Aids for Daily Living including the use of Assistive Technology to support independence and reduce risks to safety.
* To encourage Service Users to express their own personal aspirations on the way they wish to live their lives and on the outcomes they would like to achieve.
* To enable individuals to exercise choice and control within available resources.
* To be sensitive to and supportive to the needs of relative carers – working in partnership with them to promote the well-being of the Service user.
* To give Service Users the opportunity, assistance and confidence to maintain or regain daily living skills they may have lost as a consequence of for example, poor health, disability or sensory impairment.
* To provide a flexible and responsive service which is sensitive to Service User preferences and is delivered in a way that is appropriate to the Service users ethnic and cultural background.
* To deliver care at all times with compassion and empathy in a respectful and non-judgemental way.
* To avoid/prevent an inappropriate admission to an acute setting
* To facilitate timely discharge from an acute setting.
* To prevent/delay admission to a long term 24 hour residential or nursing care setting

**1.5 SERVICE AVAILABILITY**

The Service will be available 365 days per year, 7 days per week operating from 7am – 11pm.

The Provider must ensure they have sufficient staff and management resources available to deliver and manage the service during the above hours.

**1.6 SERVICE CAPACITY**

The Provider shall **at all times** during the Contract period employ sufficient persons with adequate knowledge, competent abilities, skills and qualifications for the performance of the Services.

The Provider will conduct regular reviews of staffing levels and resources; especially at times of increased demand to include winter pressures, bank holidays and school holidays. The Provider must be able to demonstrate flexibility in deploying staff across geographical areas and hours of service at all times.

The Provider will ensure there is continuity in relation to the care worker who provides the service to each Service User. (See section 4.10 – Continuity of Care).

The Provider Manager / Supervisory staff responsible for planning work rotas must ensure that sufficient time is allowed for care workers to travel in-between calls. Managerial/ supervisory capacity must be such as to enable the overall management of the service logistically.

The Provider must be able to evidence that sufficient travelling time has been given to care workers to enable them to carry out their duties without causing delay to the next Service User call or subsequent calls.

At no time should Service Users feel that their care and support is being “rushed” or that their needs are not being properly attended to.

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| **2. THE SERVICE** |

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| **OUTCOME 1**  **Improved health and emotional well being:**  Services will promote and facilitate the health and emotional well-being of Service Users who use the service. |

**2.1 ASSESSMENT AND CARE PLANNING PROCESS**

The Assessment and Care Planning process will be ‘person centred’ and ‘outcome focused’ so that Service Users will have a strong sense of being 'in control' of their own services. This means that the Care Manager will specify the outcomes to be met by the Provider, and identify a budget of weekly hours within which to meet the outcomes.

It is for the Provider, in consultation with the Service User, to determine the activities to meet the outcomes. This differs from the traditional domiciliary care commissioning process, which has focused on prescribed activities with timings attached.

The traditional’ task and time’ model may still apply in critical situations for a time limited period in order to avoid admission into an acute setting, or to facilitate a safe and timely hospital discharge. This will be agreed on an individual case basis.

**2.2 THE REABLEMENT SERVICE**

The Reablement Service is a multi-disciplinary intermediate care service. They work with Service Users to attain goals following a decline in their functioning. This is usually with regard to mobility, activities of daily living and social activities. In this scenario the outcome focussed approach may not always be conducive until the Service User has fulfilled their potential as determined by the multi disciplinary reablement team. The Provider must work in partnership with the Reablement Service during a handover period and move towards the goals set by the Reablement service.

In some cases it will be necessary for the Reablement service to formally ‘handover’ a care package to the Provider. It will be expected that the Provider works in partnership with Reablement and attends calls alongside them to observe their activities so that the Provider can replicate activities in accordance with the individual's care plan.

**2.3 BROKERING**

Following the completion of a Community Care Assessment, Service Users care plans that indicate domiciliary care is the appropriate service to meet the Service User’s identified outcomes are forwarded to the People’s Services Brokering team.

Each new package will be subject to a mini competition.

A mini competition will only be open to providers on the Approved List and with a contract awarded by this process.

At the start of the contract the mini competition process will take place via email with scoring being calculated via a spreadsheet however there may be potential during the life of the contract to move to a bespoke IT solution, the Council will consult with providers around any changes in relation to this.

An email will be sent to all Tier 1 providers, this will contain outline information around the required package and the general location of the service user.

Providers will have a stated period to respond to the email, the time may vary depending upon the urgency of starting the package.

Once the period has expired then responses received will be evaluated by using a spreadsheet.

Evaluation –

Responses to a mini competition will be evaluated to establish the Most Economically Advantageous Tender (MEAT), as follows.

Evaluation will be on basis of price, quality and times offered.

At the start of the contract the following factors and weightings will be used however these may be varied or amended during the life of the contract.

50% will be on price based on the rate submitted as part of this tender exercise with the lowest price awarded the maximum score with other scores being pro rata.

15% will be on quality and will be based on the Quality Monitoring judgement level, however should we not have carried out a monitoring visit CQC’s Quality Rating will be used.

10% will be on the start date with the maximum score being awarded to those that can start the package on the requested date with lesser scores being awarded depending upon how long after the requested date a package could start.

25% will be on the actual call times offered based on by how much the times offered vary from the times requested. Higher scores will be awarded the closer the match to the requested times.

The highest scoring bid will be awarded the package.

If no Tier 1 bidders respond then the same exercise would take place for Tier 2 providers.

Unsuccessful bidders will be informed as soon as the result of a mini competition is known.

In the event that no Tier 1 or Tier 2 bidders come forward then brokers will contact providers from the Approved List by telephone. This will be carried out based on the providers who have indicated that they operate in the required ward with providers being contacted in ascending order of hourly rate.

The existing provider will be approached directly in the first instance regarding any increase or decrease to any package. Should the provider be unable to deliver the changed package then the process for new packages would be followed.

Reinstatement of services for existing Service Users must commence within 24 hours.

In order to work proactively with colleagues in health it is important that priority is given to hospital discharge. In the case of new packages or the discharge of a current service user the expectation will be that these packages are started/restarted within 24 hours of notification.

While mini competitions initially will take place during normal working hours this position may change during the life of the contract with developments around 7 day working. The Council will consult with providers around any changes in relation to this.

Feedback will be given to providers on a regular basis showing their ranking for recent mini competitions.

As the call times offered for delivery of packages is an important factor in evaluating bids for each mini competition should we find evidence that calls are not being delivered at the times offered we may look to progress this under Default, Clause 18.0 of Schedule A, Terms and Conditions, Contract Agreement for the Provision of Domiciliary Care Services.

For those providers that have no current contract with St Helens Council we may choose, once the provider has a number of packages, to put a temporary hold on offering new packages while we carry out spot or other checks in order to ensure that the delivery of care is in accordance with the requirements of this contract, specification and the individual care plan.

**2.4 OUT OF HOURS**

Teams responsible for completing Community Care Assessments and operating out of normal office hours such as the Council’s Emergency Duty Team and the People’s Services Rapid Response Team will contact the Provider direct by telephone, email and fax.

This will be carried out based on the providers on the Approved List who indicate that they operate in the ward and ranked in ascending order of hourly rate.

The Provider staff dealing with ‘out of hours’ service referrals must have access to a secure fax machine as Rapid Response referrals are usually handwritten and the team do not have the facility to upload documents and email them to providers.

The Provider will have staff available to respond to such service referrals within the hours of 5.15pm – 11pm, weekdays and 7am – 11pm at weekends.

As these referrals are usually as a result of a relative carer emergency or crisis situation, the Provider shall make provision to ensure, where a Service User’s needs requires the Service to commence within a few hours of the Provider receiving the referral, that the Provider is resourced to do this.

Rapid Response would expect the service to commence within 4 hours of request out of hours. Providers must note that some requests will be for a waking night service.

**2.5 RISK ASSESSMENT**

Recorded risk assessments on tasks, environments, manual handling and the risks to the Service User maintaining their independence, must be carried out by the Provider prior to the commencement of any Service. In the case of referrals received out of hours and services commencing quickly, Providers must ensure that staff initially assigned to provide the care have been suitably trained and assessed as competent to identify and assess risk, pending the completion of a full risk assessment which must be completed as soon as possible after care has commenced.

The Provider risk assessment will consider the potential risks to Service Users and staff in delivering the support package and must contain a balance that accounts for a Service User’s personal choices and freedoms. The risk assessment will be updated annually or more frequently if required.

**2.6 MEDICATION ADMINISTRATION**

The Provider’s policies on medication must protect the Service Users and assist them to maintain responsibility for their own medication wherever possible.

The Provider shall ensure staff receive training in the policy, procedures and the administering of medication as part of their induction.

The Provider will have a formal procedure to assess whether staff are sufficiently competent in medication administration before being assigned to a task where this is required.

The Service User’s Care Plan should determine and document the following:

* The nature and extent of support and/or assistance the Service User needs to manage their medication.
* Details of arrangements for medication collection and storage in the Service Users home and access arrangements by the care worker, Service User, relatives or friends.

The Service Users Care Plan must explain, in detail, the exact amount of support required. (Further guidance on medication administration is contained in Appendix 3)

**2.7 INFECTION PREVENTION AND CONTROL**

The Provider should identify someone within the Organisation with appropriate knowledge and skills to be the Infection Prevention and Control lead (IPC) and take responsibility for an Infection Prevention and Control Programme as required by the Health and Social Care Act 2008.

As a minimum the Provider Infection Control Programmes should say what:

* Infection prevention and control measures are needed in the service;
* Policies, procedures and guidance are needed, and how they will be kept up to date and monitored to make sure they are followed
* Initial and ongoing training staff will receive

Information should be provided to care workers on:

* The need for good hand hygiene
* When and how Personal Protective Equipment (PPE) should be used.
* Safe disposal of waste
* Cleaning of bodily fluid spillages
* Safe handling and disposal of sharps
* Cleaning of equipment
* Risks associated with sharing personal items such as toothbrushes, razors and towels with other Service Users
* How to recognise symptoms and reduce spread of communicable infections such as MRSA, Clostridium difficile
* The circumstances when medical assistance must be sought without delay
* The responsibilities of staff to report episodes of illness; and
* The circumstances under which staff may need to be excluded from work

Further Guidance is available for Providers in the Department of Health’s publication: "The Code of Practice for health and adult social care on the prevention and control of infections" and related guidance.

**2.8 NUTRITION AND HYDRATION AWARENESS**

Providers should ensure that all care workers have a basic awareness of good practice in the area of nutrition and hydration. This should also include awareness of how poor nutrition and hydration can impact upon a Service Users health and well being.

Care workers should know what a balanced diet is and the health benefits associated with this.

If care workers are involved in food preparation they should encourage Service Users to follow a healthy balanced diet that is relevant to them as an individual, taking account of their wishes and preferences.

Care workers must have basic food preparation skills to enable them to fulfil the majority of service users requests at meal times. This should be evidenced in the induction period.

Care Workers should provide support and encouragement to Service Users with eating and drinking where necessary.

Where food and hydration are provided to Service Users as a component of their Support Plan the Provider must ensure that Service Users are protected from the risks of inadequate nutrition and dehydration.

Care Managers should acknowledge the time required for care workers to prepare a cooked meal of choice with or for the Service User, and provide support with eating where needed.

Where care workers are expected to cook a meal the Provider should ensure care workers have sufficient allocated time and the skills to prepare a cooked meal of choice.

Care workers should ensure that Service Users living at home can access snacks and drinks between domiciliary care visits.

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| **OUTCOME 2**  **Increased choice and control:**  Service Users, and their carers, have access to choice and control of good quality services, which are responsive to individual needs and preferences. |

**2.9 PERSON CENTRED SUPPORT PLANNING AND REVIEW**

The Council will provide all the necessary information the Provider will need to plan and deliver their service. This will include but is not limited to:

* Basic demographic details
* Key Contacts
* GP Details
* Risk factors
* Outcomes to be achieved
* Safeguarding

For non-urgent referrals the Provider shall within 2 days of receipt of a referral assess the situation within the estimated hours agreed by the Care Manager to meet the outcomes and set up an initial visit with Service User. If the Provider feels that the hours allocated are insufficient or excessive to meet the outcomes they shall refer the matter back to the appropriate Care Manager for authorisation. The Provider and the Council will work to the principle of providing the amount of service required to meet the outcomes specified. This is in order to:

* Minimise dependency
* Make best use of Domiciliary care resources to meet the needs in the

Community

* Minimise the potential cost to the Service User

In formulating the Support Plan with the Service User, the views of the Service User must always be the start point and the plan based on their view about how the outcomes can be met within the agreed levels of service. This will include seeking personal preferences on all aspects of care.

Where Service Users lack the capacity to make their views known, the Provider must work within the principles and guidance of the Mental Capacity Act 2005, and work with others who can interpret and represent the Service User’s views.

The Provider Support Plan shall be based on the Service User’s views about the best way to meet the outcomes specified in the Care Plan. The Provider Support Plan shall be signed by the Service User or their representative and the Service User shall be provided with a copy.

The Council acknowledges that during the first 2 – 6 weeks of a new referral being received by the Provider, they may need to frequently reassess the activities to meet the Service Users needs with the Provider Support Plan being modified accordingly.

**2.10 REVIEW PROCESS**

The Care Manager shall review the Care Plan within 12 weeks of the initial Care Plan, and at least annually thereafter. The Care Manager shall also review if needs change substantially. Care Plans will specify when the Service Users needs will be reviewed but it will not be less frequently than every year. The Care Management review process will, at specific intervals, evaluate service user’s outcomes and reassess needs with a view to revising the care plan where necessary. Providers will be asked to attend/contribute to these reviews.

The Provider will complete a person –centred review of the Service User’s Provider Support plan every six months to ensure the Service provided continues to meets the needs of the Service User and the desired outcomes are being achieved. The Service User will be fully involved in the reviewing process.

Where it is deemed appropriate it is expected that the Provider will attend and/or inform reviews/ reassessments/ multi-agency forums as necessary.

If a situation arises where it appears no longer appropriate for a Service User to continue to receive support, no decision will be taken by the Provider to permanently cease the service without approval from the Care Manager. The care manager will record the conversation with the provider in the service users contact sheets and where deemed appropriate an email will be issued to the provider.

**2.11 SERVICE RESPONSIVENESS AND FLEXIBILITY**

In order to allow a degree of flexibility and enable the service to be responsive to Service Users changing needs the Council will allow the Provider to call off an additional 4 (four) hours per Service User per 4 four week payment period.

This means that an additional one-hour per week can be ‘banked’ by the Service User to be used in the subsequent weeks within the four week period. It is not anticipated that the Provider will regularly ‘ call off’ the additional hours for individual Service Users as this practice would suggest that the Service User requires a Review or Reassessment of their needs.

Whilst the Provider has flexibility to meet needs according to the Care Plan, it does not have authority to change the Outcomes or permanently increase or decrease the allocated weekly hours.

The Provider must contact the Care Manager if it believes that the Service Users needs have changed (increased or decreased) to such an extent that the Care Plan needs to be reviewed. The provider should record all requests for care management intervention for their own records.

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| **OUTCOME 3**  **Improved quality of life**  Services will promote independence, and support Service Users to live a fulfilled life making the most of their capacity and potential |

**2.12 SERVICE RELIABILITY**

The Provider shall proactively use their Electronic Monitoring System, or suitable manual system to manage the delivery of the Service at all times.

The Provider shall use this system to accurately record and manage the time spent with Service Users.

The Provider shall make every effort to ensure calls are delivered at the agreed time. If this is not achievable because of unavoidable delays, the Provider will make every effort to deliver the call within 30 minutes of the agreed times.

The Provider must have procedures in place to ensure that late calls are minimized.

The Council operates a zero tolerance to the following issues:

* Missed calls – this includes calls delivered 1 hour later than planned start time unless the change is specifically requested by the Service User
* Late calls for those Service Users identified as critical – late calls are defined as calls delivered after 30 minutes and before 1 hour of planned start time
* Calls being less than 75% of the planned time..

**2.13 INVOLVEMENT OF SERVICE USERS**Providers must ensure that Service Users, their carers or advocates, are kept fully informed on issues relating to their care at all times.

Services will be provided in a sensitive way that is not based on the Provider’s assumptions but which acknowledges and listens to Service Users and, where appropriate, their relative or other advocate. Such a sensitive approach will enable the Provider to fully understand the situation and make maximum use of Service Users’ and relative’s knowledge and expertise.

The Department will require evidence through monitoring and quality audits process of active engagement, consultation and decision making by Service Users (and their relative carers where appropriate)

To ensure that service users are involved the provider must demonstrate awareness of the translation and interpretation arrangements available in the borough and how to access them to meet the foreign language, British Sign Language, Braille and easy read needs of service users.

Providers must demonstrate that they can use various methods for collecting and sharing information with service users and their carers e.g. post, SMS (text messaging), email as well as phone.

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| **OUTCOME 4**  **Feeling safe, Secure and free from discrimination or Harassment**: Service Users have equal access to services without hindrance from discrimination or prejudice, they feel safe and are safeguarded from harm. |

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| **3. SAFEGUARDING ADULTS** |

**3.1 PROTECTION FROM ABUSE AND RISK OF ABUSE**

The Service Provider will demonstrate commitment to the St Helens Multi Agency Safeguarding Adults Policy, Procedures and Good Practice Guidelines (Edition - April 2015) and be able to access the policies at all times.

Providers will identify Line Managers/Supervisors within the organisation to which suspicion, allegation, observation or disclosure of abuse must be reported. Identified Line Managers/Supervisors will comply with responsibilities as outlined in the Multi Agency Procedures.

Providers will ensure all staff are aware that they have a duty to report any suspicions, allegations, observations or disclosures of abuse to the Line Manager within 1 hour, or if the Line Manager is likely to be unavailable within timescale, directly to St Helens Council Contact Centre 01744 676600. , 9am to 5pm - Monday to Friday or if out of hours the Emergency Duty Team (EDT) on 0845 0500148.

In cases where an allegation of abuse or neglect has been made against an employee then the Provider organisation is responsible for managing further potential harm and must consider suspending the employee or changing their duties until such time as the Safeguarding Enquiry is complete.

The Provider will ensure that all staff receive training on the St Helens Multi Agency Safeguarding Adults Policy, Procedures and Good Practice Guidelines (Edition - April 2015) This training must be delivered in accordance with individuals job role and responsibilities. This training should be delivered as part of the staff Induction programme.

Providers must participate in any Safeguarding Adult investigations as directed by the Enquiry Manager of Safeguarding Co-ordinator within People’s Services. This can include attendance at Strategy and Implementation, Monitoring and Closure meetings. Where the Providers Disciplinary procedures are deemed to be the appropriate route to deal with the alleged perpetrator ongoing feedback to the Investigating Care Manager within People’s Services is required.

The Provider must demonstrate a proactive approach to Safeguarding Adults and Safeguarding Children and Young People. This will be evidenced through a range of robust policies and procedures that minimize the potential for abuse, and embed understanding and responsibility throughout.

**3.2 RISK MANAGEMENT**

* The Care Manager shall inform the Provider of any potential risks in delivering the service to specific Service Users.
* The Provider shall undertake recorded risk assessments and formulate Provider Support Plans to manage risks in the performance of the Service.
* The Provider shall ensure that all it’s risk assessments and Provider Support Plans to manage risk are made available to the Care Manager.
* The Provider must ensure that staff are trained and assessed as competent in performing all tasks they are asked to complete as part of the support provided to Service Users.
* The Provider must ensure the required number of care workers are allocated to deliver the care tasks required in accordance with the Risk Assessment.
* The Provider staff must not work privately to deliver services covered by this contract to Council Service Users.
* The Provider shall use Electronic Monitoring Systems, or suitable manual system effectively to ensure there are no missed calls and to monitor late and/or early calls and the duration of calls.
* The Provider shall ensure care workers are aware of the name of the Service Users G.P. Whenever a Service User asks for medical attention or appears unwell and is unable to make such a request, the care worker shall contact the Service Users G.P immediately.
* Provider staff shall not give medical consent to treatment on a Service User’s behalf.
* Provider staff shall contact the Care Manager where they identify that Service User is at significant risk of poor nutrition or dehydration.
* The Provider staff shall not become involved in the financial affairs of the Service Users or their Carers. This includes being a beneficiary in money or in kind under the will of a Service User or their carer, neither should they act as a witness to the will or be a named executor.
* Under no circumstances should Provider staff have direct access to Personal Identity Numbers for access to Bank Accounts, Building Society, Post Office Pension or similar accounts for Service Users
* The Provider will ensure there are appropriate arrangements for gaining access to Service User homes. The provider will ensure the security numbers of key safes will be kept confidential and only disclosed to employers who have a legitimate reason for holding the code. The provider will have a written policy around the confidentiality of key safe codes and care staff holding keys.
* The Provider should only hold Service Users household keys in exceptional circumstances such as a sudden deterioration in health until alternative access arrangements can be arranged. This arrangement must be with the explicit written consent of the Service User in conjunction with their relative carer and agreed by the Care Manager.
* Provider Staff must not under any circumstances enter a Service Users property when they are in hospital, or otherwise away from the premises without the explicit permission of the Service User, relative carer or Care Manager. This permission should be in writing where possible
* In the event that there is a loss of keys by Provider staff, the costs and provision of replacements or replacement of locks where deemed necessary will be the responsibility of the Provider. The provider is liable to reimburse the service user for any associated cost incurred by the loss of keys.

**3.3. BEHAVIOUR THAT CHALLENGES SERVICES**

Where a Provider offers a care service to Service Users whose behaviour is challenging, the Provider will have an effective policy and procedures in place, which are understood and followed by all staff. Staff will be made aware of these as part of their induction. It is anticipated that case-by-case training may be required for certain services.

Where Service Users may present behaviour that challenges it is essential that a risk assessment is undertaken to be able to evaluate the potential for harm to Service Users and staff. This should be done in partnership with the People’s Services Department and other agencies involved, so a clear and consistent approach is adopted and a procedure set in place to respond to such behaviour, taking into account information in the Service User’s care Plan. All actions and procedures should be listed in the Service User’s notes.

Staff will have an understanding of Service User’s emotional and physical needs. They will be aware of warning signs and “trigger” points, which result in particular behaviour. Staff will have skills in anticipating, diverting or diffusing challenging incidents. Staff will have appropriate listening skills and be familiar with strategies, which enable them to minimize challenging behaviour.

The Provider must maintain detailed records that evidence when any de-escalation techniques or interventions have been used.

**3.4. URGENT NOTIFICATIONS**

The Provider shall notify the Care Manager by telephone, same day or within next working day if any of the following occur:

* Death of a Service User.
* Significant events that affect the well-being of the Service User such as accident, personal injury, death of partner or close family relative.
* A sudden deterioration in a Service Users condition necessitating the need for an urgent review.
* Any unusual or unexpected challenging behaviour by the Service User whether verbal, physical or sexual
* If the Service User has an unplanned emergency admission to hospital.
* If there are circumstances where a Service User appears in need of medical attention but refuses to seek help.
* Deterioration of a Service Users condition over a longer period necessitating the need for a review e.g questionable mental capacity, diminishing mobility etc.
* If the Service User or relative carer refuses to grant access or receive the planned service.
* If a care worker is unable to gain access to the Service Users home. The Provider will be expected to exhaust it’s own procedures before contacting the Care Manager or Emergency Duty Team.
* If the care worker identifies any potentially hazardous situation in the Service Users home, immediate risk must be minimised prior to reporting to the Care Manager. This is to include issues related to problems with heating systems or utility supplies to the property.
* Where risks are identified that do not stem from abuse, for example risk from fire, alcohol, self-neglect, increasing frailty.

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| **4. WORFORCE MANAGEMENT: POLICIES AND PROCEDURES** |

**4.1 RECRUITMENT AND SELECTION**

The Provider must follow recruitment procedures in accordance with the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010

All staff recruited have been subject to rigorous recruitment processes including relevant checks such as Disclosure and Barring Service (DBS) to check that the care worker is not barred.

Staff are only allowed to commence employment after a full and satisfactory DBS clearance has been received.

Only staff that are directly employed by the Provider may be used to deliver Services to the Council’s Service Users.

Identification must be carried by Provider staff at all times and must show:

* A photograph of the staff member
* The name and signature of the staff member
* The name of the Provider and a telephone number that can be used to verify this information.
* Expiry date.

Should the Provider have reason to refer an employee to the Disclosure and Barring Service (DBS) then they must comply with the DBS reporting procedures..

Recruitment and selection policies must aim to eliminate discrimination in recruitment procedures.

It is imperative that when considering offering candidates a position, that any gaps in employment history are fully explored at interview and through reference. It is also essential that reference checks are followed up and can be evidenced as such on the personnel file.

The Provider must comply with the requirements of any equalities legislation and keep themselves up to date on any subsequent amendments to equality legislation.

The Provider will employ sufficient numbers of suitably qualified staff to enable it to carry out the service and continue to meet demand.

All staff will have written terms of conditions of employment and a job description.

**4.2 SUPERVISION AND APPRAISAL**

All members of the Provider’s staff should receive planned and structured supervision and appraisal as outlined in the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

Supervision procedures should also include the requirement for supervisory staff to undertake observed practice of care workers on a regular basis.

Managers should take time to know their staff team; a respected team makes for a good service. Knowing your team gives managers insight into which carers are best suited to deliver certain practices.

The providers’ premises must have adequate facilities to support and supervise staff individually in private.

**4.3 DISCIPLINARY PROCEDURES**

The Provider must have robust disciplinary procedures in place that will safeguard vulnerable adults. The Provider will ensure that staff records show that appropriate action is taken where a member of staff has breached/ not followed Policies and procedures.

Written guidance must be provided to all staff, which explicitly states that staff are not allowed to:

* Act as appointees
* Act as executors or witness to the service users will or other legal documents
* Borrow from or loan money to the service user
* Receive money or any gifts from the service user without informing his/her manger; as a guide it is acceptable for care workers to receive small token gifts from a service user, e.g. at Christmas or where refusal would particularly offend. The reporting of such gifts is essential and must be recorded by the manager/ supervisor.
* Use the service users phone to make or receive calls except for urgent calls relating to the service users welfare or for the purpose of electronic monitoring.
* Take members of their own family or friends to the service users home.

**4.4 CONFIDENTIAL REPORTING / WHISTLE BLOWING**

The Provider must operate a policy on confidential reporting and whistle blowing. The Council’s Confidential Reporting Policy also covers suppliers and those providing a service under a Contract with the Council. The Provider must adhere to the Council Policy and ensure that its' staff are issued with a copy.

A Confidential Reporting Policy is intended to encourage and enable staff to raise serious concerns within their organisation rather than overlooking a problem.

Staff raising any issues must feel reassured that these concerns will be dealt with in confidence, where possible, and without fear of victimisation, subsequent discrimination or disadvantage.

**4.5 FURTHER POLICIES AND PROCEDURES**

The Provider is expected to have in place policies and procedures with a person centred emphasis including:

* Support planning including risk assessment and mental capacity
* Case review
* Financial Protection Procedures

The Provider is expected to have in place policies and procedures which promote feedback of Service User experience.

* Confidential Policy / Data Protection / Caldicott
* Retention of Files
* Confidential Waste Procedures
* Compliments, Concerns and Complaints Procedures
* Record Keeping

The Provider is expected to have in place policies and procedures which ensure safe and appropriate working practices including:

* Lifting and moving
* Infection prevention and control
* Control of Substances Hazardous to Health
* Lone working
* Staffing levels
* Workload management
* Identification of environmental risks including Fire Safety
* Medication
* Conduct and appearance/dress
* Safeguarding

**4.6 RECORD KEEPING**

The Provider will maintain all the records required for the protection of Service Users and the efficient running of the business for the requisite length of time.

Records will be secure, up to date and in good order and are constructed, maintained and used in accordance with the Data Protection Act 1998, Caldicott principles and other statutory requirements.

Service Users with capacity must be aware of the data held about them and consent to this information being held and to whom it is available.

Service Users or their representatives should have access to their records and information held about them by the Provider and is facilitated in obtaining access when necessary.

Following an assessment the Care Manager will issue the Service User with a Single Assessment Process (SAP) record file. This file contains all relevant personal data in relation to the Service Users assessment and Care Plan. Information contained within this file should not be removed by the Provider without the express permission of the Service User.

**4.7 STAFF TRAINING**

The Provider must comply with training requirements in accordance with the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Provider shall have a Training Policy and a Training Programme, which demonstrates a commitment to support training opportunities and maintenance of professional knowledge and competence.

All staff should receive Induction Training to meet Skills for Care Common Induction Standards.

Following the completion of their Induction period (max 12 week period) all staff should receive a ‘Certificate of successful completion’ issued by the Provider.

Following the Induction period all staff should have the opportunity to access and achieve Health & Social Care Diplomas level 2 onwards dependant upon their role within the Provider organisation.

All staff should have training and qualifications that satisfy the learning outcomes advised by Skills for Care and a programme must be in place to deliver refresher training on an annual/regular basis.

The Provider will maintain accurate and up to date training records and these must be made available for quality monitoring purposes.

**4.7.1 ESSENTIAL TRAINING**

Training prior to commencement of duties should include, but not be restricted to, the following elements:

* Induction for Health and Social Care Workers, Care Certificate
* The role of the social care & health worker
* Person Centred Support.
* Dignity in Care (Provider **must** evidence that this has been undertaken)
* The concepts and principles of promoting independence
* Equality and Inclusion
* A basic introduction to physical and mental health conditions
* Providing personal care and continence management
* Client Handling and Falls Prevention
* Principles of and undertaking Risk Assessments (appropriate to job role)
* Health and Safety issues in an Adult Social Care Setting
* Safety in the Home (incl Fire Safety)
* Lone working and assessing risk to personal safety
* Medicines Management
* Infection prevention and control (incl HIV and Hepatitis B awareness)
* Tissue Viability (Skin care) and pressure area awareness.
* Nutrition and hydration awareness
* Food hygiene
* Safe use of equipment (hoists/ profile beds etc) and manual handling
* Code of Conduct and Customer Care
* Communicating Effectively (incl record keeping)
* Complaints Procedures
* Data Protection and Caldicott principles
* Dealing with emergencies and basic first aid procedures.
* Emergency Reporting Procedures
* St Helens Multi Agency Adults / Children Safeguarding procedures
* Mental Capacity Act 2005
* Managing Challenging Behaviour

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| **OUTCOME 5**  **Maintaining personal dignity and respect**:  Services will be sensitive to personal beliefs and preferences and will respect confidentiality, helping to preserve dignity at all times. |

**4.8 DIGNITY STANDARDS**

Providers will deliver a high quality services that respect people's dignity including but not limited to:

* Have a zero tolerance of all forms of abuse
* Support people with the same respect you would want for yourself or a member of your family.
* Treat each person as an individual by offering a personalised service.
* Enable people to maintain the maximum possible level of independence, choice and control.
* Listen and support people to express their needs and wants.
* Respect people’s right to privacy.
* Ensure people feel able to complain without fear of retribution.
* Engage with family members and relative carers as care partners
* Assist people to maintain confidence and a positive self-esteem.
* Act to alleviate people’s loneliness and isolation.

Service Users should experience care and support that focuses upon respect

* Attitude and Behaviours – Service Users and relative carers should feel that they matter all of the time.
* Personal Identity – Service Users should experience care and support that encompasses their values, beliefs and personal relationships.
* Personal Boundaries – Service Users personal space is respected and protected by staff.
* Communication – Service Users and Carers should experience effective communication with staff, which respects their individuality.
* Confidentiality – Service Users should experience care that maintains their confidentiality
* Privacy, Dignity and Modesty – Care and support should be provided in such away that their ensures their privacy and dignity and protects their modesty.

**4.9 CUSTOMER CARE**

All Provider staff will be issued with a ‘Code of Conduct’ that describes the standards of professional conduct and practice required of care workers. This code must reflect good practice and be met by all workers.

The Code will cover the following:

* Provider staff will ensure that Service User and relative carer/family member enquiries are dealt with in a positive and professional manner at all times.
* Care Workers should always tell the Service User what they are doing and what will happen next.
* Care workers must not speak to the media about Service Users OR speak casually in public about service users OR make reference directly or indirectly to any service users via any form of social media
* Any discussions held about a Service User’s personal care and other sensitive matters must be held in private.
* Care Workers should maintain good eye contact and use positive body language to show Service Users they are listening
* Service Users and Carer/family members should always be addressed in a professional manner by using their preferred form of address, and not words such as ‘love’ or ‘mate’.
* Care Workers must not argue with Service Users and Carers/family members and will at all times maintain a positive attitude to them and their situation.
* Care Workers must be aware of Providers protocol for conflict situations and be prepared to seek assistance from their manager when necessary.
* Care Workers must be aware of the appropriate standards of appearance and dress.

**4.10 CONTINUITY OF CARE**

The Provider shall match the requirements of the Service User with the most suitable care workers.

Providers shall make it a clear and acceptable aspect of care workers’ tasks to support Service Users in fulfilling their emotional and social needs. Care workers shall spend time talking to Service Users, relating to them, and understanding their lives.

The Provider will ensure there is continuity in relation to the care worker who provides the service to each Service User. Care workers will only be changed for legitimate reasons e.g

* Sickness, annual leave, training or worker leaving the organisation
* The needs of the Service User have changed and the usual care worker does not have the necessary skills to provide the service.
* The usual care worker is unavailable for changed times or additional hours
* The Service User requests a change of care worker.

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| **OUTCOME 6**  **Making a positive contribution:**  Service Users who use the Service are encouraged to participate fully in their community and feel that their contribution is valued equally with other people. |

The Provider shall assist the Service User to live as independently as possible in their community.

The Provider will ensure that the Service User continues to be part of the community around them. This may be achieved by ensuring that the Service User continues to do activities including shopping, visiting their GP, and attending social occasions or other regular activities.

**4.11 NOTIFICATION OF CHANGES – COMMUNICATION WITH THE SERVICE USER**

The Provider shall notify the Service User if the care worker is going to arrive more than 30 minutes before or after the time agreed in the Support Plan.

The Provider shall notify the Service User, in advance wherever possible, if there is to be a change in the usual care worker. The Provider will ensure that when alternative care workers are assigned to a Service User they have been briefed on and have received appropriate training to deliver the care and support required to meet the Service Users needs and intended outcomes.

The Service User will receive up to date information from the Provider regarding times of visits and name of the care worker(s) who will be visiting. The Provider will ensure that the information is received by the Service Users in a timely manner.

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| **OUTCOME 7**  **Economic wellbeing**:  Service Users are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this. |

**4.12 FINANCIAL PROTECTION**

The Provider will have an effective Financial Protection Policy and Procedure in place that staff are aware of and follow.

Care workers must exercise due care in handling Service Users’ money. Any money handled due to support with the collection of benefits, purchase of shopping or payment of bills must be accounted for with the Service User at the time. A record signed and dated by the care worker must be kept to account to the Service User, and their relative carer.

Any handling of Service User’s money must be covered in the care plan for that individual.

**4.13 FINANCIAL ADMINISTRATION**

The Provider shall utilise the Electronic Monitoring System, or suitable manual system to accurately record the **actual** time spent with the Service User.

Providers must ensure that they submit invoicing schedules taken from their Electronic Monitoring System, or suitable manual system for actual delivered care hours. This is important to ensure that Service Users receive the required amount of care and support, that Service Users are charged the correct amount, for monitoring the activity of Providers and in monitoring the budgets required for individual Service Users.

Please refer to Appendix 5 ; Electronic File Submissions – invoicing requirements.

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| **5. QUALITY ASSURANCE** |
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**5.1 MONITORING**

The Council will regularly monitor the performance of this Contract and the Provider will be expected to provide all reasonable assistance to the Officer(s) of the Council during the monitoring process.

The Provider shall allow the Council’s authorised Officers access to their premises at any reasonable time to facilitate performance monitoring.

Therefore a suitable office must be established that offers easy access for all staff, council officers and members of the public who have a legitimate reason for visiting the premises.   
  
The Council reserves the right to visit the Provider offices at any reasonable time ***without giving notice.***

The Council reserves the right to directly obtain the views of Service users regarding the performance of the Provider.  
  
The Council reserves the right to directly obtain the views of Provider staff and to observe the Service provided at the point of delivery ***without giving notice***.  
   
The Provider shall maintain an effective internal quality assurance system to ensure that the Service is of the required standard and quality. The system shall include standard setting, monitoring management and review processes. The Provider shall give the Council clear evidence of its quality assurance system.

The Provider will keep records that ensure they can demonstrate their performance under this Contract. Records will show resource inputs, organisational processes and outcomes related to the Service and Service Users.

The Provider shall carry out periodic surveys of service user level of satisfaction. This will be done at least annually and results are to be shared with the Council as part of the quality monitoring process.

* The assessment of Provider performance will be a continuous theme but will be formally assessed through:
* Quality Monitoring Audit completed by the Councils Quality Monitoring Unit every 24 months
* Monitoring of Local Performance Indicators – See section 6

Performance will also be assessed by the department against Service User outcomes, which will be monitored through:

* Care Management Reviews  
    
   and
* Case focused investigations into Expressions of Concern / Quality Concern  
    
   and
* An evaluation of responses to questions asked in spot check visits to service users homes.

When an Officer of the Council generates a quality monitoring report regarding the individual Providers performance, a copy will be given to the Provider.

The Council will provide feedback to the Provider regarding the outcome of its monitoring with Service Users.

Where there are indications of a performance failure the Council will formalise an agreement with the Provider. This may include an improvement plan and timescale for corrective action.

**5.1.1 EQUALITY MONITORING**

Providers must ensure compliance with Clause 9.0 Schedule A at all times and provide such information as the Council may reasonably require for the purposes of assessing Provider compliance.

**5.1.2 CARE QUALITY COMMISSION**

The Provider shall comply at all times with the requirements and regulations of the Care Quality Commission (CQC). The Provider shall supply to the Council details of any notices issued to them by CQC.

The Provider will make available to the Council, upon request, copies of any Regulatory reports including those that have not yet been released to the public.

**5.1.3 SHARING OF QUALITY DATA**

The People’s Services Department and the CQC have open and transparent dealings with each other, which will result in them routinely sharing information about the standard of care of domiciliary care providers. The CQC and People’s Services will work in partnership to improve the services provided.

The People’s Services Department may also share appropriate information regarding the standard of domiciliary care being provided with other internal and external partner agencies that have an interest in improving the quality of care i.e. CCG, other councils, Supporting People and Healthwatch.

**5.1.4 ELECTRONIC MONITORING (TIER 1)**

The Provider will be required to have an electronic monitoring system in place at the commencement of the Contract.

The system must integrate effectively with the Provider rostering system. The system will be used to effectively monitor service delivery ‘ in real time’. All Providers will give real time access to their Electronic Monitoring system to designated St.Helens Council Officers in order that they are able to view service user visit information and run various activity reports. The level of access to their Electronic Monitoring system will be agreed with each Provider.

The Provider must have an identified resource to monitor ‘real time alerts’ in particularly when the service operates outside of normal office working hours.

Where the Provider is using a landline based system and the service user refuses its use or it is unable to be used, then an alternative monitoring procedure must be put in place e.g timesheets recording the actual time of service delivery.

In addition to the above, manual entries of actual service time delivery must be entered onto the electronic monitoring system for audit purposes.

The Provider will supply the Council with performance data from Electronic Monitoring Systems, which will include:

* Statistics of missed calls or late calls (missed calls are also defined as calls more than sixty minutes later than planned)
* Information on call duration: planned call time v actual call time
* Continuity of care: number of workers delivering care to individual Service Users
* Real time automated alerts activity: these must be set in accordance with agreed People’s Services risk level criteria and service user needs.

Further information on Electronic Monitoring Functionality Requirements and Electronic Monitoring Performance Reporting is available in Appendix 7

**5.2 CONCERNS, COMPLIMENTS & COMPLAINTS**

**5.2.1 Expressions of Concern / Quality Concern**

An Expression of Concern is used to express dissatisfaction about service provision; it is a separate procedure to the Council’s Complaints Procedure.

Care Management, relative carers, other professional staff, in the course of their work with service users and providers of care may receive, witness or obtain verbal or written information, which may give cause for concern. Once aware of the concern the Care Manager is required to complete a standardised ‘Expression of Concern’ form to be forwarded to the Quality Monitoring Unit as part of the overall quality monitoring process.

The Quality Monitoring Unit will offer the Provider the opportunity to investigate the issues of concern being raised. In return, Providers should respond promptly and courteously to all ‘Expressions of Concern’ and record them in their Complaints log, with outcomes being made available to the Quality Monitoring Unit for quality monitoring purposes.

If there is any concern about service user safety arising from the Provider investigation, the Quality Monitoring Unit will inform the Provider that they intend to conduct their own investigation. Where an Expression of Concern (EOC) becomes a safeguarding issue then the EOC is suspended and the issue will be investigated under Adult Safeguarding Procedures.

The Quality Monitoring Unit will also intervene and conduct their own investigation if they feel that the provider’s investigations are inadequate or incomplete.

The Council shall ensure that the Service User has access to the People’s Services Department’s complaints procedure.   
   
The Departments Quality Monitoring Unit is responsible for the overall management and monitoring of Expressions of Concern.

**5.2.2 COMPLAINTS AND COMPLIMENTS**

The provider must have a complaints policy that conforms to the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. A copy of the provider policy shall be made available on request.

The Provider shall give a copy of their complaints procedure to each Service User or their relative or carer, in a format appropriate to the Service Users communication needs.

The Provider shall make clear that service users can complain directly to them, to the Council, or to CQC (Care Quality Commission). Telephone numbers and addresses for each of these shall be included in the procedure.

The Provider shall ensure that their employees fully understand the complaints procedure.

Any complaints received must be dealt with in a prompt, efficient and courteous manner.

The provider will maintain a log of complaints, concerns, compliments and suggestions, which will be available to the council at any time, showing:

* The date the complaint/concern/compliment/suggestion is received.
* The name and address of the service user and / or complainant
* The equality profile of the service user.
* The nature of the complaint/concern/compliment or suggestion.
* Outcome of any investigation into a complaint/concern
* Details of any action taken to improve services

Where a service user has complained directly to the Provider, the Provider must make it clear that a complaint can be referred to, either the Council, CQC or the Local Government Ombudsman if the Service User is dissatisfied with the outcome of the Provider’s investigation.

The Provider shall make available to the Council, on request, a summary of the number and type of complaints and their resulting outcomes and/or the log of complaints.

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| **6. PERFORMANCE MONITORING - KEY PERFORMANCE INDICATORS** |

**Providers will be measured against the following performance standards.**

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| **These KPI’s give an overarching view of the quality of social care provision provided to service users of domiciliary care.**  **It is based on the outcome domain, social care-related quality of life identified in the Adult Social Care Outcomes Framework 15/16 and Contractual Performance Standards.** | |
| **SERVICE USER EXPERIENCE** | |
| **Quality of Life** | |
| **KPI** | **OUTCOME 1** |
| KPI 1.0 | * Do service users feel involved in the creation and decisions made for their own care & support plan? |
| KPI 1.1 | * Do care worker/s arrive at a time that has been agreed with the service user or their family? |
| KPI 1.2 | * Do care worker/s rush when delivering care? |
| KPI 1.3 | * Are service users happy with the number of care worker/s providing their care? |
| KPI 1.4 | * Does the DCA let the service user or their family know when their regular care worker is absent? |
| KPI 1.5 | * Does the DCA let the service user or their family know if their care worker/s are running late? |
| KPI 1.6 | * Do care workers do all they can to support service users independence? |
| KPI 1.7 | * Do care workers support service users to have a nutritious, well balanced diet? |
| KPI 1.8 | * Do care workers support service users to feel clean and comfortable? |
| KPI 1.9 | * Do care workers deliver service users personal care in a way that is acceptable to them? |
| KPI 1.10 | * Do service users feel safe with their care worker/s? |
| KPI 1.11 | * Do care workers secure service users homes when leaving? |
| KPI 1.12 | * Do service users know how to make a compliment or complaint? |
| KPI 1.13 | * Have service users ever had to make a compliment or complaint to their DCA? |

| **Maintaining Dignity and Respect** | |
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| **KPI** | **OUTCOME 2** |
| KPI 2.0 | * Do care workers treat service users with dignity and respect? |
| KPI 2.1 | * Do care workers listen to service users? |
| KPI 2.2 | * Do care workers give service users privacy when they require it? |
| KPI 2.3 | * Do care workers support service users to meet their spiritual, religious or faith needs, if it is important to them? |
| KPI 2.4 | * Are care workers polite and responsive to service users needs? |
| KPI 2.5 | * Are the DCA’s Office staff polite and responsive on the telephone? |
| KPI 2.6 | * Do service users feel able to ask care workers for changes in the way their care is provided? |

| **Improving Quality of Life** | |
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| **KPI** | **OUTCOME 3** |
| KPI 3.0 | * Do care workers support service users to access health services when they need them? |
| KPI 3.1 | * Do service users feel that their social care needs are met by the Domiciliary Care Service provided? |
| KPI 3.2 | * Do service users feel that their Domiciliary Care Service helps improves their quality of life? |
| KPI 3.3 | * Do service users feel that their Domiciliary Care Service can be improved? |
| KPI 3.4 | * Overall satisfaction of service users with their Domiciliary Care Service |

| **PROVIDER OPERATIONAL MANAGEMENT** | |
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| **Quality Assurance** | |
| **KPI** | **OUTCOME 4** |
| KPI 4.0 | * The Provider has a clear staffing structure in place and has adequate staff to meet the requirements of the Contract Agreement |
| KPI 4.1 | * The planning of care workers rotas is completed efficiently and rotas include travel time between care visits |
| KPI 4.2 | * Out of Hours and Lone Working procedures are in place |
| KPI 4.3 | * The Provider has its own Quality Assurance Systems in place |
| KPI 4.4 | * The Provider has its own Training and Staff Development Plan in place that meet the requirements of this Contract Agreement and Skills for Care |
| KPI 4.5 | * The Provider has its own Supervision and Appraisal procedure in place that meet the requirements of this Contract Agreement and CQC Standards |
| KPI 4.6 | * The Provider has good communication systems in place all key stakeholders (i.e, service users, families, care workers, health/care professionals) |
| KPI 4.7 | * The Provider has a robust Compliment / Complaints procedure in place, which is provided to all service users and any service improvements resulting from complaints and/or Quality Concerns are acted upon |
| KPI 4.8 | * The Provider knows how report an Adult Safeguarding through the St Helens Multi-Agency Safeguarding Procedures and this is communicated to all staff |

| **Management of Delivery of Care and Care Planning** | |
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| **KPI** | **OUTCOME 5** |
| KPI 5.0 | * All service users have a care plan file in place that is structured to meet their assessed social care need |
| KPI 5.1 | * The Provider has robust and clear care planning processes in place and that care plans are person-centred, outcome focused, safeguards the service user and meets their assessed social care need |
| KPI 5.2 | * The Provider has robust and clear risk assessment procedure in place that identifies and minimises associated risks to safeguard service users |
| KPI 5.4 | * The Providers communication records, MAR Sheets and care plan documents are completed/recorded clearly and accurately |

| **Workforce Management** | |
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| **KPI** | **OUTCOME 6** |
| KPI 6.0 | * Providers will ensure that they have robust workforce management policies and procedures in place that safeguard service users |
| KPI 6.1 | * Providers will ensure that care workers receive appropriate training in accordance with the requirements of this Contract Agreement and Skills for Care Standards |
| KPI 6.2 | * Providers operate a rigorous recruitment process that meets the requirements of this Contract Agreement |

| **Business Management** | |
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| **KPI** | **OUTCOME 7** |
| KPI 7.0 | * The Provider will submit appropriate and timely invoices in accordance with the invoicing schedule |
| KPI 7.1 | * The Provider will submit payment schedules for actual delivered care hours |
| KPI 7.2 | * The Provider will have robust Business Continuity Plans in place, which will include contingency arrangements for times when, potentially, they have a depleted workforce to ensure the operational business is not affected |
| KPI 7.3 | * The Provider will measure its own staff turnover and put measures in place to ensure that they have adequate staff resources to cover the commissioned Domiciliary Care hours |

| **Electronic Monitoring - Performance Management – Tier 1 Providers only** | |
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| **KPI** | **OUTCOME 8** |
| KPI 8.0 | * The Provider will submit every Wednesday, via email, a weekly electronic monitoring activity report, which will identify all care calls from the previous week Monday through to Sunday   (email: [iou@sthelens.gov.uk](mailto:iou@sthelens.gov.uk))  ***The format of this report can be found on Appendix 7***  Performance Standards: Electronic Monitoring Data   * Real Time Alerts are applied to the service user record using a Contractual Risk Criteria * Reliability of care worker arrival times against the time planned on their rota giving a threshold of 30 minutes either side (early / late) of the planned care visit time * 75% or above compliance for all care visits (logged In and Out) by the care worker |
| KPI 8.1 | The Provider will submit a monthly Continuity of Care Report, via email, which will identify whether the following Continuity Standards have been met. (email: iou@sthelens.gov.uk)  Performance Standards: Target Continuity of Care:   * Between 1 and 3 visits per week = 2 care workers * Between 4 and 7 visits per week = 3 care workers * Between 8 and 14 visits per week = 5 care workers * Between 15 and 21 visits per week = 6 care workers * Between 22 and 29 visits per week = 8 care workers * 30+ visits per week = 10 care workers   *If a care visit is completed by 2 care workers then this is classified as 2 care visits*  ***The format of this report can be found on Appendix 7*** |

**SCHEDULE B – SERVICE SPECIFICATION Appendix 1**

**GLOSSARY OF TERMS USED**

**This list of terms appearing in this contract relating to the purchase of domiciliary care services have the following meanings.**

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| **Term** | **Definition** |
| **Advocate** | Is someone who speaks on behalf of the service user, this may be a carer, friend, interpreter or someone especially engaged to act as an advocate |
| **Agreement** | Is the Council’s written agreement with a Provider whereby the Provider agrees to the terms and specifications that govern the provision of a service to one or more of the Council’s service users |
| **Aids to Daily Living** | Self-help devices that assist people with disabilities in daily living activities such as dressing, personal hygiene, bathing, home maintenance, cooking, eating, etc. |
|  |  |
| **Assistive Technology** | Assistive technology products enable people with disabilities to accomplish daily living tasks, assist them in communication, education, work or recreation activities, in essence, help them achieve greater independence and enhance their quality of life. This includes telecare sensors. |
| **Brokering** | Is the process used to arrange a care package between the Care Manager and the Provider. |
| **Business Continuity Planning** | Is a way of determining how the Provider Organsiation will be maintained in the event of a major crisis. |
| **Capacity** | The ability of individuals to make rational thoughts and decisions. |
| **Care Manager** | Is an employee of the Council who is responsible for assessing service user needs, and arranging services to meet those needs as recorded in the Care Plan. |
| **Care Plan** | A written statement produced by the Care Manager, regularly updated and agreed by all parties. It sets out the social care and support that the Service User requires, in order to achieve specific outcomes and meet the particular needs of the Service User. |
| **Care Worker** | Is the member of the Providers staff who delivers the service directly to the service user |
| **Carer** | Is a relative or friend who has the prime responsibility for ensuring the day to day welfare of the service user |
|  |  |
| **Contract** | Is the Articles of Agreement, Schedules A, B & C, the service users individual Care Plan |
|  |  |
|  |  |
| **Contract Review Date** | Shall be each anniversary of the date of commencement of this Contract, for the Contract period, unless agreed otherwise by both Parties |
| **CQC** | Care Quality Commission is the regulatory body for domiciliary care agencies (and care homes) governing the provision of care services |
| **Department** | This refers to the People’s Services Department of St Helens Council |
| **Domiciliary Care** | The provision of care services in the service users own home, in accordance with the Contract, the Specifications and the individuals Care Plan. |
| **Electronic Monitoring System** | Is an electronic system monitoring service delivery in ‘real time’ Electronic monitoring ensure that services are being provided as required.  Care workers are monitored via this system as they undertake daily schedule of visits. |
| **Expression of Concern** | An expression of concern is a process used by the Department for people to express dissatisfaction about service provision. It is a separate procedure to the Council’s Complaints procedure. Monitoring of expressions of concern form part of the Departments quality monitoring processes. |
| **Outcome Focussed** | An outcome is the impact, effect or consequence of help received on the Service User. The aim of an outcome focussed approach is to shift the focus from activities to results. |
| **Parties** | Means St. Helens Council and the Contractor and the word ‘Party’ shall be construed accordingly |
| **Person Centred Planning** | Is the process of putting the service user and their family/representative at the heart of the decision making process, ensuring personal outcomes for all service users |
| **Provider** | The organisation providing the commissioned service to service users on behalf of St. Helens Council and to whom this Contract has been issued |
| **Secondary Dispensing** | Is when medication is removed from the labelled original container and put into another container |
| **Service** | Is domiciliary and personal care service provided in accordance with the terms of this Contract |
| **Service User** | Is the individual assessed by the Council as requiring domiciliary support and assistance. |
| **Specification** | Is the service to be provided in accordance with the Schedule B of this Agreement |
| **Staff** | Is **any** member of the Provider’s staff and shall include all persons engaged, employed or appointed by the Provider in the performance of the service |
| **Support Plan** | Is the plan developed by the Provider to meet the service users outcomes specified in the Care Management Care Plan |
| **The Council** | St. Helens Council |
| **Unit Price** | Is the Providers’s tendered price that has been accepted by the Council. |

**SCHEDULE B – SERVICE SPECIFICATION Appendix 2**

**THE RANGE OF PROVISION FOR DOMICILIARY HOME CARE SERVICES**

Support should be delivered in a way that promotes and maintains independence and could include a range of activities such as but not limited to:

**Personal Care**

* Assisting the Service User to get up or go to bed.
* Assisting the Service User in moving and transferring as required e.g. moving to a sitting position in bed, transferring from bed to wheelchair, transferring from bed to commode/toilet, transferring from chair to bed.

(As per moving and handling procedures / training)

* Washing, showering, bathing, including cleaning as a result of incontinence.
* Dressing and undressing, including fitting callipers and surgical aids (e.g. specialised corsetry, trusses) and prostheses.
* Assisting user in changing catheter bags.
* Assisting user with toileting taking into account Health and Safety legislation.
* Preparation for attendance at appointments.
* Washing as a result of continence, cleaning and safe disposal of waste.
* Contributing to social rehabilitation or teaching programmes described within Care Plans (such as promotion of independent living).

**N.B Personal Care must not include any form of Nursing Care, for example,**

* Giving intravenous/intramuscular injections
* Ear syringing
* Cleaning ears with cotton buds
* Pressure sore dressings
* Leg ulcer dressings
* Changing catheters
* Giving enemas or suppositories or manual evacuation
* Any form of ‘invasive’, aseptic, or similar treatment

**Health Care**

**Direct responsibility for a service user’s health care must always remain with the Health Service.** The Provider must be clear where the boundaries lie between the Service and Nursing Care and must not undertake Health tasks outside of the Specification.

**Assisting with Service User’s health needs**

* Assisting Service User’s handling of medication, ear or eye drops. However post-op eye conditions must be supervised by a District Nurse
* General assistance and recording the self-administration of prescribed medication as per the Providers Medication Policy.
* Support with and/or administration of medication as per the Providers Medication Policy.
* External application of prescribed ointments and skin patches to unbroken skin. Preventative application of prescribed or non-prescribed creams / ointments to unbroken skin following personal cleaning.
* Assisting users with dry dressings (i.e. not open wounds or expert strapping).
* When the Service User’s care plan clearly states ‘prompting’ or ‘supervision’ with medication, the medication must be blister packed by the Service Users chosen pharmacist. This will have clear dispensing instructions on each dosage. If the blister pack has been damaged or opened by any other person the care worker will contact their Manager before the service user takes medication.
* Constantly monitoring physical/ mental health condition and circumstances of service user

**Food and Nutrition**

* Menu planning as part of planned programme to promote independence
* Preparation of food including hot meals and dealing with dietary needs, including health-related needs (e.g. diabetes)
* Assistance with feeding or drinking
* Advance preparation of snacks and drinks
* Management of food stores/fridge etc as part of planned programme to promote independence
* Encourage independence in food preparation
* Monitoring of service users at risk of malnutrition and/or dehydration

**Practical Support**

* Assisting with preparation of shopping lists including management of household stores.
* Shopping
* Ordering / collecting of prescriptions
* Teaching / encouraging daily living skills / social skills
* Monitoring service user well-being
* Assisting with personal correspondence
* Domestic cleaning would normally be limited to essential hygiene requirements only. This would consist of cleaning of work surfaces and floors in kitchen, bathroom and toilet and including baths, shower trays, sinks, and basin and toilets plus cleaning of occasional spillage.
* Bed making and changing
* Emptying and cleaning commode
* Laundry
* Fire lighting and managing solid fuel
* Dealing with household refuse
* Disposal of special clinical waste as identified by the Health Authority through approved collection systems

**Financial Support**

* Explaining financial transactions to service users
* Assisting with handling money, pension collection, payment of bills etc in accordance with the Providers Financial procedures.

**Social Support**

* Accompanying the Service user to go shopping
* Support to participate in social / leisure/ cultural activities
* Support to maintain social networks and personal relationships
* Support to access education / training / employment
* Support to maintain hobbies or interests
* GP appointments etc

**SCHEDULE B – SERVICE SPECIFICATION Appendix 3**

**Domiciliary Care Services**

**Medication Administration**

**CQC Guidance**

The Service User Support Plan must explain in **detail** the exact amount of support required with the administration of a Service Users medication.   
  
The need for medication to be administered by Provider staff should be identified at the care assessment stage and recorded in the person's care/support plan.

**General Support would include the following:**

1. Verbal reminders with no supervision
2. verbal reminder with supervision
3. Manipulation of medication container;
4. Requesting repeat prescriptions from the GP;
5. Collecting medicines from the community pharmacy/dispensing GP surgery.

To the more complex support such as:   
  
**The following basic principles of medication administration must be applied where the service user requires assistance**

* Right service user
* Right Drug
* Right Time
* Right Dose
* Right Route
* Right Documentation

**Administration of medication which may include some or more of the following:-**

1. When the care worker selects and prepares medicines for immediate administration, including selection from a monitored dosage system or compliance aid;
2. When the care worker selects and measures a dose of liquid medication for the person to take;
3. When the care worker applies a medicated cream/ointment; inserts drops to ear, nose or eye; and administers inhaled medication;
4. When the care worker puts out medication for the person to take themselves at a later (prescribed) time to enable their independence.

The Provider **must** ensure that service user medication is audited on a regular basis

**Provider staff must not**

* If medication is refused for whatever reason, it should be recorded. If there is a concern that this refusal would significantly impact upon the Service Users health, the Pharmacist or GP must be notified via the manager.
* Care workers must not covertly try to dispense medication in any other way. For instance the medication must not be disguised in food.
* Non – prescribed medication: Care workers should not introduce or offer advice to service users about over-the-counter medication or complementary treatments.
* Care workers must not be involved with medication when skilled observations are required before or after administration. For example taking a pulse.
* Care workers should generally not be involved with the administration of controlled drugs, for example pethadine and morphine. This practice can **only** occur in exceptional circumstances and only if:
  + The Provider has clear procedures in place for the administration of ‘controlled drugs’
  + The requirement to administer is specifically recorded in the Service Users care plan.
  + Staff are suitably trained to do so
  + There are secure storage and robust recording mechanisms in place.
  + Line Managers monitor the administration of controlled drugs on at least two occasions per week.
  + The balance of each controlled drug is checked on each occasion of administration as well as during the usual stock checks.
* Care workers must not secondary dispense, there can be no check that the correct medication has been given, i.e. do not take medication out of a blister pack and put into another container if a service user is going to a day centre.
* Care workers must not crush tablets without checking with the pharmacist first – if a service user has difficulty swallowing there may be other more appropriate forms.
* Care workers are not permitted to give service users medicines prescribed for another individual, even if it is the same product.
* Care workers must not make any alterations to labels on medication
* Under no circumstances should care workers administer medication using specialised techniques, unless they have satisfactorily completed training and been assessed as being competent in doing so by a healthcare professional:
  + Rectal administration, e.g. suppositories, diazepam
  + Injectable drugs such as insulin
  + Administration through a PEG (percutaneous endoscopic gastromostomy)

**SCHEDULE B – SERVICE SPECIFICATION Appendix 4**

**THE LEGAL FRAMEWORK**

The provider must be aware of the following legislation as it shapes the service they provide and they must ensure that, where applicable, their organisation has in place policies and procedures and practices to meet these legislative requirements. The provider must be prepared to provide evidence of this and their use as part of the monitoring processes associated with this specification.

It is the responsibility of the provider to ensure that they comply with any new legislation that impact on the service, even if not contained on the list.

* The Care Act 2014
* Care Standards Act 2000
* The Disability Discrimination Act 1995 (*as amended by the Special Educational Needs & Disability Act 2001*)
* The Equality Act 2010
* The Health & Social Care Act 2008
* Manual Handling Operations Regulations
* COSHH regulations 2002
* Food Safety Hygiene Regs 2013
* Data Protection Act 1998
* Human Rights Act 1998
* Employment Rights Act 1996
* The Health & Safety at Work Act 1974
* Medicines Act 1968
* Mental Capacity Act 2005

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| **SCHEDULE B – SERVICE SPECIFICATION Appendix 5** | St.Helens Council |
| Service Level Agreement  Electronic File Submissions – Invoicing Requirements  St. Helens Council  Provider Name: \*\*\*\*\*\*  Date Created: \*\*\*\*\* |  |

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| 5 | Reviews |
| 6 | Service Level Agreement Provider Acceptance |
| 7 | Appendix SLA A - IT Support Details |
| 8 | Appendix SLA B – ContrOCC Actuals Bulk Import Specification |

**1. Introduction**

This Service Level Agreement refers to the transfer of files or reports by \*\*\*\*\*\*\* , for use by St. Helens Council. It also refers to the I.T. systems that will be used to transfer this information and the support thereof.

The new care provision contracts require successful providers to supply details of:

* Details of the clients to whom they have delivered care.
* The **actual** hours delivered.
* The number of visits.
* The frustrated, missed and extra hours.

This information will be used to monitor care hours delivered to clients and will also be used to bill clients for the care they have received under the Fairer Charging Policy

\*\*\*\*\*\*\*\*\*\*\*, by means of a secure mechanism, provided by St. Helens Council, will deposit files on a weekly basis.

St. Helens Council will provide a web portal as a point of contact, allowing providers to deposit files or reports via a secure mechanism, as well as alerting St. Helens Council officers as required.

In accordance with this please refer to Appendix SLA B **“ContrOCC Actuals Bulk Import Specification”.** This document specifies the file format for actuals data that is compatible with ContrOCC. Providers will create actuals’ files in various ways but the file produced must follow this specification

Support for St. Helens Council Officers in the use of Provider systems is also detailed in this agreement.

This document will serve to clarify requirements for both \*\*\*\*\*\* and St. Helens Council.

**2. Electronic File Provision**

Notice will be given to Provider of any planned or emergency changes to agreed format.

All changes will be subject to Change Management procedures as determined by St.Helens Council Business IT Unit.

* File must be in .csv format.
* Commas must not be present in any of the data fields
* Empty data fields must still be delimited by a comma
* File Name format must be: Provider Code + Feeder + Week commencing date

e.g. for Provider A for week commencing 21st February 2016 this would be

**PAFeeder210216.csv**

Provider Codes

PA – Provider A

*N.B Provider Codes will be issued following the awarding of contracts.*

Files, which are not deposited in this format or naming conventions, will not be processed and the Provider A will be notified accordingly.

**3. Submission Of Files**

Files should be available to St.Helens Council by **Wednesday** of each contractual week.

File delivered should reflect the actual hours delivered to associated service users for the 7 (seven) days of the previous week.

Files should be deposited in the designated secure area of the **ContrOCC Provider Portal**.

Access to the portal is by declared email address and assigned password.

All users of the portal must be declared to St.Helens Council’s People’s Services Department through the Customer Finance Section.

Users of the Portal must have received and accepted training guidance and have agreed to the terms and conditions of use.

**ICT Service Desk**:

Tel: 01744 676525

Email: [itservicedesk@sthelens.gov.uk](mailto:itservicedesk@sthelens.gov.uk)

**4. User Support.**

**St.Helens Provider Portal.**

Assistance will be given to \*\*\*\*\*\* designated staff, where problems are encountered in using the Provider Portal.

Designated staff will be advised to report any faults in access to the application via the IT Service Desk on 01744 676525 or by email [itservicedesk@sthelens.gov.uk](mailto:itservicedesk@sthelens.gov.uk).

All faults / incidents logged in this way will follow the standard process for all IT Service Desk calls.

Support Details are available in Appendix SLA A.

**Provider Application.**

\*\*\*\*\* must provide support contact details to designated St. Helens Council Business IT Officer.

Designated St. Helens Council Officers will report problems encountered with \*\*\*\*\*\* application, to the St. Helens Council IT Service Desk, in the first instance.

**St. Helens Council Network.**

Calls will be analysed to ascertain whether reported problem is related to communications from St. Helens Council network to \*\*\*\*\* network.

If found to be the case, the call will be handled and resolved by St.Helens Council Business IT Unit, following the standard process for all IT Service Desk Calls.

**St. Helens Council Officer WorkStation.**

Calls will be analysed to ascertain whether reported problem is related to the workstation pertaining to the designated St. Helens Council Office.

If found to be the case, the call will be handled and resolved by St.Helens Council Business IT Unit, following the standard process for all IT Service Desk Calls.

**Other.**

Where incidents reported are found not to be related to St. Helens Council Officers in regard to network, communications or workstation, said incident will be reported to designated \*\*\*\*\*\* officer or support desk by designated St. Helens Council Business IT Officer.

**5. Reviews**

**Annual Review.**

The S.L.A covers the period \*\*\*\*\* to \*\*\*\*\*\* and will be reviewed annually, for the purposes of this document a review date of \*\*\*\*\* will be used.

The service shall be reviewed annually by St.Helens Council Business IT, designated St. Helens Council Officers, and designated \*\*\*\*\*\* officers.

The review shall:

1. Check performance against this SLA over the year
2. Review the key issues of the past performance statistics including major incidents, service trends and achievements.
3. Review outstanding matters relating to the service
4. Consider service improvement and future aspirational developments

**Service Review.**

S.L.A's will be reviewed every six months but will be re-assessed during the year to take account of any major system changes, or alternatively at the request of the designated St.Helens and \*\*\*\*\*\*\* officers.

**Change Management.**

Changes to any of the aforementioned processes must adhere to the change management processes adopted by St. Helens Council.

Changes must be agreed by consensus of St. Helens Council responsible officers, Business IT and representatives from all seven Care Providers.

In the case of a major change, the designated owner will be required to follow Prince 2 methodology as per Council standards.

Request for change must be initiated by the designated System Owner submitting such a request to Business IT via the Work Request Database.

Any work requested in this manner will be charged independently of the SLA at the designated rate for development for the financial year in question.

**6. SERVICE LEVEL AGREEMENT PROVIDER ACCEPTANCE**

PROCESS: \*\*\*\*\*\*\*\*\*\*\*

Owner: \*\*\*\*\*\*\*\*\*\*\*

S.L.A Period: \*\*\*\*\* to \*\*\*\*\*\*

With the option to extend for a further 1 + 1 years subject to satisfactory performance

S.L.A Review **:** \*\*\*\*\*\*

**Contacts :**

\*\*\*\*\*\*\*

St. Helens Council: Nicholas Fletcher

St. Helens Council BIT: Vanessa McDermott

**Signatures:**

\*\*\*\*\*\* Date: / /

St. Helens Council: Date: / /

St. Helens Council BIT: Date: / /

**Appendix SLA A** - Service Level Agreement - Electronic File Submissions – Invoicing Requirements

**IT SUPPORT DETAILS.**

The I.T Business Units support staff will provide technical assistance via a nominated user representative within the following areas, and under the described conditions.

**a) Correction of errors caused by program faults.**

i) The support unit will take the necessary action where an amendment or change has been made to the system, which results in its subsequent failure in the production environment.

ii) Where faults in the system occur and are identified by the user, sufficient detail must be provided to the I.T Business Support Unit to enable fault determination and correction to take place , the fault reporting procedure is detailed in part c) of this section "SERVICE DESK FACILITIES".

**b) Correction of errors caused by operational error.**

i) The support unit will provide assistance to the Business Unit production section when required, in the event of program/system failure caused by the production environment e.g.

- Introduction of New Systems Software.

- Hardware Failure.

- Software Failure.

**c) Service Desk Facilities.**

The support unit will provide assistance via a Service Desk facility relating to usage of the system and error correction. In order to receive assistance or to report a suspected program fault, the following procedure should be adopted.

i) Contact the Service Desk on 01744 676525 during the hours described in the I.T Business Unit Production S.L.A giving the following details:

- The Nature of the problem.

- The Severity and scope of the problem and its consequences.

- The name of the person who can be contacted concerning the problem and their extension number (this is so that the IT Business Support unit can contact you).

ii) The Service Desk will log your call and attempt to resolve the problem with you. However, where this is not possible, the call will be prioritised and passed to second line support.

iii) You will be contacted in due course, and it is important that you have any relevant information at hand.

**d) Response Times.**

When a user is contacted to discuss a reported fault, it will be allocated one of three

available gradings for the S.L.A.

Essential -

A fault causing financial loss or disrepute to the system. This grading means that response to the fault will be actioned immediately and the necessary staff will be assigned to effect a solution to the problem.

Response Time: 0.5 working days

Major -

A fault affecting system performance. This grading means that response to the fault will be actioned and a nominated user representative will be contacted by phone within 1 working day of the fault being reported.

Response Time: 1.0 working days

Minor -

Any other reported fault. This grading means that response to the fault will be programmed into the standard workload of the staff responsible.

A response by phone will be made to a nominated user representative within 5 working days.

Response Time: 5.0 working days

Failure to respond -

The nominated user representative(s) will define the grading of a fault.

Failure to respond within the stipulated time period will result in a penalty of one man days refund for each days delay.

**e) Resolution Times**

All faults will be attempted to be resolved as quickly as possible, in order that normal service be resumed as quickly as possible. However, on occasion advice may need to be sought from a third party, and the Business IT Support Unit cannot guarantee that this response will be in line with the gradings highlighted within this document, but will guarantee that every attempt will be made to resolve the problem as soon as physically possible.

**f) Conflict of Interests.**

If a user request is authorised for action that will hinder the performance of the S.L.A then the arbiter will be the authorities I.T.S.R section.

**g) Year End Procedures.**

The I.T Business Support Unit will provide under this S.L.A the necessary actions in order to take the system through a standard year-end. Any special requirements not usually performed at year-end and involving input by the Support section will not be covered in this S.L.A.

**h) Items not included in this S.L.A.**

This S.L.A will NOT include the following items:

i) Changes that alter the signed off system in any way, however insignificant:

- Functional changes to the system, such as new fields on screens, totals on prints, changes to calculations etc.

- New program(s) or screen(s) to be added to the system.

- New or amended sub systems.

- New or amended Feeder systems.

- Changes to the installed system to provide performance mprovements.

The above will be regarded as new system development and will be charged at the hourly/daily rate in force at the time of requesting the new developments.

ii) Error caused by incorrect use of the system.

iii) Changes to hardware (e.g PC's , terminals , printers , networks etc.)

including :

- The moving of equipment.

- The acquisition of new equipment.

- The setting up and maintenance of networks.

iv) Training of end users in the use of the system.

v) Telephone support unless it is in connection with a specific system failure/error.

**Appendix SLA B** - Service Level Agreement - Electronic File Submissions – Invoicing Requirements

**ContrOCC**

**Introduction**

This document specifies the file format for actuals data that is compatible with ContrOCC. Different providers will create actuals’ files in various ways but the file produced must follow this specification.

**File Format**

The file format is a conventional comma separated values (CSV) format encoded in a standard windows ASCII text file that can be edited in Microsoft Excel or Notepad. It must meet the following criteria:

1. Each file contains Actuals for only one Provider.
2. The first line must not contain field names (i.e. there should be no “header” row, only data).
3. This format consists of rows of data where each row is a single actual.
4. Each row of data is divided into columns where columns are separated by a comma character.
5. All rows have the same number of columns and the format of each column is the same for each row.
6. Each row must follow the same order of columns (set out below). The order of rows is not important.
7. Columns can have a type which is one of: alphanumeric, date, decimal or integer.
8. Alphanumeric values must be enclosed with double quotes when the alphanumeric is empty or contains commas.

**An Actual (row)**

Each row represents the actual service provision provided by the provider for a client at a specific service level during a specific week. A service level is identified in two parts: a reference to a service and then the type of service level provided as part of the service.

The format can contain data for any number of clients and any number of service levels. The combinations of client, service level and weeks must represent a service that is stored in the local authority’s ContrOCC system (i.e. the data cannot be provisional for service levels, client and periods that are not yet stored in the Controcc system).

Rules for Acceptance

For an actual to be imported, it must match the following rules:

* The Service Reference and Service Level must exactly match the names / references entered in the ContrOCC application. However, matching is case-insensitive so that “Hot Meal” will be considered the same as “hot meal”.
* The matched Service must be associated with the Provider specified when importing the file.
* The client’s Social Services Reference must exactly match the value held in the ContrOCC application. Again, matching will be case-insensitive.
* A Service, Service Level (dictionary) and Client must exist which is valid for all or part of the week following the Start Date.
* If the client has a Care Package Line Item with a matching service level then a planned (normal) actual will be created by the import otherwise an unplanned actual will be created. An unplanned actual will result in a Care Package Line Item being created just for that week.

**Columns**

**Service**

Alphanumeric that identifies the service provided by the provider. This reference alphanumeric is stored on the ControCC system and will be supplied to the provider by the local authority.

In the ControCC application, the reference field is displayed on the Service details screen.

**Service Level**

Alphanumeric identifies the service level within the service that row refers to. This alphanumeric must be one of a set of alphanumerics that are defined across services by the local authority and stored in the ControCC database. Each service will have a subset that is provided as part of the service. The Local authority will specify the valid set of service level alphanumerics that can be used for each service.

In the ControCC application the set of service levels available for a given service are listed on the Service Delivery screen. The complete set of service levels available across all services is listed on the Service Levels screen under Service Dictionaries. The service level alphanumeric used in this format should not include the units of the service level i.e. the alphanumerics should be as listed on the dictionary screen.

**SSRef**

Alphanumeric contains a reference that identifies a client. This reference alphanumeric is stored on the ControCC system and will be supplied to the provider by the local authority.

In the ControCC application, the reference field is displayed on the client details screen as the ‘SS Ref’ field.

**Date**

Date contains the first day of the week covered by the row data. The start day of the week, e.g. Monday, is always the same for all data supplied to a given local authority in this format. The Local Authority should tell the provider which day it is. YYYYMMDD

This field must be within the period when the Controcc care package line item corresponding to the client and service data fields is active. The period is given by the care package line items screen.

The date must be in the format YYYYMMDD eg 20161031

**WeeklyDeliveredQuantity**

Decimal contains the number of service units (hours or part hour) actually delivered by the service provider at the given service level for the client during the specified week. This figure must come from the provider’s Electronic Monitoring system and be a true reflection of the care assistants’ clocking in and out at Service Users homes. Please supply 4 decimal places.

**WeeklyFrustratedQuantity**

Decimal contains the number of service units (hours) that were not performed during the specified week where the provider is not responsible for the lack of provision. This must represent the value of a full call or calls. A call is frustrated for the following reasons only: -

1. Service User Cancelled
2. Service User Refused
3. Care Worker unable to gain access
4. Service User in Hospital (48 hours maximum)

**Column 7**

This field is no longer required this feeder and will be represented by a comma

**Column 8**

This field is no longer required on this feeder and will be represented by a comma

**Column 9**

This field is no longer required on this feeder and will be represented by a comma

**Comments**

Alphanumeric that allows the provider to explain when the frustrated field value is zero.

**Weekly Example**

The following is an example of file in the format defined above. The rows refer to the provision of service levels provided by the service with reference Able Support for client with reference A12345.

XYZ,Domiciliary Care – Single Handed,A12345,20161031,6,2,,,,Frustrated Calls – Monday SU Cancelled and Tuesday SUHosp

|  |  |  |  |
| --- | --- | --- | --- |
| **Field** | **Data Type** | **Detail** | **Example** |
| Service | Alphanumeric | Provider name | XYZ |
| Service Level | Alphanumeric | Services provided of which there are only 6 acceptable i.e  Domiciliary Care - Single Handed OR  Domiciliary Care - Double Handed OR  CHC Domicilary Care - Single Handed OR  CHC Domicilary Care - Double Handed OR  End of Life Domicilary Care - Double Handed OR  End of Life Domicilary Care - Single Handed. | Domiciliary Care – Single Handed |
| SSRef | Alphanumeric | ASCH Reference Number | A12345 |
| Date | Date | Start day of the week – must be a Monday | 20161031 |
| WeeklyDeliveredQuantity | Numeric – 4 decimal places | The number of hours that has actually been delivered to the client that week.  Taken from electroninc monitoring system clocking.  Eg Visit 1= 28 minutes = .4667  Visit 2 = 1 hour 47 minutes = 1.7833  Total to be sent to us = 2.2500 | 6 |
| WeeklyFrustratedQuantity | Numeric | The number of hours missed where provider is NOT responsible | 2 |
| Column 7 | Numeric | Blank but still needs to be represented by a comma | , |
| Column 8 | Numeric | Blank but still needs to be represented by a comma | , |
| Column 9 | Numeric | Blank but still needs to be represented by a comma | , |
| Comments | Alphanumeric | Allows provider to explain frustrated hours. | Frustrated Calls – Monday SU Cancelled and Tuesday SU in Hospital |

**SCHEDULE B – SERVICE SPECIFICATION Appendix 6**

**ST. HELENS COUNCIL**

**PEOPLE’S SERVICES**

**INVOICE PERIODS**

Schedule of invoice periods and invoice submission dates in 2016/2017 for Domiciliary Care Services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERIOD** | **PERIOD COVERED** | | **INVOICE TO BE SUBMITTED BY** | **PAYMENT**  **DATE** |
| **From** | **To** |
| 10 | 21/11/2016 | 18/12/2016 | 11/01/2017 | 17/01/2017 |
| 11 | 19/12/2016 | 15/01/2017 | 08/02/2017 | 14/02/2017 |
| 12 | 16/01/2017 | 12/02/2017 | 08/03/2017 | 14/03/2017 |
| 13 | 13/02/2017 | 12/03/2017 | 05/04/2017 | 11/04/2017 |
|  | **Payment schedule for 2017/18 will be provided to successful Providers after Contracts have been Awarded** | | |  |
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| **SCHEDULE B – SERVICE SPECIFICATION**  **Appendix 7** | St.Helens Council |
| **Domiciliary Care**  **Electronic Monitoring**  **Service Specification**  **July 2016** | |

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| **5** | **Provider Requirements in Managing their Electronic Monitoring System** |
| **6** | **Real Time Alert Criteria** |
| **7** | **Real Time Alert Management** |
| **8** | **Electronic Performance Report** |

1. **Electronic Monitoring**

It is a requirement that all Tier 1 Service Providers will introduce, at its own expense, an electronic monitoring system that monitors service delivery in real time and this system will provide access to designated Council Officers from the commencement of the Contract.

1. **Purpose**

The Council is committed to commission quality services for the citizens it represents. The implementation of a domiciliary care electronic monitoring systems will allow Service Providers and the Councils representatives to monitor the service provided to its citizens.

In addition the implementation of these systems will enable the Council to have an auditable trail of information that allows transparency of actual visit data at the point of care delivery. This will mean that the reliability of service provision can be monitored, which will include consistency of care workers, number of visits, duration of visits, identification of planned versus actual call times and identification of planned versus actual care workers.

1. **System Access**

All Tier 1 Service Providers will give, via an internet web based system or remote access application, access to their Electronic Monitoring system. This access will be made available to designated Council Officers in order that they are able to view in real time service user visit information and run activity performance reports.

Designated user names will be supplied to each Tier 1 Service Providers so that the appropriate license application can be processed in order for Council Officers access.

1. **System Requirements**

* Web based system or remote access application with protected passwords and individual user identifications to activate the system and protect service users and care workers identifiable information
* The system must not charge service users for it’s use
* System must be able to record every visit planned for every service user commissioned under this Contract.
* System must record the planned visit arrival time and the planned visit departure time of the care worker/s. The planned visit time must be as close to the commissioned time as practically possible
* System must record the actual arrival time, the actual departure time and the actual duration of the visit. This information must be captured in real time, as much as practically possible
* System must identify the name of the rostered care worker undertaking the visit
* Should an alternative care worker undertake the visit then their name must be identified on the system
* Should a visit require two or more care workers then the system allows all care workers to log in and out of the visit
* System must be able to record the planned care worker and the actual care worker attending the visit whilst maintaining historical details
* System must be able to activate Real Time Alerts according to service user need
* System must be able to activate Real Time Alerts when visits are not completed as per planned time
* System should allow for a Real Time Alert to be linked to every service user account
* System must be fully auditable and transparent, including who and when data was amended
* System must be flexible and reliable enough to be modified in the future

1. **Provider Requirements in Managing their Electronic Monitoring System**

* Should Service Providers manually input onto the system then detailed notes are made on the system giving the reasons for the manual input
* Should the care worker remote log onto the system then this is identified and the reasons for the remote log recorded on the system
* Service Providers to ensure that if a care worker fails to log in or out of a call then the actual time of arrival and/or departure is recorded on the system. Provider must not remote input the planned time of the call.
* For telephone based systems. Should a service user not have a telephone or refuses to allow it’s use then an alternative monitoring procedure must be put in place.
* Should the provider become aware that a service user is charged for the use of electronic monitoring then the Provider reimburse the service user the cost of calls and raise the matter with their electronic monitoring supplier.
* Provider to ensure that the out-of-hour duty cover immediately receives Real Time Alerts that have been activated and they respond to these alerts efficiently
* Provider to ensure should a visit require two or more care workers then both care workers should log in and out of the visit
* Provider to ensure every service user has a Real Time Alert linked to their record
* Provider to ensure that new service user records are added to the system within 2 working days, including a Real Time Alert
* Providers to ensure that care workers follow the rota given to them and not swap visits to suit themselves
* Provider to ensure it allows sufficient travel time between calls and this can be evidenced from the system.

1. **Real Time Alert Criteria**

To ensure the safety of service users the electronic monitoring system must be able to provide Real Time Alerts for all service users commissioned by this contract.

The following are set as the minimum standards to be applied in a 3 stage approach. This approach may change and will be dependent of the needs of the individual service user.

**Real Time Alert** **1. Critical 15 minute RTA applied**

Required for service users who:

* Have been assessed as requiring assistance with time critical administration of medication
* Have Diabetes and require time critical calls for food preparation and intake
* Are immobile or bed bound
* Where skin integrity is a significant risk
* Any other reasons that the Council or Provider deem the call to be critical (15 minutes)

**Real Time Alert 2. Non-Critical 30 minute RTA applied**

Required for service users who:

* Have been assessed as requiring assistance with the administration of medication
* Have a significant cognitive impairment, for example dementia and a late call may cause the service user to be distressed
* Are immobile or bed bound and are at moderate risk of skin deterioration
* Have severely restricted mobility, are unable to change position and are incontinent, and or require pad changes or a catheter bag emptying
* Any other reasons that the Council or Provider deem the real time alter should be set at 30 minutes

**Real Time Alert 3. Non-Critical 60 minute RTA applied**

All other service users not listed as requiring a 15 minute or 30 minute real time alert

**7 Real Time Alert Management**

In order to effectively management the real time alerts it is imperative that the Provider has procedures in place that monitors and promptly reacts to all activated alerts. This procedure must be in place during the hours that the service is operational and must include hours when the office is closed e.g. after 5pm and week-ends when service users require visits. The Provider must have a designated on-call service with contingency arrangements in place to cover periods of staff absence. The Officer managing this service must not undertake a care visit / call when on duty, unless in extreme emergencies.

**8 Electronic Monitoring Performance Reports**

**Report 1 (Activity)**

In order to have consistency in information supplied by differing Providers the Council will require a weekly Performance Report, which will provide details of visit activity to enable Council Officers to analyze data in a uniform format.

It is paramount that this report is sent to the Quality Monitoring Unit in excel format and the print area is set to landscape.

The Provider by means of a secure encrypted email, which will be received by a Lotus Notes based application, will email the report, in a excel format, on a weekly basis.

The detail of this report is demonstrated in this specification. The report must be generated using the data held on the Providers electronic monitoring system and will capture information on visit activity for every planned visit for a period of one week (Monday through to Sunday)

The deadline for submission of the Performance Reports will be every Wednesday and the information within the report will be the activity visit data for the previous week.

**Report 2 (Continuity)**

In addition to Report 1 (Activity) the Council will require a monthly Continuity of Care Performance Report, which will provide the frequency and number of different care workers visiting each service user in a particular week.

The Council will provide a schedule of dates and sample weeks to each Domiciliary Care Provider on commencement of contract.

It is paramount that this report is sent to the Quality Monitoring Unit in excel format and the print area is set to portrait.

The Provider by means of a secure encrypted email, which will be received by a Lotus Notes based application, will email the report, in an excel format, on a monthly basis.

The detail of this report is demonstrated in this specification. The report must be generated using the data held on the Providers electronic monitoring system and will capture information on frequency of care workers visits for a sample period of one week (Monday through to Sunday)

The following Targets will apply for service user Continuity of Care

|  |  |
| --- | --- |
| **No of Visits per Week**  (***one care call completed by 2 care workers is classified as 2 visits)*** | **Target No of Care Workers** |
| 1 to 3 | 2 |
| 4 to 7 | 3 |
| 8 to 14 | 5 |
| 15 to 21 | 6 |
| 22 to 29 | 8 |
| 30 + | 10 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |
| **cell** | **B** | **C** | **D** | **E** | **F** | **G** | | **H** | **I** | **J** | **K** | **L** | **M** | **N** | **O** | **P** | **Q** | **R** | **S** | **T** | **U** | | **V** | | **W** | **X** |
|  | **PROVIDER NAME** | **SERVICE USER NAME** | **CAREFIRST IAS NUMBER** | **DATE (dd.mm.yy)** | **DAY** | **SU REQUESTED TIME START** | | **SU REQUESTED TIME END** | **PLANNED TIME (Mins)** | **ACTUAL LOG IN TIME START** | **INPUT BY** | **REASON CODE** | **ACTUAL LOG OUT  TIME END** | **INPUT BY** | **REASON CODE** | **ACTUAL DURATION (Mins)** | **PUNCTUALITY OF CARE WORKER (Mins)** | **RTA CRITERIA** | **RTA ACTIVATED** | **COMMENTS** | **ROSTERED CARE WORKER** | | **ACTUAL  CARE WORKER** | | **75% OF VISIT** | **VISITS  < 75%** |
|  | Name | Surname Forename | 112233 | 21.02.16 | Mon | 08.30 | | 09.00 | 30 | 08.06 | Care  Worker |  | 08.33 | Care  Worker |  | 27 | -24 | 1 | No |  | Surname Forename | | Surname Forename | | 23 | No |
|  | Name | Surname Forename | 223344 | 21.02.16 | Mon | 09.00 | | 09.30 | 30 | 09.21 | Office | F | 09.52 | Office | F | 31 | +21 | 1 | Yes | Care Worker called in sick from previous call. | Surname Forename | | Surname Forename | | 23 | No |
|  | Name | Surname Forename | 334455 | 22.02.16 | Tue | 08.30 | | 09.30 | 60 | 08.32 | Care  Worker |  | 09.00 | Care  Worker |  | 28 | +2 | 2 | No |  | Surname Forename | | Surname Forename | | 45 | Yes |
| **NB 1:** | | **As there will be numerous visit times the report must display the information in order of time activity. (i.e., all Mon visits am to pm, then all Tues visits am to pm, etc)** | | | | | | | | | | | | | | | | | | | | | | | | |
| **NB 2:** | | **A formula must be inserted into the cells were a calculation is required. The below table indicates the formulas needed** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Formula for column W** | | | | | **=I5/100\*75** | | | | | |  | | | | | | | | | | | | | |
|  | | **Formula for column X** | | | | | **=IF(P5<W5, "Yes", "No")** | | | | | |  | | | | | | | | | | | | | |

**EXAMPLE Week ending Sunday dd.mm.yy**

**EXAMPLE – CONTINUITY REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Provider Name Sample week Covered** |  | | |  |  |  |
| **SU Name** | **Actual Visits** | **Actual Carers** | **Compliant** |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | |
|  |  |  |  |  | YES |  |
|  |  |  |  |  | NO |  |
|  |  |  |  |  | Total | 0 |
|  |  |  |  |  |  |  |

**Formula for 04th Column**

=IF(AND($B12>=1,$B12<=3,$C12<=2),"Yes",IF(AND($B12>=4,$B12<=7,$C12<=3),"Yes",IF(AND($B12>=8,$B12<=14,$C12<=5),"Yes",IF(AND($B12>=15,$B12<=21,$C12<=6),"Yes",IF(AND($B12>=22,$B12<=29,$C12<=8),"Yes",IF(AND($B12>=30,$C12<=10),"Yes","No"))))))