**Part B**

**Lot 2: Provision of Care and Support in Learning Disability Supported Accommodation**

**General Information and Specification**

**Please Note: This Part B document will only be issued once, but is relevant for all phases of the procurement process.**

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1. **Introduction and Background Information**

##

## Procurement Procedure

The Authority is conducting this procurement process in accordance with the Public Contracts Regulations 2015. This opportunity falls within Schedule 3 of the Regulations (Social and Other Specific Services) and is therefore being run under the Light Touch Regime.

The Authority requires the information sought in this Selection Questionnaire from Applicants in response to the OJEU contract notice identification number **2018/S 007-011597** dated **11 January 2018**.

The Selection Questionnaire sets out the information required by the Authority in order to assess the Applicant’s suitability in terms of their technical knowledge, experience, capability/capacity, organisational and financial standing to meet the requirements.

The Selection Questionnaire will be available to every Applicant responding to the OJEU notice, and will be used in the first step of selecting Applicants to Tender. Selected Applicants will be notified in writing that they have been invited to participate further in the procurement. Unsuccessful Applicants will also be notified of the outcome of their first-stage application in writing.

At the conclusion of this first stage, the intention is to arrive at a short list of five (5) Applicants to take forward to the next stage. Where there is more than one (1) Applicant in fifth (5th) place, then all such Applicants will be invited to Tender. However, in the event that the short list of five (5) Applicants includes two (2) or more Applicants with joint scores, the shortlist will not be increased to include any Applicants beyond fifth (5th) place.

The Authority reserves the right to down select the lowest scoring Applicant if their score differs from that of the next Applicant by more than thirty per cent (30%), so long as there is an appropriate number of Applicants to provide genuine competition during the second (2nd) stage.

In the event that five (5) or fewer than five (5) submissions are received, the Council will take into account the above and therefore, may result in less than five (5) Applicants being taken forward to the second (2nd) stage.

To further illustrate this point please see refer to the following examples. In both Example 1 and 2 the intention is to arrive at a shortlist of five (5) Applicants. Examples 3 and 4 demonstrate where fewer than five (5) submissions were shortlisted.

Example 1

|  |  |  |
| --- | --- | --- |
| **Supplier** | **Score** | **Status** |
| One | 84% | Invited to Tender |
| Two | 83% | Invited to Tender |
| Three | 83% | Invited to Tender |
| Four | 72% | Invited to Tender |
| Five | 71% | Invited to Tender |
| Six | 65% | Down Selected |
| Seven | 60% | Down Selected |
| Eight | 52% | Down Selected |

Example 2

|  |  |  |
| --- | --- | --- |
| **Supplier** | **Score** | **Status** |
| One | 84% | Invited to Tender |
| Two | 83% | Invited to Tender |
| Three | 81% | Invited to Tender |
| Four | 72% | Invited to Tender |
| Five | 70% | Invited to Tender |
| Six | 70% | Invited to Tender |
| Seven | 64% | Down Selected |
| Eight | 52% | Down Selected |

Example 3

|  |  |  |
| --- | --- | --- |
| **Supplier** | **Score** | **Status** |
| One | 90% | Invited to Tender |
| Two | 81% | Invited to Tender |
| Three | 74% | Invited to Tender |
| Four | 69% | Invited to Tender |
| Five | 48% | Down Selected |
| Six | 45% | Down Selected |
| Seven | 41% | Down Selected |
| Eight | 33% | Down Selected |

Example 4

|  |  |  |
| --- | --- | --- |
| **Supplier** | **Score** | **Status** |
| One | 91% | Invited to Tender |
| Two | 87% | Invited to Tender |
| Three | 81% | Invited to Tender |
| Four | 56% | Down Selected |

Following the receipt and evaluation of those Tenders, it is anticipated that the Contract will be awarded to a maximum of one (1)Service Provider per Lot**.**

## Lots

This procurement opportunity is divided into two (2) lots as specified below:

|  |  |  |
| --- | --- | --- |
| **Lot Number** | **Area** | **Title** |
| 1 | Taunton, Somerset | Care and Support in Extra Care Housing Scheme |
| 2 | Taunton, Somerset | Care and Support in Learning Disability Supported Living Accommodation  |

## Contract Period

The Contract being offered is due to commence on:

01 June 2018 to 31 May 2023

with the option to extend for: two (2) further periods of up to twelve (12) months.

For avoidance of doubt, the maximum duration of this contract, including permitted extensions will be until 31 May 2025.

## Eligible Users of the Contract

Not Used

## Procurement Timetable

The key dates for this procurement process are currently anticipated to be as follows:

|  |  |
| --- | --- |
| **Procurement Stage** | **Dates** |
| Publication of advertisement | 11/01/18 |
| Selection Questionnaire distributed to Applicants | 12/01/18 |
| Clarification questions to be submitted by | 22/01/18 |
| Clarification responses to be issued by | 23/01/18 |
| SQ deadline | 12:00 on 29/01/18 |
| Evaluation | 29/01/18 – 06/02/18 |
| Applicants notified of SQ decision | 07/02/18 |
| Procurement documents distributed to Applicants | 12/02/18 |
| Clarification questions to be submitted by | 26/02/18 |
| Clarification responses to be issued by | 27/02/18 |
| Bid Deadline | 12:00 on 05/03/18 |
| Evaluation | 05/03/18 – 23/03/18 |
| Intention to award | 05/04/18 |
| Standstill period | 05/04/18 – 16/04/18 |
| Contract start | 01/05/18 |

Please note that the above timescales are indicative; the Authority reserves the right to change the above timetable at any time, taking in to account the complexity of the Contract and the time for drawing up Competition Documents, subject always to the minimum timescales in the Regulations. In particular SCC may in its absolute discretion extend the deadline for the

receipt of Bids and in such circumstances SCC will notify all Applicants of any change.

## Authority Representatives

No person in the Authority’s employ or other agent, except as so authorised by the Authority Authorised Officer or Procurement Representative, has any authority to make any representation or explanation to Applicants as to the meaning of the Contract or any other document or as to anything to be done or not to be done by Applicants or the successful Applicant or as to these instructions or as to any other matter or thing so as to bind the Authority.

|  |  |
| --- | --- |
| **Authority Authorised** **Representative contact details:** | **Procurement Representative** **contact details:** |
| Name: Steve VeeversAddress: Somerset County CouncilCounty HallTauntone-mail: sveevers@somerset.gov.uk | Name: Leanne Le MoucheuxAddress: Somerset County CouncilCounty HallTauntone-mail: llemoucheux@somerset.gov.uk |

1. **Specification**

# Tennyson Court Specification

**Introduction**

Tennyson Court is the collective name of the development of a 64 unit, purpose built Extra Care Housing scheme and a 10 unit, purpose built Learning Disability Supported Living accommodation scheme on the same site.

It is a joint development between Knightstone Housing Association, Somerset County Council, Taunton Deane Borough Council, Homes and Communities Agency and NHS England. It is located in Parmin Close, just off Parmin Way in Taunton. It is very well located on the edge of the county town, with good links to transport, shopping, leisure and recreational activities.

**The Accommodation**

The flats in both units are of good size (50-55m2), with wet rooms in all flats, open plan living-kitchen-dining spaces and bedrooms, flooring is provided and it is probable that white goods will be provided in the kitchens (TBC).

10 of the ECH flats will be outside the scope of the contract and sold for shared ownership by the landlord. It is possible that the people living in these flats may choose to access the on-site care provider for private care arrangements, although this is not a condition of the sale.

A full size flat is given over the staff accommodation (office and rest areas) in both scheme and will be offered at Nil Rent, although a service level agreement will be put into place with care providers.

Both schemes have ample communal facilities inside and out, with the ECH scheme having a fully equipped commercial kitchen/restaurant, therapy & treatment room, accessible bathroom and breakout areas throughout.

Both schemes have a Tunstall Communicall assistive technology system built in, with call systems, door entry and hubs in each flat, ready for any specific sensors, alerts or add on’s that are needed. There is a small fund of money that might be used to support these assistive technology pieces, as well as the usual minor adaptation and Disability Facilities Grant process for any adaptions that might be needed. It is expected that assistive technology and adaptations should be used to promote good care delivery and to promote people’s independence.

**Care and Support**

The ethos and aim of both schemes is along the lines of the promotion of independence, progression within the areas that people are able to do so and the expectation that providers will be key partners in doing so. Somerset County Council is changing the way that it delivers services and can clearly see the strength of ECH and Supported Accommodation in being able to support people to make good choices about how they choose their care and it is delivered. Somerset County Council wishes to increase the range and breadth of options available to people and support them to stay well and healthy for as long as possible.

Somerset County Council consider that a good, healthy life can stem from a good, healthy community and relationships and wish for providers to be instrumental in developing and fostering this community feeling within schemes, either directly or through the use of other organisations.

The care and support for each scheme is broken down into three separate components; Core (or background staffing) which could also make up part of peoples complete package, Assessed (or individual hours) which make up the remainder of individual’s care packages and Night Support (which could be waking, sleep in or a combination of both). The core hours block will be for 105 hours of care and support, as well as night support to be confirmed once the final mix of needs is known. It is expected that final hours will be in the range of 300 to 450 hours in both schemes.

There is an expectation that the core provider will be responsible for picking up the bulk of the assessed care, although people will be given the opportunity to choose their provider or providers for their hours, to meet their specific outcomes. (Other schemes that have been commissioned in this way have seen a uptake of 95% of the assessed care buy the core provider)

**Allocation**

Allocation to both schemes will be via a joint allocation process; between landlord, commissioner and once appointed care and support provider. SCC would want the care provider to be part of the decision making at the earliest possible opportunity to have a say and some control over the balance and make up of the scheme. SCC expects that all people moving in will have care needs and ideally the final mix of people (in both schemes) will be a balance of low needs, medium and high comparatively. All resets of flats will be via a joint decision process. The process of moving in will be phased from the start of the contract for a period of up to 12 weeks (6-8 for the LD scheme) with people moving in flexibly over that time and providers recruiting and ramping up delivery over the same period. The expectation that a jointly agreed mobilisation plan will be in place and worked to over the pre contract and phased opening period.

It is expected that the people that are moving into the schemes may be identified as those at risk of entering residential care, already in residential care, in other housing with care needs and looking at ECH / Supported Accommodation as a good long term option. Ideally people will have a local connection to Taunton Deane, but this can be extended to the whole of Somerset or in the case of people with a learning disability, people returning to the area after being placed outside of the county.

**Working Together**

Over the duration of the contract, commissioners will seek to work with provider(s) to move from a time based commissioning model of hours and minutes to a personalised, outcomes based system in partnership and at a pace that works for all organisation. Some of this development may mean working in different ways and working with some trust between parties and people that receive care, possibly through new funding methods, i.e. pooled budgets, individual service funds or payments by outcomes.



**Service Specification: For the provision of accommodation based care and support AND housing related support**

**For working age adults (Generic elements)**

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## 1. INTRODUCTION

1.1 This Service Specification has been developed by Somerset County Council’s Adult Social Care Department to promote a consistent approach in the commissioning and provision of accommodation based care and support AND housing related support for Work Age Adults. It specifies services to be provided to Working Age Adults **who are eligible for Adult Social Care (under Fair Access to Care guidelines)** who are living in a supported living service.

1.2 This generic Working Age Adult specification should be used in conjunction with one or more Specification that set out specific requirements for the provision of accommodation based care and support AND housing related support for:

 People with learning disabilities

 People with mental health support needs

People with physical disabilities, sensory impairment and long term conditions

1.3 The service specification has been developed in the context of a wider programme of work involving a diverse range of stakeholders to ensure that a range of good quality accommodation options with support can be provided for Working Age Adults at a cost that is sustainable in the long term. These plans will be set out in Joint Commissioning Strategies that will be out in Spring 2018.

1.4 The Service Specification is intended to specify those service elements and good practice issues required of the organisations/persons providing accommodation based care and support AND housing related support for Working Age Adults (hereafter named ‘the Specified Service’).

1.5 This service specification will ensure a clear and shared understanding of expectations and quality standards in relation to the provision of the specified service between Commissioners (SCC) and Service Providers.

1.6 The standards set out in this Specification are the minimum requirements.

## 2 PARTNERSHIP

2.1 The Council wishes to work in **partnership** with Service Providers (organisations/persons providing support services) in delivering a high quality of support to its service users and hopes to maximise the use of available resources by establishing longer-term, more integrated relationships with Service Providers. The ‘partnership approach’ represents an attempt to define the spirit of partnership within which the Council and Service Providers will operate. By entering into this agreement the Council and Service Providers are making a commitment to:

* Share key objectives
* Communicate with each other clearly and regularly
* Be open and honest with each other, to respect parties’ views and to conduct themselves in a professional manner
* Listen to, and understand, each other’s point of view
* Share relevant information, expertise and plans
* Avoid duplication wherever possible
* Seek to avoid conflicts but, where they arise, to resolve them quickly at a local level
* Seek continuous improvement by working together in order to achieve optimum benefit from the resources available and by identifying better, more efficient ways of working and delivering services
* Promote the partnership approach at **all** levels in the organisation (e.g. through joint induction/training initiatives)
* Have a contractual framework which is flexible enough to reflect changing needs, priorities and lessons learnt, and which encourages service user participation.

2.2 Specific communications between Commissioner and Service Provider will be defined and agreed and will support effective delivery, monitoring and evaluation of services.

2.3 It is the responsibility of the Service Provider/s to work effectively in partnership with the provider of the accommodation / housing management service (i.e. Registered Housing Provider or Landlord) in order to ensure effective joined up delivery of service, effective communication and best outcomes for service users.

2.4 The Service Provider will support service users to undertake some basic housing management tasks, such as reporting of repairs, and will support effective liaison with the Registered Housing Provider as appropriate. Such tasks and how they are carried out are likely to vary from scheme to scheme.

2.5 The Service Provider will establish and maintain partnerships with other statutory (e.g. NHS, District or Borough Councils etc) and non-statutory partners to ensure they are able to deliver the specified service effectively and ensure service users have access to all appropriate community services.

## 3. COMMISSIONING APPROACH

3.1 This service specification has been developed to support the commissioning and procurement of care and support services provided as part of new supported living services.

3.2 New accommodation based packages of care and support will be commissioned directly by SCC.

3.3 Where in the future care and support services are commissioned for new-build supported living schemes, ‘core’ (or ‘background’) levels of the specified service will be commissioned, including night and some day provision. The core level of service will be shared across service users living in the scheme. Service users can use their Personal Budget to purchase any ‘additional’ support hours over and above the ‘core’ level of support, from a Service Provider of their choice, or take this as a Direct Payment.

3.4 Where appropriate and in consultation with commissioners, the service provider shall make Individual Service Funds or similar flexibilities available to service users.

3.5 For each service user, the volume of any additional service can be managed over a four week period, rather than daily or weekly, enabling the Service Provider to respond flexibly to the changing needs and preferences of the service user. Providers of any additional services are responsible for ensuring that the total level of support provided over the four week period does not exceed the Personal Budget for each service user.

3.6 If in any four week period the additional support provided to a service user is likely to exceed their Personal Budget, the Provider/s of additional services shall take responsibility for informing the service user of the likely over commitment and the implications for their charging. The Provider/s will also inform the Care Manager or Assessment and Care Management Duty Service.

3.7 The Service Provider, where requested by service users or their representatives, will support the development of pooled personal budgets between service users.

## 4 THE PURPOSE OF THE SERVICE

4.1 The overall purpose of the specified service is to:

* Provide person centred and flexible personal care, support and specific housing support to enable Working Age Adults to maintain and develop their independence within the community
* Promote social inclusion and social capital
* Promote health and well being and personal safety
* To improve the choice of housing and support options available to Working Age Adults

## 5 PRINCIPLES AND VALUES OF SERVICE PROVISION

5.1 Service Providers (providing the specified service) are required to produce a written statement of their values in accessible format. This statement should make reference to the values and principles described below. It is essential that these principles underpin the delivery of services.

5.2 **RIGHTS** - the maintenance of all entitlements associated with citizenship

 The Service Provider will ensure that:

* Service users are respected as citizens, irrespective of their living situation and the support services they receive.
* Service users’ rights and choices are not restricted. Institutional practices and regimes which emphasise administrative convenience and which restrict rights and choices shall not be permitted.
* Service users have the right to think and act without having to refer to others, including the right to say no to help. As in all living situations, these individual rights may not be completely unfettered and must be exercised in the context of the health, safety and needs of other people.
* Service users have the right to take risks. Risk taking is a normal aspect of every day life. Risks shall be fully assessed and reasons for actions clearly documented within the service user’s Support Plan and service user plan (see section 9).

 5.3 **PERSONALISATION, CHOICE AND CONTROL** – the opportunity to make independent choices, with support where appropriate, from a range of options and support to maximise control over their life and personal affairs.

5.3.1 Putting People First (2007) set out a vision for the support of vulnerable adults and for the role of local Councils in meeting their social care and support needs. It set out radical changes to the country’s social care system, based on individual choice and the personalisation of services. Putting People First says that adults who need social care and support must be:

* more involved in determining their support needs and how they should be met;
* supported to make choices by ensuring access to advocacy and information;
* supported to find the right options for meeting their support needs by ensuring access to brokerage and ensuring a wide range of choices are available in the market and in local communities;
* supported to take more control over buying and coordinating support services by ensuring access to Personal Budgets and use of Direct Payments.

5.3.2 The Council is committed to developing approaches to supporting people that maximise choice and control over their support arrangements. To this end, all services commissioned by the Council will be offered to eligible service users in ways that are flexible and are tailored to their individual needs and preferences, whilst at the same time are sustainable and offer best value for money.

5.3.3 The Service Provider will also ensure that:

* Services are designed and delivered in person centred ways.
* Services are planned and delivered within a holistic approach and within the context of a person’s whole life (not just their services) and the other supports they draw upon in their life. Providers will support service users to develop their service user plans in this context.
* Individual Service Funds is an option available to service users.
* Service users are fully involved in the planning and review of their service. Copies of service user plans and other documentation relating to their service should be made available in a format which is accessible to them.
* Service users are supported and encouraged to make and communicate independent choices as individuals, using a Total Communication approach. Total Communication describes an approach to supporting a person which recognises an individual’s support needs around communication, using communication aids and techniques to create a supportive communication environment.
* It must be assumed that an individual is capable of exercising choice and making decisions for themselves unless there is sufficient evidence to the contrary (as set out in the Mental Capacity Act Code of Practice). Where a service user lacks mental capacity, the Service 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 and best interests.

5.4 **INDEPENDENCE** – the opportunity to think and act without reference to another person.

 The Service Provider will ensure that services are delivered in ways that:

* Promote independence and recognise the capacity of each individual to learn, develop their skills and achieve greater levels of independence in their life.
* Are outcome focussed and that recognise the capacity of individuals to change and develop.

5.5 **INCLUSION and FULFILLMENT** – service users are supported to realise personal aspirations in all aspects of daily life and be included and participate in their local community and community life and develop networks of friends and relationships.

The Service Provider will ensure that, within the scope of each individuals’ Personal Budget:

* Service users are supported to access universal community facilities and participate in community life.
* Service users are supported in ways that support and encourage them to develop their social networks and maintain friends and relationships.
* Service users are supported to access agencies that will support them towards gaining employment.
* Consideration is given to employment opportunities for service users with their own organisation (in liaison with supported employment agencies as appropriate).

 5.6 **DIGNITY and RESPECT** – recognition of the value of each individual regardless of the circumstances.

 The Service Provider will ensure that :

* Service users feel that they are treated with respect and valued as a person and their right to privacy is upheld.
* Personal care and support is provided in a way which maintains and respects the privacy, dignity and lifestyle of the person receiving care at all times.
* Support is provided in the least intrusive way at all times.
* Service users are acknowledged as individuals.
* Service users, their relatives and their representatives are treated with courtesy at all times.
* Service users are addressed by the name they prefer at all times.

5.7 **EQUALITY & DIVERSITY** – the promotion of equality and diversity within the organisation at all levels and across all relevant activities.

 The Service Provider will ensure that :

* Care and support workers are sensitive and responsive to the race, culture, religion, age, disability, gender and sexuality of the service user and their relatives and representatives.
* A system exists to identify, challenge and respond appropriately to incidents of institutional racism and indirect/direct discrimination by any staff member or service user.
* A robust level of training and support is available to staff to promote an effective understanding of the cultural and ethnic needs of service users.

**5.8 SOCIAL CAPITAL**

5.8.1 Social capital is generally understood to be the value added to society by grassroots collective action that is driven by a shared interest on the part of the people involved. This is often known as civil society and is distinct from the state and the private sector. The voluntary and community organisations that make up civil society provide the structures and opportunities for people to become more engaged and active in their communities. This results in bonds and networks being formed between diverse people and organisations which have a shared goal or interest. The sharing of the knowledge and expertise rooted in local communities leads to activity and services that can change people’s lives for the better.

5.8.2 The Council wants service users and citizens in Somerset to benefit from the added value brought to services through the building of locally accountable social capital. The Service Provider will ensure that, through the delivery of the specified service, they contribute to building social capital in their local communities, for example, by:

* Promoting service user involvement and service user led approaches to the development of the specified service
* Utilising the local volunteer pool
* Making the most of the knowledge, experience and information that exists in local communities and the connections between service users and local community groups

## 6 SUPPORT PLANNING AND SERVICE START

6.1 With the consent of the service user, the Service Provider will receive a copy of a Support Plan that has been developed by the referring Care Manager, in consultation with the service user and their personal network. Working with the service user and their personal network, the Service Provider will then support the service user to develop a service user plan that sets out how the service user outcomes (set out in the Support Plan) will be achieved.

6.2 The service user plan shall be based on the service user’s views about the best way to meet the outcomes in their Support Plan.

6.3 A copy of the service user plan shall be forwarded to the appropriate Care Manager within an agreed timeframe.

6.4 The Council recognises that during the first 6 (six) weeks of a new referral being received by a Service Provider, they may need to reassess the support needs and adjust the service user plan accordingly. The Service Provider shall forward the modified service user plan to the appropriate Care Manager within 3 (three) working days of completion of the modified service user plan.

6.5 The Council shall ensure any equipment and assistive technology that is required by the service user is in place as soon as possible. Should the equipment not be in place by the time that the service commences, the Support Plan and service user plan shall be amended to take account of this.

## 7. REVIEWS

7.1 The Council will review the Support Plan within 6 weeks of a new service commencing, and at agreed intervals thereafter.

7.2 The Service Provider must notify the Council if it believes the service user’s needs have changed to the extent that the Support Plan needs to be reviewed.

7.3 The Service Provider must ensure service users have clear procedures and opportunities to initiate a review of their service.

7.4 Where requested, the Service Provider will support the Care Manager to co-ordinate and organise formal care management reviews. They will be held within a reasonable time, giving consideration to the time commitments of the participants, the date of the last formal review and the urgency of the need.

7.5 The review will address the extent to which the service user outcomes specified in the Support Plan are being achieved. The service user’s Support Plan (and Personal Budget if required) will be amended as appropriate following the review. If there are significant changes a new assessment may need to be completed.

7.6 Reviews will be person centred and will involve the service user, their personal network, the Provider/s or designated representative and the Care Manager. Such other people that appear necessary and are wanted by the service user may be invited by agreement. Consideration will be given to ensure convenience and adequate notice for all participants wherever possible.

7.7 Following a review, the Service Provider is required to implement any agreed changes to the Support Plan and support the service user to revise and update their own service user plan.

7.8 There may be occasions when there is an urgent need to review the number of hours of the specified service provided to a service user, or for the addition of a specific task(s) to alleviate risk arising from an emergency situation. When a member of staff identifies an emergency situation, it is expected that sufficient and appropriate action will be taken to ensure the immediate health, safety and comfort of the service user prior to their being left alone.

7.9 The Service Provider may, use their professional discretion to deliver an emergency service up to a maximum of 2 (two) hours in respect of any single week. The Service Provider must inform the Council’s Care Coordination Team as soon as is reasonably practicable on the day of such changes in order that a reassessment of the service user's needs can be completed if appropriate. When situations arise outside the Council's usual working hours the Emergency Duty Team must be contacted and authorisation sought for any additional services required. Failure to inform the Council’s Care Coordination Team and receive authority to continue the increased hours, pending a review, will remove the obligation for the Council to meet the additional costs.

## 8. SPECIFICATION OF QUALITY, WORKFORCE AND SERVICE DELIVERY STANDARDS

8.1 Service Providers will be registered as a provider of domiciliary care with the care regulator and will maintain registration throughout the duration of service provision.

8.2 In line with SCC **Safeguarding Adults at Risk** protocols and any future amended versions of this policy, the Service Provider must ensure that service users are safeguarded from any form of abuse or exploitation in accordance with written policies and procedures. Prior to the commencement of the service the Service Provider must meet the standards set out in the Joints Adults Safeguarding Policy or any future iteration. <http://ssab.safeguardingsomerset.org.uk/information/policies-and-procedures/>

8.3 With respect to service delivery standards, the Service Provider will ensure all staff are familiar with the Skills for Care Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England (2013) and subsequent legislation.

8.4 Service providers will ensure **services are delivered in person centred ways**. This includes the following requirements:

* Staff guidance and training is in place to ensure continued and on-ongoing development around person centred approaches, service user involvement and Total Communication.
* Services will be planned and delivered within a holistic approach and within the context of a person’s life and other supports they draw upon in their life. Service user plans will be developed in this context. The Service Provider must be familiar with the roles and expected functions being undertaken by any other providers and/or informal carers contributing to the care package.
* Services are designed and delivered based on a person centred assessment of each service user’s needs and wishes.
* The service user has an accessible person centred, outcome based service user plan that reflects their needs and wishes.
* Copies of service user plans and other documentation relating to their service should be owned by service users and made available in a format which is accessible to them.
* Service users are supported and encouraged to make and communicate independent choices as individuals, using a Total Communication approach.
* Support staff are encouraged to develop a support relationship with service users so that they are able to recognise emotional states e.g. sadness, happiness, frustration.
* Service users are supported to celebrate special holidays and festivals according to their beliefs and wishes.
* Service users, with the support of an independent advocate/representative where appropriate, should be fully involved in the planning, delivery, review and development of their individual service.
* Service users should be provided with regular opportunities to give their feedback about the services they use and to become involved in the wider development of the overall service.

8.5 A key component of the specified service is the support and monitoring of service user's **health and general well being**. This includes the following requirements:

* The service user is encouraged and supported to develop and maintain a Health Action Plan and to access an Annual Health check via their GP.
* Any perceived change in the condition of the service user must be reported to the appropriate Assessment and Care Management Team.
* The Service Provider must ensure that all support staff have appropriate access to the name of the service user's General Practitioner.
* Whenever a service user requests assistance to obtain medical attention or appears unable to make such a request, the GP must be contacted immediately.
* Where the service user will not give permission for the GP to be contacted, the Service Provider must immediately contact the Council’s Service Placement Team or Emergency Duty Service if outside of the Council’s usual working hours.
* The Service Provider must ensure that whenever a service user is found by a member of staff to be in need of emergency medical care, the Accident and Emergency Services are contacted immediately.
* Where the Service Provider becomes aware that a service user has been admitted to hospital, the appropriate Assessment and Care Management Team and the Council’s Service Placement Team must be informed.

8.6 With respect to **recruitment of staff** the Service Provider will:

* Employ suitably experienced, qualified and skilled staff to successfully deliver and manage the service as specified.
* Be responsible for the careful selection and the appropriate support of staff to work with the service users covered by this Specification. Use of the Macintyre recruitment profiling and workforce development tools (piloted locally within SCC Learning Disability Commissioning) or similar tools to improve recruitment and retention of staff in mental health and/or PDSI services, are recommended.
* Ensure service users are supported to be fully involved in the recruitment, selection and training of support staff. For learning disabilities, see the Somerset Learning Disability Partnership Board ‘Choosing My Staff’ guide.
* By reason of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendment) Order 1986 the Service Provider shall require any person proposed to be employed and in contact with any service user to complete a statement concerning their previous cautions or convictions for offences of any description.
* In the event of failure to comply with this procedure, the Council reserves the right to require the employee to be withdrawn and an acceptable person to be substituted.

8.7 In respect to workforce training, the Service Provider will ensure all staff are familiar with the Skills for Care National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England (2013)

8.8 With respect to **training and development of staff** the Service Provider will:

* Support, train, supervise and appraise all staff who are employed to ensure they are fully equipped to provide and/or manage the service.
* Ensure provision of an induction process and a basic training programme for staff appropriate to the needs of service users, within an agreed period of taking up appointment.
* Ensure that all staff have the necessary training, competencies and personal qualities to enable them to relate well and effectively support service users.
* Ensure that all staff have a competent understanding of Safeguarding issues in general and more specifically, are familiar with the Sussex Multi-Agency Policy & Procedures for Safeguarding Adults at Risk including the section dealing with Restrictive Physical Interventions.
* Ensure that all staff have a competent understanding of relevant legal and policy frameworks and are aware of their responsibilities in the context of their service delivery and in relation to their role. This includes:

 - The Mental Health Act 1983 and Mental Health Act 2007.

 - The Mental Capacity Act 2005

 - Safeguarding Adults at Risk

* Ensure staff receive the necessary training and management support to deliver the service to people with a wide range of complex or challenging needs and behaviour.
* Ensure all staff understand the principles of valuing and empowering vulnerable people and treat individuals with dignity and respect whilst promoting their independence.
* Train all staff to successfully deliver services in line with the principles of a diversity and inclusion policy.
* Ensure staff have the ability to make judgments about need and have supervisory staff able to support decision making with appropriate communication arrangements between Care Workers and Supervisors.
* Inform staff of further training opportunities that may be made available, stating the service’s policy regarding such schemes as National Vocational Qualifications or short courses.
* Ensure all staff have a working understanding of current policy drivers for housing, health, social care, children’s services, safer communities and related performance requirements.
* Ensure all staff that have contact with service users always carry and make available easily recognisable appropriate forms of identification.
* Ensure staff have good local and countywide knowledge about community services and opportunities to support the delivery of outcomes for individuals.

8.9 With respect to **supervision and management of staff** the Service Provider will:

* Ensure staff are fully familiar with the objectives of the Support Plan and service user plan in relation to each service user and how the goals are to be achieved.
* Effectively manage performance issues within the staff team.
* Regularly monitor support practice and promote staff development through regular formal supervision, ongoing training and appraisal.
* Ensure staff accurately record all work with individuals and maintain case files.
* Be required to demonstrate how and when staff reach required levels of competence to perform their duties. This will include evidence of training and assessment.
* Ensure staff will work effectively with the service user, taking into account their skills and style of working.
* Assess service user satisfaction with staff members who support them. It may be necessary to make changes if the service user does not have the trust and confidence that is needed to make the relationship successful and if it is not possible to bring about the changes in the style of working that the service user wants.
* Ensure staff check regularly with service users that they are satisfied with the service received and that it is meeting their identified needs.
* Ensure service users are asked how they wish to be addressed and the Service Provider and staff shall ensure that their wishes are observed at all times.
* Ensure staff are never accompanied in their duties by any relative or friend. In cases where assistance is required, such provision is the responsibility of the Service Provider.

8.10 With respect to **continuity of staff support** the Service Provider will:

* Take steps to minimise the number of staff employed to meet the needs of a single service user, so service users do not have to relate to many individuals and to limit the number of people holding confidential information. If a change of staff member is necessary for any reason, the Service Provider shall inform the service user wherever practicable, prior to the introduction of a different member of staff. If the service user cannot be contacted to advise of the change of staff this will be clearly recorded for quality monitoring purposes and explained to the service user at the earliest opportunity.
* With the consent of the service user, keep daily log of daily support provided. This will be kept in the service user's home with the Support Plan and service user plan to provide information for staff providing care and support. In the event of more than one Service Provider providing support, one support book/communication book will be maintained with each Service Provider contributing information. It is the responsibility of the Service Provider to ensure staff consult the support book/communication book on each visit.

8.11 With respect to **availability of staff** the service provider will:

* Ensure that a sufficient "pool" of staff is available to ensure the consistency of the Service during staff holidays or absences for any reason. In the event that the Service Provider is experiencing staffing difficulties that may affect service delivery, the Service Provider will undertake to notify the Council’s Service Placement Team within forty-eight hours.
* Inform the Council’s Service Placement Team where any members of staff of another party providing support to a service user is unable or failing to undertake their expected support role or function.
* Always offer clear reasons to the service user on all occasions when the service has not been provided as expected.
* Ensure any changes to service delivery are recorded for quality monitoring purposes.
* Ensure any significant changes are reported to the Council’s Service Placement Team via the Notification of Change to Service Form, using the Web Portal interface.

## 9. SPECIFICATION OF QUALITY STANDARDS IN RELATION TO RISK MANAGEMENT

9.1 The Service Provider is responsible for ensuring that service user risk assessments are reviewed regularly on the following basis:-

* Annually as a minimum requirement for generic risk assessments
* Every 6 months as a minimum requirement where manual handling and lifting or hoisting is being carried out
* More frequently if a service user’s condition deteriorates or a potential risk is identified
* Risk assessments and reviews of them must always be clearly dated

9.2 The Council recognises that situations of risk may arise where a service user’s decision to exercise their rights may result in a threat to the health and safety of either themselves or others. In such circumstances, the Service Provider must discuss concerns with the service user and contact the appropriate Assessment and Care Management Team within one working day where this is not resolved. The Service Provider must record all concerns and the outcomes.

9.3 The Service Provider must have in place formal written policies and procedures to ensure that an "assessment of risk" is conducted on all aspects of tasks to be carried out by staff. This will lead to the production of clear guidance for all staff on safety precautions to be taken and will form part of the staff induction process.

9.4 There must be policies and procedures in place in order to identify particular hazards. This can be achieved by the Service Provider making available "hazard control sheets" to enable particular hazards to be identified and control mechanisms agreed. If it is not possible to rectify or control the hazard to an acceptable level, the Service Provider must refer back to the Council’s Service Placement Team within one working day of the hazard being identified.

9.5 Potentially hazardous situations found by the Service Provider or member of staff in the service user's home must be reported to the appropriate Assessment and Care Management Team within one working day.

9.6 Where services are commissioned that require manual handling and lifting or hoisting the Service Provider will ensure that a copy of the risk assessment is sent to the appropriate Assessment and Care Management Team within two working days of the service commencing.

9.7 The Service Provider will ensure that in circumstances where equipment or assistive technology is used as part of the service to an individual, that the condition of the equipment is taken into consideration as part of the risk assessment. The Service Provider will advise the appropriate Assessment and Care Management Team of any associated risks within one working day of the assessment taking place.

9.8 Where the Service Provider becomes aware that a service user may benefit from specialised equipment, e.g. aids, adaptations, assistive technology etc, or when existing equipment is faulty, the Council’s Service Placement Team must be notified who will liaise with the appropriate Assessment and Care Management Team.

9.9 The Service Provider shall have policies and procedures and training to support staff in understanding and managing challenging behaviour. In a situation where a service user/carer presents challenging behaviour to the member of staff, variation to the Service may be deemed appropriate after immediate consultation with the Council’s Service Placement Team who will liaise with the appropriate Assessment and Care Management Team.

9.10 Restraint is not to be used unless there is an immediate danger to the safety of the person/s concerned or others. The Service Provider must have a policy statement which makes explicit the safeguards which must be in place with respect to physical intervention. This affords protection to the service user, to staff and to the Service Provider. (See service user specific specifications which clarify use of restraint in relation to each service user group).

## 10. SPECIFICATION OF QUALITY STANDARDS IN RELATION TO HEALTH AND SAFETY

10.1 The Health and Safety at Work Act requires every organisation employing five (5) or more persons to prepare and periodically revise a written statement of their policy on Health and Safety and their arrangements to implement it.

10.2 The Service Provider must ensure that Health and Safety legislation and all applicable regulations are complied with.

10.3 The Service Provider must be able to demonstrate that it has an effective procedure to prevent the spread of infectious diseases and all support staff are adequately trained and comply with that procedure.

10.4 It is the responsibility of the Service Provider to ensure its support staff are issued with appropriate equipment/protective clothing to carry out the tasks within the Service Specification. However, the type of clothing must have regard to the need to maintain the dignity and self-respect of the service user.

10.5 All equipment belonging to the service user and used by a member of the Service Provider’s staff must be maintained in a safe condition at the service user's expense. Equipment that appears in any way to be faulty must not be used until it has been checked, and if necessary repaired, by a qualified person.

## 11. SPECIFICATION OF QUALITY STANDARDS IN RELATION TO HOUSING ENVIRONMENT

11.1 As stated (para 2.3) it is the responsibility of the Service Provider/s to work effectively in partnership with the provider of the accommodation / housing management service (i.e. the Registered Housing Provider or Landlord) in order to ensure effective joined up delivery of the service, effective communication and best outcomes for service users.

11.2 The Service Provider will support service users to undertake some basic housing management tasks, such as reporting of repairs, and will support effective liaison with the Registered Housing Provider as appropriate. Such tasks and how they are carried out are likely to vary from scheme to scheme.

11.3 Service Provider/s will actively monitor the living environment and report any safety or quality concerns to the landlord and/or statutory enforcement authorities in order that they may discharge their statutory duties.

## 12. SPECIFICATION IN RELATION TO OTHER POLICIES AND PROCEDURES

12.1 The Service Provider will also be able to demonstrate that policies and procedures in respect to the following are in place and are satisfactory:

* Service user personal property (including key holding) and finances
* Out of hours and emergency procedures (including emergency access)
* Service user personal safety and security
* Staff personal safety and security
* Equality and Diversity
* Staff conduct and behaviour
* Gifts and hospitality

## 13. SERVICE USER OUTCOMES, QUALITY AND PERFORMANCE MONITORING

13.1 Service user outcomes are specified within each of the service user specific service specifications:

 People with learning disabilities

 People with mental health support needs

People with physical disabilities, sensory impairment and long term conditions

### 13.2 The quality and performance of the service will be monitored and evaluated using of a range of approaches and tools. This will be proportionate and suited to the size and type of service provided. The following monitoring mechanisms could be employed:

### Care Management Review/s

### Safeguarding incidents and processes

### Service user Survey/s

### Records of tenant meetings

### Complaints logs

### SCC Quality Monitoring Audit

### CQC Reports

### Other stakeholder feedback

### Key Performance Indicators

### Use of other recognised outcome evaluation tools, such as the ‘Outcomes Star’

### 13.3 The main objectives of these quality and performance monitoring requirements are:

* To ensure service users receive a service which meets the requirements of this Service Specification
* To support Service Providers in the monitoring, review and development of their services
* To provide the Council with information that can be made available to the wider public to support quality and choice
* To provide information that can support quality assurance and where necessary be used to address poor performance positively, robustly and fairly

13.4 The contract for this service will be monitored by Officers of Somerset Adult Social Care Strategy, Commissioning & Supply Management Division. This will include pre-planned quality audits undertaken by SCC Quality Monitoring Team. Where services commissioned by the County Council’s Supporting People Team are being provided at the same location, a unified approach to service quality and performance will be adopted.

### 13.5 The contract will be monitored in the spirit of partnership to ensure best practice is spread across the sector and the continuous improvement of services is supported. For each service, a named Officer will lead the monitoring and review process.

13.6 In addition to individual service user reviews (see section 7), where appropriate there may be an initial six monthly contract review meeting, followed by an annual contract review meetings. These meetings will consider the following (not exhaustive):

* Outcomes for service users
* Quality of service
* Incidents related to Safeguarding Adults at Risk / Service user complaints
* Equality of service delivery (considering the impact of service delivery on service users of different age, gender, race, sexual orientation, faith or belief)
* Performance against agreed targets and or KPI’s
* Contract compliance with this specification and the Terms and Conditions
* Partnership working

### 13.7 As part of the contract with Approved List Service Providers, Key Performance Indicators (KPI’s) will be agreed between Commissioner and Service Provider. KPI’s will be used, alongside other outcome and quality measures, to monitor the quality of service provision.

### 13.8 Where quality monitoring information requests overlap with data requested annually by CQC or Skills for Care, then the request will be formatted in a consistent way to avoid unnecessary duplication.

### 13.9 KPI’s and other performance, quality and outcome measures may be amended or further developed over the course of the contract in the light of experience.

## 14. DEVELOPING THE SERVICE

14.1 The Service Provider is required to work with the Council to ensure the comprehensive development of all aspects of the service to meet key strategic aims and ensure management time is available to assist in the development of any revised arrangements for service users.

## 15. THE COUNCIL’S RESPONSIBILITIES

15.1 An essential component in meeting the needs of service users is the formulation and implementation of the individual Support Plan. It is the role and responsibility of the Council to ensure that the Service Provider is in receipt of an individual Support Plan prior to the commencement of the Service, or within two working days for emergency placements.

15.2 Services may be provided at the specific request of the Council in the case of an emergency, without the provision of a Support Plan which shall be provided within specified timescales.

15.3 The Council is also responsible for ensuring that any amendments or alterations to the tasks, frequency, postponement, time allotted for services or termination of a service are notified to the Service Provider within one working day of receipt of the same.

15.4 It is the responsibility of the Council for reviewing the needs of service users and the Council will also reassess an individual's needs where the service user, Service Provider, or Care Manager asserts that there may be a need to do so.

15.5 It is the responsibility of the Council to review this service specification. The Council will take steps to ensure feedback from service users and service providers is fed into reviews of the effectiveness and appropriateness of this service specification and the broader commissioning approach for accommodation based care and support AND housing related support for working age adults.

## 16. SELECT GLOSSARY OF TERMS

**Support Plan**

An SCC document developed by Adult Social Care with service users and their representatives that sets out how assessed needs will be met with desired outcomes and timeframes.

For more information please visit the SCC website:

**Service user Plan**

A document developed by the Service Provider with service users and their representatives that sets out the needs and preferences of the service user and how the service will be delivered.

**Individual Service Fund**

A fund made up of contributions from a service user/s Personal Budget (from the amount of Personal Budget which remains following the deduction of the service users share of core or background support) that the service provider supports the service user to facilitate and use to meet their needs.

**Pooled Personal Budget**

An arrangement whereby service users agree to contribute to an agreed sum from their Personal Budget as a contribution to a pool of funds that can be used to purchased shared support or activities.

**Core or background support**

That support which is shared between service users in a supported living scheme. As a condition of living and/or moving into a scheme, each service user must agree to this contribution to core/background support from their Personal Budget. The level of core/background support will vary from scheme to scheme.

**Additional support**

That support which is purchased by or on behalf of a service user from their the remainder of their Personal Budget, after the agreed contribution to core/background support has been deducted from their Personal Budget.

**Total Communication**

Total Communication describes an approach to supporting a person which recognises an individual’s support needs around communication, using communication aids and techniques to create a supportive communication environment.



# Service Specification: For the Provision of accommodation based care and support AND housing related support for people with Learning Disabilities

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## 1. INTRODUCTION

1.1 This Service Specification has been developed by Somerset County Council’s Adult Social Care Department to promote a consistent approach in the commissioning and provision of accommodation based care and support AND housing related support for people with learning disabilities. It specifies services to be provided to people with learning disabilities living in a supported living service.

1.2 This service specification is one of three service user specific service specifications that should be used in conjunction with a generic Working Age Adult service specification:

 People with learning disabilities

 People with mental health support needs

 People with physical disabilities, sensory impairment and long term conditions

This service specification is for the provision of accommodation based care and support AND housing related support for **people with learning disabilities.**

 The generic specification sets out requirements for the provision of accommodation based care and support AND housing related support that are common to all Working Age Adults. The generic specification includes requirements around:

* Partnership
* The commissioning approach
* The purpose of the service
* Principles and values of service provision
* Support planning and service start
* Reviews
* Specification of quality, workforce and service delivery standards
* Specification of quality standards in relation to risk management
* Specification of quality standards in relation to health and safety
* Specification of quality standards in relation to housing environment
* Specification in relation to other policies and procedures
* Service user outcomes, quality and performance monitoring
* Developing the service
* The Council’s responsibilities
* Select glossary of terms

1.3 The service specification has been developed in the context of a wider programme of work involving a diverse range of stakeholders to ensure that a range of good quality accommodation options with support can be provided for people with learning disabilities at a cost that is sustainable in the long term.

1.4 The Service Specification is intended to specify those service elements and good practice issues required of the organisations/persons providing accommodation based care and support AND housing related support for people with learning disabilities (hereafter named ‘the specified service’).

1.5 This service specification will ensure a clear and shared understanding of expectations and quality standards in relation to the provision of the specified service between Commissioners (SCC) and Service Providers.

1.6 The standards set out in this Specification are the minimum requirements.

## 2. SERVICE DESCRIPTION

2.1 This section describes in more detail the tasks with which service providers will support service users, under the requirements of this specification. As set out in Section 3 of the Generic Working Age Adult specification, each commissioned supported living service will include both **core or background** (shared) and **additional** (personalised) support hours. Core support hours will be shared between all tenants/service users within each supported living service.

2.2 Depending on individual assessed needs, an agreed level of core support hours will be agreed for each commissioned supported living service. This will be flexible and subject to change as service users change and the needs of service users change. Core or background support hours will include provision of:

* a specified level of personal care (see 2.3 below), support AND housing related support (see 2.4 and 2.5 below) at the beginning and end of the day
* a specified level of support to ensure 24 hour safety and security within the building
* On call, sleep-in, and/or waking night cover where required
* a specified level of information and advice about all housing and care and support services provided, including entry systems and assistive technology

2.3 Personal care means:

(a) physical assistance given to a person in connection with:

(i) eating or drinking (including the administration of parenteral nutrition),

(ii) toileting (including in relation to the process of menstruation),

(iii) washing or bathing,

(iv) dressing,

(v) oral care,

(vi) the care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist);

(b) the prompting, together with supervision, of a person in relation to the performance of any of the activities listed in paragraph (a), where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision.

(c) Medication. Assisting the service user to take prescribed medication in accordance with agreed protocols. Tasks will exclude nursing care which is the responsibility of the health service, except where this has been specifically agreed locally.

(d) Monitoring Visits, to check on someone’s continuing well-being or to alleviate isolation.

2.4 Supporting service users with cleaning and house-care, including:

* Cleaning the home, which may include vacuuming, sweeping, washing up, polishing, cleaning floors and windows, bathrooms, kitchens, toilets etc and general tidying, using appropriate domestic equipment and appliances as available
* Making beds and changing linen
* Lighting fires, boilers etc
* Recycling and disposing of household and personal rubbish
* Cleaning areas used or fouled by pets
* Assisting with the consequences of household emergencies, including liaison with local contractors
* Washing clothes or household linens, including fouled linen, drying, necessary ironing, storage and simple mending;

2.5 Housing Related Support

2.51 These lists are neither exhaustive nor needed in all cases and will depend on which tasks are identified as most likely to meet agreed service user outcomes.

Supporting service users with:

* Maintaining a tenancy (in conjunction with landlord, housing management service and other support services where appropriate)
* Household administration and dealing with correspondence
* Money, budgeting and other independent living skills
* Utilities arrangements and minimising energy consumption
* Filling in forms and dealing with authorities
* How to be a good tenant and neighbour
* Helping with a move of accommodation

2.5.2 This support may be provided by an alternative provider through contracts funded by and arranged by SCC.

2.6 Practical, social and other support:

2.61 These lists are neither exhaustive nor needed in all cases and will depend on which tasks are identified in the Social Care Assessment and Support Plan as most likely to meet agreed service user Outcomes.

Supporting service users with:

* Food preparation and hygiene
* Diet, nutrition & hydration
* Maintaining personal hygiene.
* Keeping safe and ensuring the home is free from fire and security risks
* On behalf of the service user, shopping, collecting or applying for benefits, paying bills, prescriptions or other simple errands
* Emotional health
* Self directed support
* Access to advocacy and complaints
* Communication
* Service feedback and involvement
* Signposting to and liaison with other agencies as appropriate
* Family and carer liaison and support
* Access a range of healthy lifestyle activities
* Maintaining social networks and activities and pursuing interests and hobbies
* Establishing contact and positive relationships with family, friends, groups and faith groups
* Assisting a service user to access community based services and social opportunities, including use of local transport
* Accompanying a service user to visit a GP or attend a hospital appointment
* Accessing health and other universal community services
* Mobilisation and transportation
* Accessing employment opportunities
* Accessing learning and training opportunities

2.6.2 Elements of this support may be provided by an alternative provider through contracts funded by Supporting People, and arranged by SCC.

2.7 Shared Support

2.7.1 Activities where shared support may be appropriate include meal times, social and community activities. Shared support should be planned and delivered with service users and based on service users shared interests, needs and preferences.

## 3. SERVICE USER OUTCOMES, QUALITY AND PERFORMANCE MONITORING

### 3.1 The quality and performance of the service will be monitored and evaluated using of a range of approaches and tools. This will be proportionate and suited to the size and type of service provided. Tools and approaches include:

### Care Management Review/s

### Safeguarding incidents and processes

### Service user Survey/s

### Records of tenant meetings

### Complaints logs

### SCC Quality Monitoring Audit

### CQC Reports

### Other stakeholder feedback

### Key Performance Indicators

### Use of other recognised outcome evaluation tools, such as Outcome Star

### 3.2 The main objectives of these quality and performance monitoring requirements are:

* To ensure service users receive a service which meets the requirements of this Service Specification
* To support Service Providers in the monitoring, review and development of their services
* To provide the Council with information that can be made available to the wider public to support choice
* To provide information that can support quality assurance and where necessary be used to address poor performance positively, robustly and fairly

3.3 The contract for this service will be monitored by Officers of Somerset Adult Social Care Strategy, Commissioning & Supply Management Division. This will include pre-planned quality audits undertaken by SCC Quality Monitoring Team. Where services commissioned by the County Council’s Supporting People Team are being provided at the same location, a unified approach to service quality and performance will be adopted.

### 3.4 The contract will be monitored in the spirit of partnership to ensure best practice is spread across the sector and the continuous improvement of services is supported. For each service, a named Officer will lead the monitoring and review process.

3.5 In addition to individual service user reviews (see section 7 of the generic Working Age Adult specification), there will be an initial six monthly contract review meeting, followed by an annual contract review meetings. These meetings will consider the following (not exhaustive):

* Outcomes for service users
* Quality of service
* Incidents related to Safeguarding Adults at Risk / Service user complaints
* Equality of service delivery (considering the impact of service delivery on service users of different age, gender, race, sexual orientation, faith or belief)
* Performance against agreed targets and or KPI’s
* Contract compliance with this specification and the Terms and Conditions
* Partnership working

### 3.6 As part of the contract with Approved List Service Providers, Key Performance Indicators (KPI’s) will be agreed between Commissioner and Service Provider. KPI’s will be used, alongside other outcome and quality measures, to monitor the quality of service provision.

### 3.7 Where quality monitoring information requests overlap with data requested annually by CQC or Skills for Care, then the request will be formatted in a consistent way to avoid unnecessary duplication.

3.8 KPI’s and other performance, quality and outcome measures may be amended or further developed over the course of the contract in the light of experience.

3.9 Tools and resources will be available to support improvements in the quality of accommodation based care and support AND housing related support for people with learning disabilities, these will be discussed with the successful organisation during transition.

**3.10 Where services are supporting service users whose behaviour may be challenging.** Also See the generic Service Specification for the provision of accommodation based care and support AND housing related support for Working Age Adults – Section 9 Specification of quality standards in relation to risk management.

Challenging behaviour is defined as follows:

Behaviour can be described as challenging when it is of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion (Royal College Psychiatry, BPS, RCSLT, 2007).

Accordingly, this section of the specification applies in the following circumstances, where:

* a restrictive or aversive strategy is being used (including physical intervention, seclusion or prn medication)
* the service user has been excluded from one or more environments or such exclusion is currently threatened
* the service user or others has been injured or has experienced physical or mental ill-health
* the person or others has a restricted quality of life

3.10.1 The Service Provider has a written policy for managing challenging behaviour which all staff, service users and the service users’ representatives understand and which references the Mental Capacity Act and (where applicable) Mental Capacity Act Deprivation of Liberty Safeguards.

3.10.2 Service Providers must demonstrate that all staff have current knowledge of theories and best practice relating to working with individuals who challenge, including listening and de escalation techniques.

3.10.3 A current individual service user plan based on positive behavioural support principles should be in place for managing any behaviour’s that may challenge the service and this should have a clear date for review

3.10.4 The Service Provider’s staff are professionally trained and supported in understanding people’s emotional and physical needs and are aware of causation and trigger points which result in particular behaviours.

3.10.5 If as a last resort physical intervention may be required, Service Providers must have a policy for the use of restrictive practice and staff should be trained by a trainer from an organisation accredited with the British Institute of Learning Disabilities (BILD).

3.10.6 If physical intervention is required there should be a policy for the use of restrictive practice and staff should be trained in its implementation.

3.10.7 Use of physical restraint should be a rare occurrence. Only the minimum amount of restraint is to be used and restraint is to be discontinued at the earliest possible opportunity. If physical intervention is used there should be a review of the individuals behaviour support plan and health status with a record made of the outcome of such discussion.

3.10.8 The Service Provider’s staff must understand that restraint in this context means restricting someone’s freedom and preventing them doing what they want to do.

3.10.9 The Service Provider’s Registered Manager or equivalent is accountable and responsible for demonstrating why it has been necessary to use restraint in each such case, and that restraint was used only when all other methods for dealing with the problem had failed.

3.10.10Details of all incidents are recorded in the affected service user or service users file with an indication of the outcome for the individual, including whether there was medical intervention.

3.10.11 All physical restraints that occur **without** a supporting positive behaviour support plan or management strategy should be reported to Adult Social Care under the safeguarding procedures with notification to the appropriate authorised SCC officers.

3.10.12 Medication is only to be administered as per a qualified medical practitioners prescription, with dosages checked and recorded. The reason for medication is to be recorded and reviewed at least yearly. Side effects from the medication must be recorded.

3.10.13With regards to challenging behaviour, only the minimum necessary drug restraint shall be used in exceptional circumstances and in full consultation with medical, nursing and other appropriate staff. This should be recorded as part of the behavioural support plan and recorded in service user records at all times.

**Key Quality Standards where services are supporting service users whose behaviour may be challenging.**

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| **Quality standard** | **How is this monitored / assessed**  | **Evidence of achieved outcomes** |
| The Service Provider’s staff understand the correct and approved ways of managing service users behaviour that may challenge the service and service users experience the positive benefits of these management techniques. | Care Management Review/sSafeguarding incidents and processes Service user Survey/sRecords of tenant meetingsComplaints logsSCC Quality Monitoring Audit CQC Reports Other stakeholder feedback Key Performance IndicatorsUse of other recognised outcome evaluation tools, such as the ‘Outcomes Star’ | **Evidence:** (to be completed as part of audit) |
| Support to manage complex and/or challenging behaviours is based on a current risk assessment and agreed positive behavioural support plan for each service user. | As above. | **Evidence:**(to be completed as part of audit) |
| Service users are involved in their risk assessments and behavioural support plans. | As above. | **Evidence:**(to be completed as part of audit) |
| Support staff have experience, skills and knowledge of positive behavioural support and working in non obtrusive and least restrictive ways. | As above. | **Evidence:**(to be completed as part of audit) |

**Extracts from national policy guidance in relation to services who are supporting service users whose behaviour may be challenging.**

The Mansell Report

The Mansell Report Services for People with Learning Disabilities and Challenging Behaviour or Mental Health Needs (Revised Edition 2007) asserts that challenging behaviour is a product of individual and environmental factors. Individual factors include:

-Communication difficulties

-History of abuse/negative experiences

-Additional mental health issues

-Sensory impairments

-Autistic Spectrum Condition (ASC)

In addition to a holistic learning disability workforce development programme, it would be expected that the Service Provider demonstrates that more specialist training has taken place with the staff team including:

-Person Centred Active Support

-Positive Behaviour Support

-Total Communication

-Support plans

 -Specialist training for specific conditions e.g. ASC, Mental Health, sensory support.

Service Providers must demonstrate that senior staff have current knowledge of theories and best practice relating to working with individuals who challenge and have been through training programme accredited with the **British Institute of Learning Disabilities (BILD), for example, PROACT SCIP UK (92)**

**Valuing People Now - Good services for people with complex needs:**

In Valuing People Now ‘complex needs’ is defined as describing a range of multiple and additional needs that people with learning disabilities may have. This can include people with profound and multiple learning disabilities and people whose behaviour presents a challenge. However, people’s needs are not fixed; they may develop more complex needs in later life or may display less ‘challenging’ behaviour once appropriate support is given.

Addressing the issues for people with complex needs is really about embedding the principles of personalisation within all aspects of planning, commissioning and delivery of support services. It is also about recognising that the very particular support needs of an individual will mean very individualised support packages, including systems for facilitating meaningful two-way communication.

**Good practice tips:**

-Start with person centred planning and with the assumption that everyone can benefit from direct payments and personal budgets;

-Develop and use appropriate communication systems where people have little or no verbal communication, taking guidance from families and friends to understand what gestures or sounds may mean;

-Do not assume that behaviours that seem challenging are simply part of a person’s disability; we know that these behaviours serve a function for the individual and it is essential to identify what that function is. Often these behaviours are the only way that individuals have of communicating that their needs are not being met and it is essential to address this – ignoring them may put lives at risk;

-Work with risk, constructively recognising that people develop and grow as they are supported to take on more responsibility;

-Start with planning for people with the most complex needs, addressing what additional and improved services and supports are needed so that they can be included with everyone else, and not assigned to separate or segregated services;

-Start with one person at a time in radical change initiatives – a few success stories can break down attitudinal barriers;

-Fully involve families and carers in discussions and decision making from the beginning; and provide access to specialised support and services close to home where needed, alongside more mainstream support or as part of an inclusive and individualised package.

Service user Outcomes

3.11 Individual service user outcomes will be identified in each individuals’ Support Plan following an assessment of need and allocation of a Personal Budget (see section 6 of the Generic Work Age Adult specification). Outcomes are agreed between the service user and their representatives, the Care Manager and the Service Provider.

3.12 Service user outcomes are likely to fall within one of the four outcome ‘domains’ set out in 3.13 below. Using a person centred approach, the Service Provider will agree with each service user how and when they will be supported to achieve their individual outcomes, within their Personal Budget.

3.13 The specified service will support the delivery of outcomes under the following domains:

1. The service user is supported to maintain their health & well being.
2. The service user feels part of their community.
3. The service user is supported to make choices and have more control over their lives.
4. The service user maximises their independence and feels safe and secure in their environment.

3.14 Service Providers will be required to demonstrate and provide evidence of how their services contribute to the achievement of these outcomes as part of the quality monitoring and performance management process and as part of service user reviews and contract review meetings. Commissioners may alert providers with regards to specific areas of focus, or specific evidence requirements, prior to review meetings. A number of measures have been identified to assess performance against each of the outcome domains.

3.15 A Key Performance Indicator requires that Service Providers develop and conduct an annual survey of service users to establish their satisfaction with the service. The content and format of the survey will reflect desired outcomes of the service and will be agreed with Commissioners. The results of the survey will be available to Commissioners at an agreed date, together with an action plan for improvement.

Outcome Domain 1: The service user is supported to maintain their health & well being.

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| **Outcome** | **How is this monitored / assessed**  | **Evidence of achieved outcomes**  |
| The service user is supported to maintain their health and well being and access the same health services as every other member of society. | Care Management Review/sSafeguarding incidents and processes Service user Survey/sRecords of tenant meetingsComplaints logsSCC Quality Monitoring Audit CQC Reports Other stakeholder feedback Key Performance IndicatorsUse of other recognised outcome evaluation tools, such as the ‘Outcomes Star’ | **Evidence:**(to be completed as part of audit) |
| The service user is supported to maintain good physical health, emotional well being and a healthy lifestyle. | As above. | **Evidence:**(to be completed as part of audit) |
| The service user has their own Health Action Plan which they own and use. | As above. | **Evidence:**(to be completed as part of audit) |
| The service user has been supported to have an annual GP Health Check. | As above. | **Evidence:**(to be completed as part of audit) |
| The service user, their family and carers are involved in making decisions about how their personal care needs are met. | As above. | **Evidence:**(to be completed as part of audit) |
| The service user has the correct equipment in place to ensure their safety and well being. Staff are trained to use such equipment correctly and safely. | As above. | **Evidence:**(to be completed as part of audit) |

Outcome Domain 2: The service user feels part of their community.

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| **Outcome** | **How is this monitored / assessed**  | **Evidence of achieved outcomes** |
| The service user is able to access ordinary places and participate in the community along side their fellow citizens as equals. | Care Management Review/sSafeguarding incidents and processes Service user Survey/sRecords of tenant meetingsComplaints logsSCC Quality Monitoring Audit CQC Reports Other stakeholder feedback Key Performance IndicatorsUse of other recognised outcome evaluation tools, such as the ‘Outcomes Star’ | **Evidence:**(to be completed as part of audit) |
| The service user is enabled to develop community connections with organisations (e.g. leisure centres, clubs, and societies) that could lead to opportunities for the service user to maintain community participation. | As above. | **Evidence:**(to be completed as part of audit) |
| The service user is a valued member of their local community and is able to make a meaningful positive contribution to it. | As above. | **Evidence:**(to be completed as part of audit) |
| The service user has considered options around employment and is able where appropriate to progress along their employment pathway. | As above. | **Evidence:**(to be completed as part of audit) |
| The service user is able to exercise their democratic rights and get involved in local issues of interest to them. | As above. | **Evidence:**(to be completed as part of audit) |
| The service user is able to develop and pursue hobbies and interests and maintain and develop personal networks and friendships. | As above. | **Evidence:**(to be completed as part of audit) |
| The service user has access to travel training and information and support to use appropriate universal transport services as required. | As above. | **Evidence:**(to be completed as part of audit) |

Outcome Domain 3: The service user is supported to make choices and have more control over their lives

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| **Outcome** | **How is this monitored / assessed** | **Evidence of achieved outcomes** |
| Using Total Communication approaches, the service user is empowered to express their views and make informed decisions. | Care Management Review/sSafeguarding incidents and processes Service user Survey/sRecords of tenant meetingsComplaints logsSCC Quality Monitoring Audit CQC Reports Other stakeholder feedback Key Performance IndicatorsUse of other recognised outcome evaluation tools, such as the ‘Outcomes Star’ | **Evidence:**(to be completed as part of audit) |
| The service user and, where appropriate, their family is meaningfully involved in the planning and delivery of their support. | As Above. | **Evidence:**(to be completed as part of audit) |
| The service user is meaningfully involved in choosing their own support staff. | As Above. | **Evidence:**(to be completed as part of audit) |
| The service user is empowered to have control over their finances. | As Above. | **Evidence:**(to be completed as part of audit) |
| The service user is are aware of the cost of their service and are involved is deciding how the money is spent on their support. | As Above. | **Evidence:**(to be completed as part of audit) |
| The service user is supported to practise their religion and beliefs in accordance with their wishes. | As Above. | **Evidence:**(to be completed as part of audit) |
| The service user, where they so wish, is empowered to exercise their democratic rights. | As Above. | **Evidence:** (to be completed as part of audit) |
| The service user is able to comment on and contribute to the work of the Learning Disability Partnership Board and any consultations on issues which may affect, concern or interest them. | As Above. | **Evidence:**(to be completed as part of audit) |
| The service user has access to independent advocacy services when required | As Above. | **Evidence:**(to be completed as part of audit) |
| The service user has access to a complaint & compliments procedure and is supported to use it. | As Above. | **Evidence:**(to be completed as part of audit) |

Outcome Domain 4: The service user maximises their independence and feels safe and secure in their environment.

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| **Outcome** | **How is this monitored / assessed** | **Evidence of achieved outcomes** |
| The service user is able to live a full, independent life, free from discrimination and harassment and feels safe and secure in their own home and environment. | Care Management Review/sSafeguarding incidents and processes Service user Survey/sRecords of tenant meetingsComplaints logsSCC Quality Monitoring Audit CQC Reports Other stakeholder feedback Key Performance IndicatorsUse of other recognised outcome evaluation tools, such as the ‘Outcomes Star’ | **Evidence:**(to be completed as part of audit) |
| The service user is protected from abuse and is supported to protect themselves from abuse. | As above. | **Evidence:**(to be completed as part of audit) |
| The service user has access to safeguarding adults, complaints and compliment procedures and is supported to use them. | As above. | **Evidence:**(to be completed as part of audit) |
| The service user feels confident in their support staff and is at the centre of their support. | As above. | **Evidence:**(to be completed as part of audit) |
| The service user feels supported. | As above. | **Evidence:**(to be completed as part of audit) |
| The service user is able to maximise their independence and where possible over time reduce their dependence on paid support.  | As above. | **Evidence:**(to be completed as part of audit) |
| In conjunction with appropriate other services, the service user is able to maintain a tenancy.  | As above. | **Evidence:**(to be completed as part of audit) |
| The service user is supported to identify inequalities and discrimination and to express their views. | As above. | **Evidence:**(to be completed as part of audit) |
| The service user is able to access public transport due to travel training and support. | As above. | **Evidence:**(to be completed as part of audit) |
| Service user confidentiality is maintained at all times. | As above. | **Evidence:** (to be completed as part of audit) |

**KEY PERFORMANCE INDICATORS**

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|  **SUMMARY OF KEY PERMANCE INDICATORS AND DATA REQUIREMENTS**  |
| **Key Performance Indicators** | **Target** | **Frequency** | **Source** |
| **Service user Outcomes**    | 1 | **Service user Surveys:** Service providers develop a service user satisfaction survey appropriate to their service and share outcomes with commissioners. | 100% compliance  | At least annually | Provider service user survey  |
| 2 | **Service user outcomes.**  Information relating to the delivery of specific service user outcomes is provided on request.  | 100% compliance with requests  | When requested  | Provider data |
| 3 | **Service users are supported to maximise their independence:** The Service Provider produces a case study to illustrate how service users are supported to maximise independence and how staff provide ‘just enough support’ and no more. | 100% compliance with case study request | At least annually | Provider data |
| 4 | **Complaints.** The Service Provider produces a Complaints and Safeguarding activity summary report, at agreed intervals.  | 100% compliance with reporting intervals  | Quarterly | Provider data (SCC template available) |
| **Support Staff & Management**   | 5 | **Staff Turnover Levels and Workforce data:** The Service Provider provides workforce data including information about staff turnover and is able to provide evidence within agreed timescales. | Staff turnover is less than 15% | At least annually | Provider data (SCC template available) |
| 6 | **Induction & Training** Common Induction Standards, QCF qualifications and on-going service specific specialist training is provided for all new and existing staff within agreed period. According to and National Minimum Standards (Skills for Care) and fully recorded in staff files. | 100% | At least annually | Provider data (SCC template available) |
| 7 | **Supervision & Performance Assessment** Support staff and management staff receive regular supervision and performance assessment according to Service Providers' supervision and performance management policies.  | 100% compliance with stated policies  | At least annually | Provider data (SCC template available) |
| **Communication with landlord**  | 8 | **Effective communication with the Landlord** regarding housing management to ensure safety and security of the environment. | 100% reporting on health and safety concerns / emergency repairs to landlord within 24 hours | Quarterly | Provider data  |