****

**Durham County Council**

**Provider Panel for Day Services**

**Invitation to Tender (ITT)**

**Document 2, Part 1**

**Service Specification**

**DN526604**

**Terms and Conditions**

The Terms of this Contract will be as detailed in the ITT Document 1 – Instructions to Bidders and Evaluation Methodology and as follows:

Document 2 (Part 1) – Service Specification

Document 2 (Part 2) – Panel Agreement and Terms & Conditions

**SPECIFICATION**

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9. **INTRODUCTION**

**Context**

* 1. The Council wishes to re-open the Provider Panel for Day Services to provide a consistent level of service to older people, adults with physical disabilities and or sensory impairment, adults with learning disabilities and challenging behaviour, adults with a mental health social care need and those on the autism spectrum. Care Facilitators arrange placements in consultation with care co-ordinators / social workers.
  2. Community based, befriending and one to one (1:1) support is also included in the Provider Panel for Day Services.
  3. Section 2 of The Care Act 2014 requires local authorities to ensure the provision of preventative services - that is services which help prevent, delay or reduce the development of care and support needs (including carers’ support needs). This includes day services.
  4. The Provider Panel for Day Services is linked to the following outcome in the Joint Health and Wellbeing Strategy and Sustainable Community Strategy:
* Living Well
* Ageing Well

**Definition of Day Services**

* 1. The definition of Day Services is the provision of some or all of the following Services following a full assessment of the Service User’s individual needs by the Care Co-ordinator / Social Worker:-
* Social Care;
* Practical Support;
* Rehabilitation/Re-enablement;
* Carer Respite/Short Breaks;
* Support to facilitate access to Volunteering or Employment Opportunities;
* Meaningful activities to meet assessed care needs;
* Outreach support within local communities

1. **PURPOSE**
   1. The purpose of this Service Specification is to set out the aims, objectives and principles which will enable the Council and Provider to deliver high quality day services to the people of County Durham. This specification should be read in conjunction with the associated Contract schedules.
   2. Durham County Council (the Council) is committed to the delivery of high quality day services for adults and wishes to work in partnership with Providers across sectors who can demonstrate and deliver services which achieve and maintain ‘Value for Money’ and positive outcomes for Service Users enabling them to live independent, safe and active lives.
   3. The Provider is required to; follow the requirements set out in this Specification; and comply with all statutory requirements in respect of the provision of Day Services.
   4. The Provider is not required to be registered with the Care Quality Commission (CQC). Should registration become a requirement in the future the Provider must then register and comply with the relevant standards at no extra cost to the Council. If the service is provided within a Care Home the Provider must inform the Care Quality Commission that Day Services are being delivered.

**Scope**

* 1. The Provider Panel for Day Services will provide for eligible social care support to older people, adults with physical disabilities and or sensory impairment, adults with learning disabilities and challenging behaviour, adults with a mental health social care need and those on the autism spectrum.
  2. The Provider Panel for Day Services will NOT provide support for recovery from mental health. This will be delivered through community and preventative mental health pathways.

**Aim**

* 1. The aim of the Provider Panel for Day Services is to:

*Provide a wide range of outcome focused support to people assessed as requiring day services*

* 1. Objectives and desired outcomes of the service are to:
* enable, where possible, an individual to continue to live at home within their chosen community in order to maintain independence;
* deliver high quality services focused on continuous improvement and on known Service User expectations as detailed in the Care Plan, Support Plan and/or Person Centred Plan;
* prevent unnecessary admission to hospital, residential or nursing home care;
* encourage and support Service Users to build confidence and live independently in the community;
* maintain and promote social inclusion and involvement in community activities;
* provide a flexible service that responds to the changing needs and requirements of the Service User;
* deliver a Service that provides security and protection to Service Users while being mindful of privacy and confidentiality;
* provide a person-centred approach in the provision of the Service;
* provide respite for Carers
* support to facilitate access to employment or volunteering opportunities where appropriate.
* work with young adults to deliver meaningful sessions to raise awareness of safe internet use, bullying, budgeting, life skills and independent travel.
* strengthen links with Education and Employment providers to achieve joint outcomes for young adults to enable independent living.
  1. Underpinning this Specification is the requirement to uphold the rights of service users and carers in:
* choice – meaning the opportunity to select from a range of options;
* rights – meaning the maintenance of all entitlements associated with citizenship;
* fulfilment – meaning the realisation of personal aspirations in all aspects of daily life;
* independence – meaning opportunity to think and act without reference to another person;
* privacy – meaning the right to be alone or undisturbed and free from intrusion and
* dignity – meaning recognition of the real value of people regardless of circumstances.

1. **REFERRAL, ACCESS AND ACCEPTANCE CRITERIA**
   1. Under The Care Act 2014 Adult Services have a statutory duty to undertake an assessment of an individual’s needs, and then to identify the needs which require a service response through the development of a Care Plan. The level of service provision to meet individual needs will be determined by Durham County Council’s Eligibility Criteria. The assessment may also include information from other professionals.
   2. To support the referral system the Council requests that Providers make available to the Council, following award to the Provider Panel, a summary guide of services that are offered. As an example the summary of services should be no more than a single page of A4.
   3. The Council would encourage the Provider to register on Locate which is the Council’s directory of services. Registration is free and can be completed online from the following link: <https://www.durhamlocate.org.uk/>
   4. It is the Council’s sole responsibility to decide whether an individual Service User requires a specialist day service, and / or additional hours to be provided. The Social Worker / Care Co-ordinator will ordinarily make this decision. The arrangements and payment rates for such services are specified in the Provider Panel Agreement.
   5. It is the responsibility of the Care Co-ordinator / Social Worker, with the Service User’s consent, to supply the Provider with a copy of or extract from the Service User’s Care Plan and where appropriate the Risk Assessment. The Care Plan and Risk Assessment must provide sufficient detail to enable the Provider to carry out care/support services that are required to maintain and promote maximum independence and quality of life for Service Users. The Provider must ensure that they have a copy of a written and current Care Plan and Risk Assessment for each Service User.
   6. The Council (ordinarily via the Care Facilitator) will contact the Provider and forward the following basic details regarding the potential Service User:

* Name and Address;
* Age and Date of Birth;
* Living arrangements;
* Required number of hours and days;
* Care Plan;
* Transport arrangements;
* Emergency Contact details.
  1. The Provider will have a prompt and efficient system for responding to referrals, including emergency referrals (via the Call-Off system under the Provider Panel Agreement). The Provider will accept referrals from the Council, subject to:
* Capacity within the service;
* Type of service required (including specialist services, where applicable);
* The services commissioned being in accordance with this specification.
  1. The Provider must ensure that pre-start arrangements fully comply with any agreed transition plans identified for an individual.
  2. Potential Service Users and their carers must receive all the necessary information to make informed decisions about the Service, and fully understand their rights and responsibilities whilst using the Service.
  3. The Provider should provide an accessible introductory information pack for potential Service Users, comprising basic information covering all relevant areas of the service.
  4. The Provider must ensure that all staff are given a detailed briefing of the Service User’s needs and the way in which they are to be met through the development of a Support Plan and / or Person Centred Plan.
  5. If there are any concerns, queries or disputes with the Care Plan the Provider must discuss these issues in the first instance with the appropriate Care Co-ordinator / Social Worker.

1. **SERVICE DELIVERY**
   1. The monitoring of Service Users’ general wellbeing shall be an integral part of daily activity at the Service.

**Meals**

* 1. The Provider must provide information to all service users about the arrangements and charges for meals and refreshments, and advise on the alternatives – e.g. packed lunch, available community facilities etc.
  2. Any meals / refreshments provided by the Provider and consumed by the service user are a private arrangement between the parties and the cost of this is not included within the Provider Panel Agreement.
  3. In providing this service, should any food preparation be undertaken by Providers for the consumption of Service Users, then Providers must be registered with the relevant Local Authority Environmental Health Service.
  4. Charges for meals / other snacks and / or drinks are at the discretion of the Provider.

**Hours of Service Availability**

* 1. The Provider will advise the Council of the days and times that the service will operate. Where a service operates on Bank Holidays or weekends, no enhanced payment will be made by the Council for attendees.
  2. A ‘full day’ of day service is based on a 6 hour day (which may include appropriate lunch or other breaks); and a ‘half day’ of Day Service must consist of a minimum of 3 hour~~s~~ of service delivery. These minimum hours of service delivery must not include travel time where transport is a feature of the service. Shorter periods of service are permitted and should be charged pro-rata to the overall rate.
  3. Providers delivering services to young adults should have flexibility to deliver day services on evenings and weekends to meet needs.

**Non-attendance**

4.9 The Service Provider must inform the Care Co-ordinator / Social Worker of situations where the service user does not, at short notice, attend the Social Day Care facility on the days stipulated in the Care Plan. In such situations the Council will be responsible for payment of the gross fee in accordance with this Contract and Service Providers should only collect contributions for meals / refreshments / privately arranged transport etc. from service users in respect of actual attendance. This arrangement would apply to periods of non-attendance due to issues such as sickness and / or hospitalisation (to be reviewed by the Social Worker after a maximum period of four weeks). Providers should note that where two weeks notice is given by the service user / Council of a break in service, e.g. for a respite period or holiday, the Council is not obliged to pay for a placement or to hold a placement during the break period.

**Premises (building based services)**

* 1. The Council expects that any premises used on its behalf will comply with the following basic standards;
  2. All areas of the premises should be kept clean and in good decorative order, and must be maintained in a good state of repair. All doors, windows, floors, fixtures, fittings, furniture and appliances must be maintained to a safe standard.
  3. Premises must meet the needs of Service Users and, where relevant, be compliant with the requirements of the Disability Discrimination Act.
  4. Providers must undertake a risk assessment of the building to ensure that the environment is safe for all Service Users.

**Access**

* 1. The location of the Service should allow safe access to Service Users and their relatives/carers.

**Water Temperatures**

* 1. There must be constant hot water with an adequate supply of water for heating and washing purposes. Water temperatures for storage and at the point of delivery must conform to regulations and temperature controls must be fitted to current standards.

**Security**

* 1. Where appropriate external doors should be alarmed and monitored. Potentially dangerous areas must be clearly marked and, if possible, rendered inaccessible.
  2. Any “locked door” policy must only be considered when all other measures have proved unsuccessful. This policy must be agreed by Service Users and the Council and must be reviewed at least every six months.

**Equipment/Supplies/Fittings**

* 1. Equipment must be available to enable staff to support Service Users, e.g. where they have limited mobility. Where appropriate all materials and equipment in use must meet the minimum requirements of current British Standard Specification, or European equivalent, standards.
  2. The Provider must adequately maintain all equipment used in the provision of the service to ensure that they remain safe to use by both staff and Service Users. Safety check records must be retained and made available on request.

**Storage**

* 1. There shall be adequate storage facilities for foodstuffs (where applicable), craft and entertainment materials. Secure and safe storage must be available for Service Users medications, including oxygen cylinders, personal possessions and for confidential information in relation to staff and Service Users. Secure storage must also be made for cleaning materials which are identified as hazardous following a COSHH assessment.

**Rooms/Spaces**

* 1. The building must provide appropriate rooms/spaces for group and individual activities including quiet spaces. If day services are provided in an existing residential home, a resident’s bed must not be used for this purpose. It is advisable that a room should be made available for the use of staff to store records and deal with administrative and staff related affairs. Wherever possible a separate room should be available for use if medical attention is required which could also be used if Service Users need to talk to staff/advocates confidentially. Where a separate room is not available an area must be made available for such uses.

**Health and Hygiene**

* 1. The premises must comply with current Fire Regulations, Health and Safety requirements and Environmental Health Regulations.
  2. Staff must be trained in health and hygiene and the environment must be clean, hygienic, safe, comfortable and kept at an acceptable temperature for Service Users.
  3. In a workshop or kitchen environment all precautions must be taken to ensure the safe storage and handling of tools and electrical equipment.
  4. Sudden illnesses and dangerous occurrences must be reported to the Care Co-ordinator / Social Worker immediately as well as informing the Council and other appropriate people Providers must complete any paperwork as required by the Health and Safety Executive and any other appropriate organisations.

**Bathrooms and Toilets**

* 1. If a bathing service is offered, the Council’s Bathing Procedure must be complied with at all times together with Moving and Handling Regulations.
  2. There should be an adequate number of toilets to meet the needs of the service user group, and the projected number of Service Users who will be using the premises at any one time.
  3. A wash hand basin with hot and cold water supplies, including soap/liquid hand wash must be provided at each toilet as required by the Disability Discrimination Act and individual Service User needs. Where appropriate, an emergency call system must be fitted in toilets that are used by Service Users.

**Kitchen Facilities**

* 1. Where the premises incorporate kitchen facilities the Provider must ensure that the kitchen and the equipment comply with Environmental Health Standards and Food Hygiene Regulations.
  2. Staff involved in the preparation of meals and snacks must be trained, as required by existing regulations, and apply the required standards of cleanliness and safety at all times.

**Smoking**

* 1. All Providers should have a clear policy on smoking and actual premises should be No Smoking in line with legislation. Information about the policy must be available to all Service Users.

**Fire Safety**

* 1. Day and Evening Services delivered in the Provider’s premises must comply with the Regulatory Reform (Fire Safety) Order 2005. It is the organisations responsibility to ensure compliance with the legislation and requirements and have the means to provide evidence of this request.
  2. The Provider must ensure that all staff and Service Users are aware of the procedures to be followed in the event of a fire;
  3. Combustible materials must be stored away from the main structure. All stairways and corridors shall be kept clear of combustible materials and fire exits and routes to these exits shall be kept clear of obstructions.
  4. A statement of procedures to be followed in the event of a fire shall be displayed prominently.
  5. The Provider shall ensure that fire drills are held at regular intervals and that staff receive instructions at least twice in every twelve month period. The Provider must keep a Fire Log Book in which details of all fire drills will be recorded. Fire alarm systems must be tested weekly.
  6. The Provider must nominate a senior member of staff who shall be given the responsibility for fire training. This member of staff must ensure that all staff receive instruction at specified intervals. Senior staff must have a Certificate of Fire Safety Competence from an authorised trainer.
  7. Details of all Fire Safety training must be recorded and produced on request.

**Community Based Services**

* 1. It is acknowledged that Service Users may access local community services as part of this contract. The Council values and encourages the facilitation of access to the wider community and recognises that Providers can make a valuable contribution to helping Service Users to overcome barriers, lack of understanding or prejudice.
  2. Whilst it is accepted that the Service Users’ daily programme may take place within building based facilities/day centres, the Council is keen to move away from traditional models of day services and instead promote opportunities to use community settings for integrated groups or individual activities.
  3. Where necessary Providers should carry out a risk assessment on all facilities prior to use by Service Users.

**Staffing**

* 1. The Council requires that every service will be maintained on the basis of good personal and professional relationships between the Provider, the staff employed and the Service Users.

**Staffing Levels**

* 1. The Service must have an adequate ratio (dependent on the needs of the Service Users) of staff to Service Users. The staffing levels and skill mix of staff must meet the needs of Service Users and the aims and objectives of the Service, together with each individual Care Plan, Support Plan and Person Centred Plan. Staff must be competent in all aspects of the service and staffing arrangements will be sufficient to meet the individual social, occupational and physical care needs of Service Users, and the overall needs of the service. A register of current staff and volunteers must be maintained.
  2. Where, in the opinion of the Council, the ratio of staff is not sufficient to reflect the needs of Service Users, the Council reserves the right to suspend new placements to the service until such times as the situation has been remedied.
  3. The Provider will have a staff rota showing full names and roles/duties of staff who are on duty during the provision of the Service. Rotas should be available to the Council (upon request) for monitoring purposes. Staff deployment must also take account of periods of high demand e.g. outings etc.
  4. The Provider will ensure that staff within the service are suitably trained in all relevant aspects of service delivery. Management support must also be available at ALL times when staff are on duty.
  5. Where the Provider uses agency staff and volunteers, the Provider is responsible for ensuring these staff have the required clearances, qualifications, skills and abilities, and are sufficiently familiar with the service being delivered to be competent in the post in which they are being employed.

**Recruitment**

* 1. The Provider must have in place a written Recruitment and Selection Policy and processes, which takes account of all current legislation, including equality and diversity legislation and anti-discriminatory practices. The policy and process should be regularly reviewed to ensure individuals are selected and treated on the basis of objectively assessed skills and abilities.
  2. The Recruitment and Selection Policy and processes must include:-
* **Advertising –** in line with Equal Opportunities legislation
* **Use of Application Forms –** must include specific questions relating to criminal convictions and a full employment history with appropriate dates including any periods of unemployment. A copy of the application form must be retained on file.
* **Equal Opportunities –** to include completion of an equal opportunities monitoring form.
* **Job Description –** details of issue, to both staff and volunteers, should be recorded and a copy retained on file.
* **Person Specification –** to detail the qualifications, experience, skills and qualities required for prospective staff.
* **Short-listing –** should be based on the job description, person specification and application form.
* **References –** the Provider must obtain a minimum of two written references, one of which should be from the present or previous employer (a reference from present or previous employer may not be obtainable in respect of volunteers) prior to commencement of duties. All references must be checked and verified. In exceptional circumstances verbal references may be secured prior to commencement but these must be recorded and followed by written confirmation within two weeks of commencement of duties. If written confirmation is not received, the member of staff’s continued employment must be reviewed. References must not be accepted from family members.
* **Securing of Criminal Records Checks –** the Provider must secure a valid enhanced disclosure from the Disclosure and Barring Service (DBS) for all staff and volunteers, in line with existing and subsequent legislative requirements. Safeguarding of Vulnerable Adults (SOVA) checks must also be secured prior to any new staff taking up post whether on a permanent, temporary or voluntary basis. Staff may not work on their own with a Service User until enhanced DBS and SOVA clearance has been obtained. It is required that checks are renewed every three years.
* **Declaration of Cautions / Convictions Protocol –** the Provider will inform the Council in writing of any staffing issues, cautions and convictions that may place the service user at risk. The Provider will liaise with the Council in order to establish whether the risk can be managed by the Provider. This will depend upon the nature and length of the caution / conviction as described in the Rehabilitation of Offender Act, and any HR advice which has been sought depending on the complexity of the situation;
* Providers must also ensure that they meet the requirements of the Independent Safeguarding Authority.
* If any checks listed reveal information which would make staff or volunteers unsuitable for work with vulnerable adults, they must not be employed by the Provider.
* **Interview/Selection Process –** face to face interviews must be undertaken and appropriately recorded and retained on file.
* **Contract of Employment –** a written contract specifying the terms and conditions of employment must be issued within specified legislative timescales. The document must be signed and dated by employee and employer and a copy retained on file.
* **Staff Handbook –** detailing copies of all current policies, procedures and codes of practice should be available for all staff.
* **General Social Care Council Code of Conduct –** the Provider must ensure that all relevant staff obtain registration with the General Social Care Council as soon as required by law. All relevant staff must be issued with a copy of the Code following commencement of employment.
* **Declaration of Cautions/Convictions Protocol –** The Provider will inform the Council in writing of any staffing issues, cautions and convictions that may place the Service Users at risk. The Provider will liaise with the Council in order to establish whether the risk can be managed by the Provider. This will depend upon the nature and length of the caution/conviction as described in the Rehabilitation of Offender Act, and any Human Resource advice which has been sought depending on the complexity of the situation.

**Training and Qualifications - General**

* 1. The Service Provider shall only employ staff that are suitably qualified and/or trained for the posts that they hold.
  2. Volunteers may be recruited according to the skills and abilities which they need to perform the required tasks.
  3. The Service Provider must be committed to developing a skilled workforce.

**Induction**

* 1. The Service Provider will have a suitable induction and training programme to ensure that all staff and volunteers have a good understanding of the nature of the work, the ethos of the service, their role and what is expected of them, the needs of the Service Users, and have the capacity and skills for their role. Induction should be based on recognised standards, e.g. Skills For Care. Although not a registered service it is good practice to use the Care Certificate Standards to form the basis of the induction and this will include such topics as Duty of Care, Person-Centred Approaches, Privacy and Dignity, Health and Safety, Infection Prevention and Control, Recording and Confidentiality.
  2. In addition to above, additional training included in the induction period should be relevant to the role of the care worker and will be dependent upon the work of the unit, however it is likely to include:-
* Moving and Handling People
* Moving and Handling Objects
* Medication
* First Aid
* Adult Protection
* Safeguarding Children (where this is pertinent to the service user group)
* Dementia Awareness Training (where this is pertinent to the service user group)

**On-going Training**

* 1. The Service Provider must have an on-going Training Programme which is reviewed and updated annually. The programme should be communicated to care workers in response to assessed competencies. This programme will include refresher courses in those areas completed during induction and any specialist/further training required for the care of an individual service user, or identified through supervision and appraisal sessions. Mandatory training must be given to all staff and kept up to date. The Manager is responsible for updating the training records of all staff. The programme of on-going training will include courses in the following areas:
* Infection Control
* Epilepsy Awareness (for LD Day Services)
* Confidentiality/Data Protection
* Mental Capacity Act
* Substance Misuse
* NCFE Level 2 Safe Handling of Medication
* A Level 3 Medication unit from the HSC Diploma – either ASM 34 (Administer Medication to individuals and monitor its effects), or HSC3047 (Support the use of medication in social care settings).
  1. The Council expects that the following training is delivered at the frequency indicated below:
* Moving and Handling – refreshed on an annual basis
* Safeguarding Adults basis training – refreshed on a 3 yearly basis
* First Aid – refreshed on a 3 yearly basis
* Food Hygiene – refreshed on a 3 yearly basis
* Epilepsy Rescue Medication – refreshed on a 2 yearly basis
* Safeguarding Children (if relevant to service) – refreshed on a 3 yearly basis
* Dementia Awareness Training (if relevant to service) – refreshed on a 3 yearly basis

NOTE: Safeguarding Adults training: It is expected that the basic training is refreshed on a 3 yearly basis, unless there are any key legislative changes. The Manager should show a commitment to access and provide staff with any additional ‘safeguarding’ training for their service specialism in relation to any related local and national learning, or guidance, accessible via the Safeguarding Adults Board multi-agency training strategy and programmes.

Epilepsy Rescue Medication: Staff must have completed the Epilepsy Awareness training prior to attending Rescue Medication training, and will need to produce their certificate as proof. Only those staff who are supporting service users who have a MAP in place, will be required to attend Rescue Medication training.

**Specialist/Further Training**

* 1. Further specialist training must be provided for any staff working with specific user groups and/or medical conditions (including for those service users identified as requiring a specialist service).
  2. The Service Provider must ensure that all courses attended and any training undertaken are appropriately recorded and copies of certificates are held on file.

**Qualifications**

* 1. The Manager(s) of the service will hold at least Health and Social Care NVQ/Diploma at Level 3, unless they already have a higher or equivalent qualification in the same field and the provider should aspire to have at least 75% of paid staff trained to Health and Social Care NVQ/Diploma Level 2.

**Supervision and Appraisal**

* 1. All staff including managers and volunteers, where appropriate, will have regular supervision (a minimum of 4 times per year) and be appraised annually. This will ensure that staff and volunteers are regularly reviewed as to their competence to do the work for which they are employed and their potential for development and promotion.
  2. Supervision and appraisal sessions must be recorded and agreed by parties in a standardised way.
  3. Supervision sessions should include:
* Any urgent or immediate issues
* A review of previous session and outstanding issues
* Provision of updates and amendments on Company Policies and Procedures
* Issues relating to current workload
* Staff development and staff care issues
* Staff views and suggestions
* Quality assurance issues
  1. Where employees are employed on complex individual cases where high levels of personal care and support are needed, a higher level of supervision and support will be made available to them.
  2. The Provider must ensure that all staff have an annual performance appraisal to include the following areas:
* Current position and performance
* Verification of procedural knowledge
* Analysis of training needs
* Goals and plans for the future.
* The Provider must ensure that appropriate records of appraisal are maintained for each member of staff.
  1. The Provider must ensure that Managers and Supervisors receive training in supervision skills and undertaking performance appraisal.

**Disciplinary and Grievance Procedure**

* 1. Providers are required to demonstrate that they have written procedures for the handling of staff grievances and disciplinary matters and that staff are made aware of these procedures.

1. **STANDARDS OF SERVICE**

**Activities**

* 1. The Provider must consult with Service Users to determine their activity preferences to ensure that a suitable programme of individual and group activities are arranged.
  2. The activities available must be appropriate to the individual needs of the Service User.

**Adult Protection**

* 1. The Provider must agree to adhere to the principles contained in the 2014 Care Act legislation and statutory guidance in respect of safeguarding adults.
  2. In adhering to this requirement, the Provider will have its own policy and procedure detailing how it will respond to requirements contained in the legislation and the local arrangements in Durham set out by the Inter Agency Safeguarding Adults Board and will ensure that information  is made available to employees, staff, volunteers, service users, carers and the general public.
  3. The Provider will ensure that there is a set of internal guidelines which relate clearly to the multi-agency policy and which set out the responsibilities of all staff and volunteers, which will include guidance on -
* Identifying vulnerable adults who are particularly at risk,
* Recognising risk from different sources and in different situations and recognising abusive behaviour from other service users, colleagues, and family members,
* Routes for making a referral and channels of communication within and beyond the agency,
* Assurances of protection for whistle blowers,
* Working within best practice as specified by this Agreement,
* All information should emphasise that all those who express concern will be treated seriously and will receive a positive response from management at all levels.
  1. The Provider will ensure its own policies and procedures are consistent with the County Durham Inter Agency Policy and Procedural Framework and Statement of Commitment specifically in respect of the immediate reporting and referring suspected abuse; working together with the local authority and safeguarding partners to participate in the strategy meetings and investigative processes.
  2. Within the context of Safeguarding Adults Executive Planning processes, following consultation during such meetings the Provider will allow full and free access to their premises for the purposes of fulfilling the Purchasers investigative responsibilities contained in The Inter Agency Procedural Framework and unannounced visits for the purpose of demonstrating satisfactory progress by the Provider against any action plan implemented by the Executive Planning Meeting.”

**Section 42 Enquiries**

5.8 Providers will be required to co-operate with Section 42 of the Care Act known as Section 42 Enquiries as stated in the statutory guidance:

* The Council make enquires, or cause others to make enquires, when they “reasonably suspect” an adult with care and support needs may be at risk of abuse or neglect in their area and to find out what, if any, action may be needed.

**Advocacy**

5.9 Some Service Users may not be fully capable of representing themselves effectively. Where this is the case an advocate must be arranged to provide an independent view on behalf of the Service User. The Provider will facilitate discussions between Service Users and advocates where required.

**Choice and Control**

5.10 The Provider will fully support Service Users to exercise control over their lives in all aspects of their Day Services.

5.11 Service Users must be able to choose the activities they would like to be involved in, that meet their aspirations and contribute to agreed objectives, from those organised by the Provider.

5.12 Where a Service User is assessed as unable to take part in an activity, the reasons for this will be fully discussed with the Service User and recorded in their Individual Support Plan.

5.13 Where personal care is part of the service, Service Users, wherever possible, will be given the choice as to the gender of the person assisting with personal care. Where this is not possible, it must be fully explained and discussed at the introductory meeting, and agreement recorded on the Service User’s Individual Support Plan and Person Centred Plan.

5.14 Service Users will be:

* able to make informed choices;
* able to express preferences/choices that are listened to, respected

and acted upon (or considered);

* enabled to meet their own objectives as far as possible.

**Communication Needs**

5.15 Individual Care Plans, Support Plans and Person Centred Plans will contain a record of any communication needs and how these will be met. Service Users will be supported to communicate at the speed and style they wish.

* 1. The Provider will ensure appropriate aids and equipment are available to assist the Service User’s communication needs, as identified in their Individual Care Plan, Support Plan and Person Centred Plan.

**Complaints, Comments and Compliments**

* 1. The Provider must have a formal Complaints Procedure to enable Service Users, their carers or advocates to make complaints relating to Services.
  2. Service Users will be fully informed and understand their right to compliment, make comment or complain about the Service, and will know how to use the Provider’s Complaints Procedure. The procedure must include the stages and timescales for the process. Service Users must be kept informed at each stage of the investigatory process and should be given information on the appeals process and for referring a complaint, where they are not satisfied with the outcome.
  3. The existence of a procedure within the organisation does not remove the Service User’s right of access to the Council’s own Complaints Procedure, details of which will be made available to the Service User by the Care Co-ordinator / Social Worker. However, it is expected that in most cases, the Provider’s Complaints Procedure would be used first as this could facilitate speedy resolution, given the Provider’s familiarity with the situation/issues and ability to respond directly and promptly. Where complaints have been addressed to the Council but relate to the Provider, they should be forwarded to the Provider, after consultation with the complainant to see if they can be resolved at source. Where this is inappropriate (e.g. if the complaint is very serious, or concerns a senior manager in the Provider organisation, or where the complainant objects), the Council’s procedure can be used from the outset.
  4. The procedure should not just be a statement of intent, it must set out how the complaint will be dealt with including statements regarding the following:
* that all complaints will be recorded;
* how the complaint will be acknowledged and how soon this will happen;
* who will investigate the complaint and who will substitute if the nominated person is unavailable or where the complaint is about the nominated officer;
* details of how the investigation will proceed;
* that a written response will be provided within 28 days from the date of complaint;
* that if the complainant is not satisfied either with the way the complaint has been handled or with the outcome, then he/she must refer the matter to the Commissioning Services Manager for access to the Department's Complaints Procedure.
  1. Copies of the procedure must be made available to the Service User, their carer or advocate on request. However, information on the Complaints Procedure, detailing how a complaint can be made, should be given to the Service User at the start of their placement (e.g. included in the information pack). Provides should ensure that the guidance is understandable for service users.
  2. In addition to the Complaints Procedure, the Provider must have a system to record:
* date of complaint;
* name of Service User and name and address of complainant if different;
* details of complaint;
* name and designation of nominated investigating officer;
* outcome of investigation;
* whether the complainant is satisfied or not satisfied with the outcome.
* a record of all complaints that have been referred elsewhere and at what stage of the process.

**Discrimination and Harassment**

* 1. Service Users will:
* be empowered to feel safe and secure;
* be valued as individuals and feel confident to be who they are;
* be supported to meet their own personal objectives appropriately;
* not be excluded or marginalised from services for any discriminatory reason.

**Emergency Situations**

* 1. The Provider is required to demonstrate that they have written procedures for dealing with emergency situations, and that staff are fully aware of these. Procedures may be contained in the organisation’s Business Continuity / Contingency Plan.
  2. When an emergency situation is identified by staff during the course of his/her duties it is expected that sufficient and appropriate action will be taken, to ensure the immediate health, safety and comfort of the Service User.
  3. Staff must take all reasonable precautions against accidents and will be trained in emergency first aid.
  4. Where a Service User is due to attend Day Services and the Provider is responsible for their transport, the Provider must have procedures in place which detail the actions staff must take when a Service User is not at home, discovered in a state of illness / incapacity or staff are unable to gain access to their property.
  5. Where a Service User requires urgent assistance or is at risk, the Provider shall ensure that the relevant emergency service is immediately summoned, and the Care Co-ordinator / Social Worker is notified of the details of such an emergency as soon as is reasonably practicable.

**Equality and Diversity**

* 1. All Providers are expected to demonstrate a commitment to Equality and Diversity and comply with the relevant legislation and good practices.

**Fund Raising**

* 1. Records of monies raised (through fund raising or from voluntary contributions), must be kept separate from the services financial records.
  2. The fund raising accounts must be audited and open to inspection upon request.

**Gambling**

* 1. Staff must not engage in a gambling syndicate with Service Users or promote gambling to Service Users.
  2. Staff must not purchase National Lottery, Lotto or other Lottery Tickets, or purchase or place gambling bets on behalf of Service Users.
  3. Where staff accompany Service Users to gambling venues as part of their official duties they must not become involved in gambling themselves.
  4. For the purposes of this condition “gambling” will not be taken to mean any informal games or games customarily played at the Service such as, but not limited to bingo, raffles or dominoes where small bets may customarily be placed.

**Gifts, Gratuities and Wills**

* 1. Providers are required to have written procedures relating to the non- acceptance of gifts or gratuities which must contain or demonstrate in writing the following:
* a statement that staff do not accept any gifts or gratuities from Service Users and their relatives in return for any services which are provided on behalf of the County Council;
* action to be taken if gifts or hospitality are offered or have been accepted;
* procedures for returning gifts;
* details of instruction and / or training given to staff regarding this procedure;
  1. Being named as a beneficiary in a Service Users Last Will and Testament should be treated as a gift under the procedures and is strictly prohibited. Similarly, Provider’s staff should never become involved in the making of a Service Users Last Will and Testament or act as Executor to a Service User’s estate. Where a Service User requests a member of staff to assist with the making of a Will, the Provider should notify the individual’s Care Co-ordinator / Social Worker.

**Health and Emotional Well-being**

* 1. Service Users will be:
* supported through relevant advice and information to maximise their health;
* able to access and benefit from engagement within the community;
* enabled to address other personal objectives by encouragement and support in contacting the relevant services;
* supported to ensure that their emotional and spiritual needs are recognised;

**Healthcare Needs**

* 1. Providers must be aware of the medical and health needs of each Service User as identified in the individual Care Plan.
  2. The Provider will establish the level of care they can give and the boundaries must be outlined to all concerned. The Provider must establish contacts with the Service User’s carer and changes in the Service User‘s behaviour or attitude and / or incidents occurring during the time they are attending the Service must be passed on to them in a clear and understandable way.
  3. The Provider is required to ensure that care staff have access to the name of the General Practitioner (GP) with whom the Service User is registered and are aware that whenever a Service User requests assistance to obtain medical attention, or appears unwell and unable to make such a request, that the GP should be contacted without delay.
  4. Where the Service User will not give permission for the GP to be contacted the Provider should contact the carer and the Care Co-ordinator / Social Worker immediately.
  5. Staff will discuss any concerns they may have about the Service User’s health and well-being with the Service User before involving any other agency or carer. If these concerns indicate any potential abuse of the Service User then these must be reported in line with the Provider’s Adult Protection policy which must include contacting Social Care Direct (03000 26 79 79).
  6. Staff will provide information to the Service User about relevant health promotions and support access as appropriate and in accordance with any individual Care Plan, Support Plan and / or Person Centred Plan. Providers will make every effort to ensure that, wherever possible, Service Users will not be excluded from Day Services because of healthcare needs.
  7. Where a Provider has concerns about an individual’s oral health, these should be discussed with carers and health and social care professionals and reported to a dental professional if required.  If a Service User is subject to an Oral Care Plan, the Provider should assist in meeting any identified needs, including oral hygiene procedures (for example, tooth brushing) for those who require assistance / support, following training by oral health professionals.  In the absence of extenuating circumstances (e.g. a need for an individual to follow a high calorie nutrition plan for weight maintenance) use of sugar in the diet should ideally be limited to a maximum of four times in a day (including snacks) so as to reduce the risk of decay. “Tooth-friendly” foods and drinks should be offered wherever possible and service users encouraged to make informed decisions about their diet and oral health.

**Individuality and Independence**

* 1. The Provider must ensure that Service Users are encouraged to retain their independence. Staff activities must be designed to work alongside Service Users rather than take over responsibility of their actions: in accordance with the Human Rights Act 1998.
  2. The Provider shall make available information about opportunities for future development or changes in lifestyle to encourage the personal aspiration of Service Users.
  3. All programmes designed to provide for the entertainment and social interaction of Service Users shall both allow for and encourage individuality.
  4. The Provider must ensure that all staff are given a proper and adequate briefing of the Service User’s needs and the way in which they are to be met in order for the individual to retain individuality and independence.
  5. Service Users should be encouraged, where applicable, to pursue their interests and hobbies.

**Introductory Period**

* 1. Where all parties agree that the placement will go ahead, the first six weeks of the placement will be regarded as an introductory period. During this period the placement will be on a week to week basis and the placement can be terminated by the Service User, the Provider or the Council on receipt of one week’s notice.
  2. During the introductory period every opportunity will be given to the Service User to discuss their aims, objectives, desired outcomes and requirements with a member of staff, which should result in a Support Plan and / or Person Centred Plan being drawn up based on outcomes that reflect the Service Users aspirations, needs and choices. Carer’s views and objectives should also be considered where appropriate,
  3. However, the Service User’s wishes will take precedence. Further guidance on Support Plans and Person Centred Planning is available from the Council if required.
  4. A review of the placement shall be undertaken by the Care Co-ordinator / Social Worker before the end of the six week introductory period. The review will establish whether or not the placement is suitable in meeting the needs of the Service User. The Care Co-ordinator / Social Worker will ensure that the Support Plan and Person Centred Plan developed by the Provider is consistent with the needs identified in the Service User’s Care Plan.

**Medication**

* 1. The Provider must have a clear policy related to medication. The policy must be in line with all current legislation and guidance.
  2. The policy must include:
* The arrangements for staff training related to
* Routine medication
* Emergency medication
* Specialist tasks (If required)
  1. Providers are required to ensure that care workers, whether or not registered with the UKCC to practice in Great Britain, when they are working through an organisation not licensed as a Nursing Agency, should not initiate or undertake tasks of a nursing nature. This will normally preclude such clinical nursing procedures such as catheterisation, sterile dressings, the administration of injections and in particular, the introduction by the care worker to the Service User of non-prescribed drugs and either systemic or topical remedies.
  2. The Provider will make arrangements for the recording, safe-keeping, and handling of drugs. Service Users, who are able, will be encouraged to administer their own prescribed medication.
  3. Where staff assist in the administration of prescribed medication, the Provider must have a clear and understandable written policy inclusive of procedures relating to the keeping of records for medications that are held by the Provider, including when staff are required to administer prescribed medications.
  4. Staff must be suitably qualified and/or experienced to assist with the administration of prescribed medication. Providers must be able to demonstrate that all staff, who are required to assist Service Users to take prescribed medication, receive appropriate instruction and written guidance.
  5. Medication must be given at the times and frequency as prescribed and in accordance with the individual needs of the Service User. Medication shall not, under any circumstances, be given at a time to suit the regime of the service.
  6. Medications which need to be stored in a refrigerator should be kept separate from foodstuffs in a sealed plastic container, clearly labelled as being medication. If there is doubt as to whether a particular medicine needs refrigeration the pharmacist must be consulted.
  7. Any medication held by the Provider must be returned to the Service User at the end of each day.
  8. Details of any medication self-administered by a Service User during their Day Services must, where possible, be given to the Carer.
  9. Any training given must be done by a suitable qualified and experienced person and the policy should outline who the training provider will be. There is an expectation that any person working with a child who has medication needs must have been provided with training prior to working with them.
* The administration of medication and how this will be recorded for each child
* The safe, storage admission, discharge and disposal of medication
* Where staff are required to do specialist tasks the provider must ensure that training has been provided by a suitable qualified person and that there is a specific plan in place related to these tasks.
* The procedure for recording and reporting any medication errors. This must include the notification of parents, carers and local authority

**Mental Capacity Act**

* 1. The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this. It enables people to plan ahead for a time when they may lose capacity. The Provider has a legal duty to incorporate the Act into the development of its policies and procedures and in developing staff through training. Service Users should be informed of their rights under this Act.

**Mobility**

* 1. All service users should be given support in remaining as mobile as possible, whilst recognising the need to provide for those who have no wish to be active. The Provider should provide flexible support and assistance with mobility to service users, in response to each person’s abilities and motivation, which may vary from day to day.
  2. The Provider is required to contact the Care Co-ordinator / Social Worker, with the service users consent, to arrange a review if it is thought that aids and adaptations would assist the person in maintaining their independence.
  3. The Provider must inform the Carer and Care Co-ordinator / Social Worker when personal mobility equipment requires repair or maintenance and such equipment should not be used until fit for purpose.

**Moving On**

* 1. Increasingly, Day Services may be provided on a short-term basis enabling Service Users to have the chance to move on to enjoy a more independent lifestyle. Where a service is specifically purchased on this basis, Providers should ensure that this “move-on” is a positive experience for the Service User.
  2. Preparing for the move will be properly planned and discussed with the Service User, their carers if appropriate, their advocate and staff from any new service, if applicable.
  3. Where required, a transition plan will be agreed with the Service User, Care Co-ordinator / Social Worker and carer as appropriate which will include arrangements for visiting any new service. The plan will ensure that arrangements can be made for the Service User to maintain appropriate friendships after their move, where practicable.
  4. The Service User’s records will be updated, agreed with the Service User and passed to any new service, if appropriate.

**Personal Care (where applicable)**

* 1. Service Users who are able to do so will take care of their own personal hygiene. The Provider should assist Service Users to receive the level of support and encouragement needed to maintain, regain or develop such skills.
  2. Where a Service User needs assistance with any element of personal care, e.g. toileting, hoisting, washing, shaving, hair and dental or oral care, the Provider must ensure that the Service User is offered as much assistance as necessary to complete the task to the Service User’s satisfaction and comfort. The Provider must ensure that all such help is given in a discreet and dignified manner.
  3. The Provider must ensure that wherever practicable Service Users are given a choice of the gender of the person assisting with their personal care.
  4. Any assistance with bathing from staff should be in accordance with the individual's Care Plan, Support Plan and Person Centred Plan and in accordance with the Council’s Bathing Policy and Procedure(s).
  5. Staff must ensure that the bath water is of a safe and comfortable temperature prior to a Service User being placed into the water.
  6. Providers are required to ensure that any assistance given with bathing complies with the Health and Safety Executive's requirements, with regard to moving and handling of people.
  7. The Provider may be required to provide assistance with nail care to those Service Users who require it.
  8. Where a Service User is diabetic, suffers from circulation difficulties or has problem nails, such care should only be provided by a qualified Chiropodist. The Provider must alert the Care Co-ordinator/Social Worker if this service is required and is not included in the Care Plan.
  9. The Provider is expected to ensure that assistance with hair washing and hair care is provided to those Service Users who require such help, where it is included in the Care Plan.
  10. The Provider is expected, where possible, to ensure that each Service User is encouraged to retain their independence in regularly using the toilet.
  11. The Provider must ensure that assistance to and from the toilet is available if it is required, with all requests for and discussions about going to the toilet undertaken in private conversation directly with the Service User.
  12. The Provider is required to ensure that appropriate equipment to facilitate independent use of the toilet, in accordance with individual needs, is available where required.
  13. Providers are required to encourage any Service Users suffering from incontinence to seek professional advice regarding their condition, and refer back to the Care Co-ordinator / Social Worker.
  14. Providers must ensure Service Users who experience incontinence are offered assistance with washing and changing into dry clothes.
  15. Where the Care Plan indicates that help should be given with the changing of colostomy bags, this must be given by staff who have been appropriately trained by the Stoma nurse.

**Personal Possessions**

* 1. The Provider must ensure that all staff treat every item of Service User’s property with care and respect. Any item belonging to a Service User can only be disposed of with the permission of that person, unless it causes a health or safety problem.
  2. If the Service User wishes to leave any personal possessions with the manager or staff for whatever reason, a receipt must be issued and an entry made in a register maintained for that purpose. Items should be clearly labelled and stored in a lockable drawer or cupboard and returned to the Service User at the end of the day.

**Personal Relationships**

* 1. Service Users shall have normal opportunities for emotional expression, in particular, the freedom to have intimate and personal relationships with consenting adults within and outside the Service. Providers must ensure that these relationships are expressed in a manner appropriate to the situation Service Users are in. This should be reflected in policy documentation.

**Privacy**

* 1. Facilities must be provided to enable any personal care tasks to be carried out in private. Where the assistance of staff is required in these tasks this shall be kept to a minimum, commensurate with safety and confidentiality.
  2. All aspects of Service Users individual affairs shall be dealt with in confidence in accordance with the Data Protection Act, 2018; The Human Rights Act, 1998; Freedom of Information Act, 2000 and the Mental Capacity Act, 2005.
  3. Service Users will be made aware of the need to hold records of their individual information and the appropriate processes for accessing them. Service Users will have the right to receive a copy of any information held about them in the Provider’s files, provided that this does not breach third party or legislative guidelines.
  4. The Provider will ensure that permission is given by Service Users when sharing confidential information about them, unless existing legislation or guidance states otherwise.
  5. Service Users should be confident that staff will not speak publicly about them unless it has been agreed with the Service User beforehand.

**Quality of Life**

* 1. Service Users must be provided with opportunities to enhance the quality of their lives, in a safe, manageable and comfortable environment. The Service Users’ wishes shall be ascertained, respected and met, wherever possible. A programme of activities shall exist which encourages Service Users to retain existing interests and activities and develop new ones.
  2. The Provider shall ensure that staff provide support and stimulate Service Users to make the greatest use of their potential physical, intellectual, emotional and social capacity.
  3. Service Users will:
* have access to leisure / social and learning activities; where appropriate this may include access to volunteering or employment opportunities;
* be encourages to participate in the above;
* feel part of decision-making processes by:
* shaping their own support plan / person centred plan;
* deciding on their own individual and group activities;
* influence the running of the service;
* being encouraged to run the activities themselves where possible.

**Religious / Cultural / Spiritual Needs**

* 1. Staff must be properly informed about the implications of cultural and religious beliefs or faiths and the needs of Service Users from such minority ethnic communities will be understood and catered for. Special arrangements should be made for personal care needs in keeping with religious/cultural beliefs and practices.

**Respect and Dignity**

* 1. Service Users must:
* be called by their preferred name or title at all times;
* be treated politely at all times;
* have their rights and responsibilities within the service explained to them in a way that they understand;
* be helped with all aspects of care sensitively, discreetly and in a way that maintains their dignity;
* be made aware of their responsibilities to treat others with respect and dignity;
* be supported in retaining their dignity in all respects of their involvement with the service.
  1. Service Users will:
* be empowered to feel safe and secure;
* have their respect and dignity valued and respected at all times;
* be valued as individuals and feel confident to be who they are;
* be supported to meet their own personal objectives appropriately;
* not to be excluded from services for any discriminatory reason.
  1. The Provider must adhere to Dignity in Care procedures, see link below:

<http://www.scie.org.uk/publications/guides/guide15/challenge/index.asp>

**Safeguarding Children**

5.104 Government guidance on Child Protection and Professional Confidentiality is set out

in “Working Together to Safeguard Children” (Department for Education and Skills, 2018). It states that all organisations that work with children share a commitment to safeguard and promote their welfare.

5.105 All organisations working with children need to ensure that safeguarding practices permeate across all activities (e.g. recruitment and supervision of staff).

5.106 The Durham Safeguarding Children’s Partnership acknowledges that agencies and professionals working with children are governed by firm rules regarding confidentiality. However, where it is necessary in the public interest or to protect children, information should be shared as directed by the Durham Safeguarding Children’s Partnership, please refer to the Durham Safeguarding Children’s Partnership procedures.

* 1. Providers are required to share their statement of Child Protection with the Commissioner, upon request. The statement must demonstrate how it complies with the Durham Safeguarding Children’s Partnership procedures.

**Duties under the Counter Terrorism and Security Act 2015**

* 1. Managers and staff should understand how some vulnerable people might be drawn into terrorism and violent extremism, how to recognise when this is happening and what to do.
  2. This should include completion of relevant training (e.g. PREVENT training).

**Safety and Risk**

* 1. The Provider will meet their duty of care by ensuring that services are safe and working practices minimise risk.
  2. Positive risk taking should be regarded as normal, i.e. Service Users should not be discouraged from undertaking certain activities solely on the grounds that there is an element of risk. The level of risk should be understood and agreed by the Provider, Service User and their carers.
  3. The Provider must produce a comprehensive policy and procedure that deals with risk assessment. The aim of the policy shall be the empowerment of the Service User. The procedure shall contain written guidance that differentiates between both planned risks and those risks that may occur on a day-to-day basis. The procedure must include provision for the involvement of professional staff, carers, family members and advocates who have knowledge of the needs and abilities of the Service User where it is felt that a Service User has difficulty in making decisions. A record of the decision reached and the signatures of those involved in making the decision shall be recorded in the Service User Care Plan, Support Plan and / or Person Centred Plan. Such decisions must be reviewed on a regular basis.
  4. Under the requirements of the Management of Health and Safety at Work Regulations 1999, the Provider shall carry out risk assessments of the tasks carried out by its employees and activities undertaken by Service Users. The Provider must ensure that an appropriately trained and qualified member of staff completes risk assessments.
  5. Risk assessments shall be formal written documents that must be made available to all staff. They must be reviewed at regular intervals and reflect the control measures required to carry out given tasks with an associated risk as safely as practicable.
  6. This assessment must include:
* identification of potential hazards associated with any given task;
* identification of who might be harmed and how;
* an evaluation of the risk to identify what action is required and steps to be taken to minimise the risk;
* a statement of the equipment required to provide the services;
* evidence that agreed and appropriate action has been taken.
  1. The Provider must carry out further risk assessments whenever new activities are to be undertaken or the needs of an individual change. Changes made to the Care Plan must be agreed between the Provider, the Service User and the Care Co-ordinator / Social Worker.
  2. Service Users will be fully involved in formal risk assessments for Day Services activities, carried out by trained staff, offering a balance between individual requirements and preferences and the needs of other Service Users and staff.
  3. Service Users, and carers where appropriate with Service User agreement, must be given a copy of their risk assessment report when requested.
  4. Service Users will receive guidance and support to use the service and facilities safely.
  5. Providers will make every effort to ensure that Service Users do not experience any form of bullying, harassment, or any other form of abuse. Any concerns must be reported through Social Care Direct (03000 267979).
  6. The Provider will have procedures for accidents, incidents, near misses and Adult Protection issues and ensure that staff are aware of these and comply with them.
  7. The Provider will be required to comply with all government and other bodies legislation and guidance in respect of COVID-19 (or any other pandemic / epidemic) and any specific guidance from the local authority.

*Measures of Control*

* 1. The Council appreciates that in some cases staff and other individuals participating in Day Services may be subject to aggression / possible injury by the actions of one person. In such cases it is accepted that physical restraint may be necessary but the methods employed must be no more than is necessary to protect the Service User or others from harm, and a full record of the incident should be made as soon as possible.
  2. The Provider must ensure that:
* there is clear, written guidance for staff on physical interventions which includes clarity of what constitutes restraint, and which makes clear that any restraint used must be a proportionate response to the likelihood and seriousness of the harm threatened;
* that there is appropriate training on non-physical and physical intervention, negotiation and de-escalation techniques, as well as safe-holding techniques for all relevant staff;
* that no Service User is subject to physical interventions unless there has been agreement with the Care Co-ordinator / Social Worker and it is recorded in the Care Plan, Support Plan and / or Person Centred Plan that these techniques may be employed; that this is the only practicable means of securing the safety and welfare of that or any other Service User, members of staff or the public; and that the techniques used are a last resort;
* that in the case of a person who lacks capacity in relation to the matter in question, the act of physical interventions or safe holding techniques must not contravene the conditions of section 6 of the Mental Capacity Act 2005;
* that on any occasion in which a Service User is subject to physical interventions or safe holding techniques, the people applying those techniques shall record the circumstances, including the nature of the restraint, and this will be reported within 72 hours by the Provider to the relevant Care Co-ordinator / Social Worker;
  1. The Council may request a specific type of accredited training relating to the restraint of individuals.
  2. The Provider must ensure that there is an appropriate level of staffing at all times to ensure the safety of all Service Users and provide an appropriate level of care.
  3. Providers must ensure that they consult with the Service User’s GP following any violent incident which has required restraint of the Service User to ensure that no injury has occurred and if necessary, to review his / her medication requirements.

**Health and Safety**

* 1. The Provider will undertake that they will comply with all statutory requirements in relation to Health and Safety of their employees, Service Users and visitors to their premises; and ensure that all employees are aware of the various Health and Safety Procedures which are applicable and that employees comply with them at all times.
  2. The Provider is required to demonstrate that they have a written policy and procedures that comply with all relevant Health & Safety legislation. The Provider must upon request submit a copy of the Health and Safety Policy and Procedures to the Council’s Health and Safety Unit for approval. Where a Provider is registered with Contractors Health and Safety Assessment Scheme (CHAS), evidence of this may be requested by the Council.
  3. The following guidelines are offered without prejudice or precedence: -
* **A General Statement of Intent:** This statement should be a declaration of knowledge and acceptance of your intent to seek to provide and maintain, so far as is reasonably practicable, a safe and healthy working environment and to enlist the support of employees towards achieving these ends.
* **Organisation:** Commencing with the person who has ultimate responsibility for health and safety, this section should detail the allocated duties and responsibilities of all levels of staff as deemed necessary to attain and maintain quality health and safety performance.
* **Arrangements:** This part of your policy will need to cover the full range of your work activities and document the Codes of Practice/Safe Systems of Work developed to ensure adequate control of identified hazard/risk to health & safety.
* **Policies:** Will need to be in accordance with any relevant legislation and guidelines. Policies and procedures should include but not restricted to:
  + Fire precautions and procedures, including reporting and action in an emergency situation.
  + Accident reporting and investigation procedures as required by reporting of injuries, diseases and dangerous occurrences (RIDDOR) for both Service Users and staff.
  + Basic hygiene, including dealing with bodily fluids, incontinence management.
  + Control of infectious diseases, including notification procedures.
  + Moving and handling, including equipment inspection and reporting of faulty equipment (including specialist equipment where a feature of the service provided).
  + Provision and use of protective clothing and equipment.
  + Basic food safety.
  + The use of vehicles and arrangements for appropriate insurance.
  + Handling client’s money and completing transactions on behalf of Service Users when part of their Care Plan.
  + Medication prompting, supervision or administration.
  + First aid and welfare and emergency procedures.
  + Personal safety, harassment (including sexual and racial harassment) and violence at work.
  + Pest Reporting Procedure.
  + Lone Working Policy
  + Behaviour Management
  + The nature of Service provided and the basic skills required,
  + Core values of the service,
  + Code of personal conduct
  + Terms and conditions of employment including disciplinary and grievance procedures,
  + The requirements of legislation,
  + Policies and working practices of the organisation,
  + Health and safety training
  + Fire procedures
  + Prevention of any form of abuse or exploitation of the person receiving the service, and whistle-blowing,
  + Anti-discriminatory practice including cultural awareness,
  + confidentiality,
  + Gifts and bequests,
  + Principal activities which must not be undertaken,
  + Quality assurance and monitoring.
  + Role specific training and information required.
  + PREVENT
  1. The Provider must demonstrate the arrangements for communicating to employees information about health and safety matters, including articles and substances for use at work especially on their first introduction, or when a person will be working with them for the first time, with reference to Control of Substance Hazardous to Health Regulation (COSHH).
  2. The Provider must ensure that all staff receive suitable training and supervision to enable them to work safely and to carry out their health and safety responsibilities efficiently. The Provider will also be required to produce satisfactory records of instruction and training of their staff.
  3. Procedures will need to be revised on a regular basis to take account of any changes that affect the Health and Safety Policy, and Providers must have arrangements in place for notification of revisions to policies and procedures to be effectively communicated to all staff.
  4. Where appropriate the Provider will be required to re-submit their Health and Safety Policy and Procedures to the Council for inspection and approval by the Council’s Corporate Health and Safety Unit in light of any new legislative requirements which come into force during the period of this contract and / or as part of any contract compliance initiative.
  5. It is expected that the Provider will have procedures in respect of Violence at Work, which will include responses to any incident in which an employee is abused, threatened or assaulted by a member of the public in circumstances arising out of the course of his/her employment.

**Service User Involvement**

* 1. Providers will ensure that Service Users are given every opportunity to be involved in and influence the running and development of the Day Service.
  2. Service Users must be able to freely discuss any concerns they have about the service they receive with an appropriate person within the service.
  3. Where Service Users are supported by independent representatives or advocates, their views, through these independent representatives or advocates, will be sought and taken into account in service development.
  4. The Provider must develop ways in which Service Users can give their views on the service, e.g. through regular satisfaction surveys. If preferred, Service Users will be able to give their views anonymously.

**Social Interaction / Community Engagement**

* 1. The Provider must ensure there is a range of social experiences and opportunities available to each Service User.
  2. Service Users will be encouraged to view the service as part of the local community, not separate to it.
  3. Service Users will be encouraged and supported to develop and maintain appropriate friendships and networks within and outside of the Day Service.
  4. Service Users will be given support to access other community activities and services as appropriate.
  5. Service Users will be encouraged and enabled to use public transport as appropriate.
  6. The Provider should explore opportunities to liaise with other local services and groups, to identify opportunities for joint working and development for the benefit of Service Users.
  7. The Provider should continually develop community links i.e. with voluntary groups, activities, work experience etc.

**Transport**

* 1. There will be no automatic entitlement for transport to and from day services. Transport requirements will be determined on an individual basis, based on transport eligibility criteria and risk assessment. Transport requirements will be reviewed on a regular basis.
  2. Where possible, service users should be encouraged and supported to acquire the skills and confidence to travel independently by using a variety of forms of transport to access services.
  3. All vehicles, where applicable, used to transport Service Users to and from the day service, must be operated within any statutory or legal requirements, including having appropriate insurance and MOT certification. Vehicles must be insured for business use.
  4. Any transport provided must be fit for purpose, reliable, and maintained to manufacturers recommended standards.
  5. All transport provided must be fitted with appropriate seat belts for every seat and, where necessary wheelchair restraints and safety harnesses. Wheelchair anchor points and grips should conform to the relevant British Standard Specification and be used in accordance with the manufacturer’s instructions. When seats are regularly removed and replaced in vehicles to cater for service user needs, daily checks must be made of the seat fixing mechanisms to ensure they remain safe and are working properly.
  6. Where applicable, the Service User will be provided with the anticipated time of pick up and / or drop off and the vehicle must arrive no more than 10 minutes earlier or later than specified.
  7. The duration of a service user’s journey should be in strict accordance with any stipulation in the care plan, and in the absence of any such stipulation should not in normal circumstances exceed 1 hour per journey.
  8. All vehicles must be adequately insured for all liabilities and the appropriate documentation valid and that appropriate checks are conducted on an annual basis. Drivers must hold a valid driving licence for the vehicle being driven and the driver must observe relevant road and safety requirements.
  9. Service Users must be accompanied by an escort if indicated in their individual Care Plan and / or Risk Assessment. All staff involved in transport must be aware of the needs of Service Users and receive training on subjects relating to their duties.
  10. Any staff providing transport should be subject to the same standards as all other staff employed, including DBS requirements.

**Working with Carers**

* 1. Many Service Users will have unpaid carers who provide valuable support to them. The Provider should ensure that they are aware of those carers involved with the Service Users they work with and signpost them to appropriate carer support services, where necessary. The Provider should be particularly aware of anyone aged under 18 providing unpaid support to Service Users, as we need to protect such young carers from inappropriate levels or types of caring.
  2. For more information on carer support in County Durham, the Provider should contact Social Care Direct on 03000 267979 or refer to Locate for more information.

**Record Keeping**

* 1. Authorised Officer’s from the Council shall be given access to all appropriate records, including Care Plans, Support Plans and Person Centred Plans, attendance records and staff rotas and timesheets, and may require evidence to confirm days / hours of service provided. The Provider must ensure that all records are kept for the current plus the previous three financial years.

**Reporting of significant or notifiable incidents**

* 1. The Provider agrees to have an incident reporting and learning policy and procedure which must be made known to all staff to enable them to feel confident to report mistakes and omissions.
  2. All reported incidents must be investigated and lessons learned rather than apportioning blame.
  3. The Council expects that the Provider will inform the Council of any significant or notifiable incidents relating to the Service User.

**Management Systems and Good Practice**

* 1. The Provider will produce a detailed set of policies that will provide the aims and objectives of the organisation. All procedures and practices of the Provider must be based on these and be in accordance with the requirements of this Service Specification.
  2. The Provider shall produce a detailed set of procedures based on their policies. These procedures will provide detailed instruction for employees.

1. **SERVICE MONITORING AND REVIEW REQUIREMENTS**

**Reviews**

* 1. The Service provided to individual Service Users will be subject to a review process.
  2. The initial review will take place prior to the end of the introductory six week period and then at intervals of twelve months. However, reviews may be undertaken at more frequent intervals in the event of an emergency situation arising or upon a request by a Service User, Carer, Provider, Care Co-ordinator / Social Worker or if specified in the Service User’s Care Plan.
  3. Following a review the Care Co-ordinator / Social Worker will notify the Provider of any agreed changes to the service and issue a new Care Plan as appropriate.
  4. Where any situation or events indicate that the Service User’s needs can no longer be met by the Service then the Provider must report this to the Care Co-ordinator / Social Worker without delay.
  5. If, at any time, the Service User does not wish to continue with the Service, the Provider must contact the Care Co-ordinator / Social Worker immediately to arrange a review.

**Quality Assurance**

* 1. The Council is committed to the provision of quality services and will set high standards to achieve this. This is to be achieved by the adherence to the quality standards detailed within this specification and the Council’s Contract Monitoring Framework (as amended from time to time). It is expected that all Providers commissioned by the Council will share this commitment. Providers should ensure that all staff employed in the delivery of Services are aware of the standards required and work to achieve them. The contract will, wherever possible, specify quality aspects for service provision which are measurable.
  2. The Provider must have in place a Quality Assurance Policy with supporting procedures that is communicated to all staff and Service Users.
  3. The Quality Assurance Policy should have in place and operate:
* a system for regularly obtaining Service User and Carer feedback and taking actions as appropriate;
* a system to ensure management checks on Service User records, staff records, risk assessment documentation and any other appropriate documentation relevant to the service;
  1. The County Council is also committed to the involvement of Service Users and their relatives in monitoring service delivery and standards and may, therefore, undertake its own consumer surveys to encourage their participation in quality control and the provision of improved services to meet their needs.

**Performance Monitoring**

* 1. The service must comply with the Council’s standards detailed in this Service Specification and the Contract Monitoring Framework.
  2. Care Co-ordinators / Social Workers will continue to have primary responsibility for ensuring that the Service User has an up-to-date Care Plan and that the Provider is meeting the assessed needs and requirements as detailed in the individual Service User’s Care Plan. Accordingly, the Care Co-ordinator / Social Worker will ensure that reviews or spot checks are undertaken to ensure that detailed, accurate and up-to-date Support Plans and Person Centred Plans are in place. Such plans will be made available to the Care Co-ordinator / Social Worker for review upon reasonable notice.
  3. The Council’s Contract Monitoring Framework encourages a culture of continuous improvement and all Providers are required to progress quality and delivery standards which will be evidenced through the contract monitoring processes.
  4. The Provider will ensure access by the Council’s Officers to all records held by the Provider relevant to the individual Service User, past or present, and the overall delivery of the service. This should include any Support Plans, Person Centred Plans, risk assessments, records, complaints, compliments and management, personnel and financial records. At the discretion of the Council such visits may take place without notice.
  5. The monitoring of 1:1 support and hours delivered to individuals will be carried out where appropriate.
  6. The effectiveness of the Provider Panel will be reviewed on an ongoing basis.

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| 1. **SOCIAL VALUE** |

7.1 The Council is committed to improving social value in County Durham, as well as supporting providers in the delivery of services.  The Provider(s) will assist the Council where possible to improve the economic, social and environmental wellbeing of the area through delivering social value.

* **Social benefits** can be gained by improving personal aspirations in education, employment, living standards, social interaction, reducing dependence on public services, increasing opportunities for volunteers, and increased ownership and involvement of the service users and wider community, including the voluntary sector.
* **Economic benefits** may be gained by improving opportunities for employment, providing quality, local employment by adopting the best working practices and conditions, and by creating a better place for businesses to operate and grow.
* **Environmental benefits** may be gained from reducing waste and emissions, increasing recycling and reuse of resources, ethical purchasing (e.g. using sustainable materials and fair trade product(s), and improving energy efficiency through reducing energy use and making sustainable energy choices.

7.2 The Provider(s) will support local employment and will collaborate with the Council and fellow stakeholders to identify good practice. This may include information sharing; response to policy change, and potential development opportunities.

1. **CONTRACT PERIOD AND PAYMENT TERMS**
   1. The Provider Panel will be in place from July 2021 for a period of 45 months up until 31st March 2025 and the proposed contract is to be let with options to extend for 6 periods of 12 months from the actual end date subject to funding and subject to the provider panel still meeting the needs of the Council. Any subsequent variation will be at the sole discretion of the Council.
   2. The Provider Panel will continuously remain open for new providers to join at any time.
   3. Where Service Users have an assessed need for services that include transport, then the cost of transport will be calculated along with the Providers stated Service Rate (as per submitted Pricing Schedule), in the assessment of the call off award for an individual placement.
   4. The categories and prices of services are listed below (definitions of the categories are outlined in Appendix 1). Providers will only be given one rate for each service user and not a mixture of more than one rate or, however there may be exceptions to this at the sole discretion of the Council following an assessment of needs e.g. when a service user is accessing the community. When a rate is declared for a Category, this rate will apply to all placements made with the Provider for that category during the contract term. The Provider cannot vary this rate between the minimum and the maximum specified rates of the contract category depending on individual service users perceived needs.

**Virtual Support**

* 1. Since the Covid-19 pandemic, some providers have offered virtual support to service users and it is acknowledged that some individuals may want this to continue as their preferred service model. This will need to be discussed with the individual Service User / their family carers as appropriate and their Care Co-ordinator / Social Worker to establish if this type of service will continue to meet the individual’s needs. Commissioning and payment for this type of service would need to be through the Direct Payments route rather than a commissioned service, given the bespoke individual nature of such services. Price would be as negotiated by the relevant parties.

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| **SERVICES** | **RATE** |
| **Category** | **Current Rate** |
| **Standard Day Services**  *(for all individuals/Service User Groups/Lots with assessed need)* | Minimum per day rate £20.00  Maximum per day rate £42.33  This may be subject to inflationary increase in April at the discretion of the Council  Maximum £10 per bathing session *(for older people only)*  The rate is based on a 6 hour day and does not include transport time |
| **Specialist Day Services**  *(for adults with learning disabilities and /or* physical disabilities/sensory impairment *and/or challenging behaviour, those on the autism spectrum and/or, those who may have associated mental health problems (18-64yrs))* | Minimum per day rate £35.00  Maximum per day rate £65.90  The rate is based on a 6 hour day and does not include transport time  This may be subject to inflationary increase in April at the discretion of the Council |
| **1:1 Support** *(including Community Outreach / Befriending)*  *(for adults with learning disabilities and/or* physical disabilities/sensory impairment and/or *challenging behaviour, those on the autism spectrum and/or, those who may have associated mental health problems (18-64yrs)* | £16.21 per hour maximum rate  The rate is based on a 6 hour day and does not include transport time  This may be subject to inflationary increase in April at the discretion of the Council |
| **Mileage rate**  *(as applicable)* | 45p per mile maximum rate |

**Appendix 1: Criteria & Levels for Day Services**

## Standard Day Services

* Definition: Standard Day Services are those services that will meet the assessed needs of service users who have eligible needs and who may require support with medication, routine personal care, physical/sensory impairments, managing behaviours, social development issues etc. The requirement for appropriately trained staff, accessible facilities and resources will be provided as required.

**Specialist Day Services** (for adults with learning disabilities and/or physical disabilities/sensory impairment and/or challenging behaviour, those on the autism spectrum and/or, those who may have associated mental health problems (18-64yrs)).

* Definition: The services are defined as being specialist due to the level of skill, experience and / or environmental requirements necessary to support people with complex needs.
* What do we mean by complex needs?

Complex needs are where any one of the following factors occurs to such an intensity, complexity, frequency or duration (or combinations of the factors occur to such a level) that it significantly affects an individual’s daily living. The factors include:

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| * Communication issues | * Personal care needs including toileting, hoisting |
| * Challenging behaviour (may include risk to self, others or the environment) | * Social development issues |
| * Cognitive impairment | * Risk of offending and of re-offending |
| * Physical / sensory impairments | * Medical support |
| * Autism | * Profound multiple learning disabilities |

The experience, skill and training of the staff team should be sufficient to ensure that the complex nature of the needs of the service users can be met and that on-going team development is viewed as integral to the philosophy of the service.

Links with multi-disciplinary teams and partnership working with all stakeholders, including parents and carers, should be established and promoted to ensure the most appropriate service to meet the needs of the individuals with complex needs.

* **1:1 Support (including Community Outreach)** (for adults with learning disabilities and/or physical disabilities/sensory impairment and/or challenging behaviour, those on the autism spectrum and/or, those who may have associated mental health problems (18-64yrs)
* Definition: Must be classed as requiring the specialist level of Day Services and interventions that require 1:1 support as assessed by Care Co-ordinators.

The decision on whether an individual requires 1:1 support will be solely at the discretion of Care Co-ordinators/Social Workers through the assessment process.