**APPENDIX 1: Outcomes Framework**

Bristol City Council has developed an Outcomes Framework to help identify domains within 6 overarching outcomes, as relevant to the service user (not all domains are used for everyone). These outcomes are summarised in the table below and are intended to act as a guide for Main Providers to understand and action, the service user’s Outcomes Plan. Outcomes are personalised, but must identify the domain they are working towards.

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| **Maximising**  **emotional health and wellbeing** | **Maximising**  **physical health and wellbeing** | **Maximising**  **independence in my environment** | **Making a positive**  **contribution** | **Maintaining daily**  **routines with dignity** | **Maximising my**  **relationships with others** |
| **I can maintain my**  **identity**   * culture * spiritual / religious / secular * gender * sexuality   **I can communicate with other people**  **I have social**  **contact and positive activity**   * friends * organised activities / day provision * social networking * hobbies * activity at home | **I have the right food**  **and drink for my needs.**   * appropriate nutrition * shopping for / * purchasing food * accessing food / * eating / drinking   **I am as physically healthy as possible**   * appropriate medication/ self- care * sports / fitness * behaviour that causes me harm * accessing medical/ * health support | **I have an**  **appropriate home**   * access to housing * an appropriate environment for my needs.   **I can get around my home and environment as much as possible**   * mobility indoors / * outdoors * transfers   **My home and domestic routines**   * my house is clean and safe * my clothes and bedding are clean | **I have a job**   * paid employment * volunteer work * preparation for employment   **I have opportunities to learn**   * basic skills * life skills * formal education * higher education * wider interests   **I have opportunities to be part of my community**   * local / interest groups * out and about in the community | **I am able to do as**  **much for myself as possible have a say in how my personal care needs are met**  **My personal care needs are met**   * washing / bathing * dressing /   undressing   * shaving * washing / combing hair * managing toilet hygiene and continence.   **My daily routine suits me** | **I have positive**  **relations with the people around me**   * how my actions/ behaviour affect myself and others * how my impairment affects relationship with others * how other people affect my behaviour.   **I am able to have quality time with friends and family**   * personal relationships * close family * being a carer |

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| **I have as much Choice and control as possible over my life**   * making decisions * keeping myself safe. * positive risk taking   **I manage my emotional health / condition**   * appropriate medication / self- care * behaviour that causes me harm * accessing medical / health support |  | and safe  **I meet my financial responsibilities (bills, banking)**   * I make best use of my finances * I make best use of my financial resources   **I can get in around and out of my home.**   * access * making use of my space * managing internal / external stairs and steps   **I can get from place to place** | • online social networks |  | **I am able to fulfil my role as a parent.**  **My informal support systems work well**   * relationship with family carer/s * mutual caring * wider support network |

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| **1.1. Accessing home care services: Commencement of new packages and hours of operation** | | **CQC Outcome:**  **1, 2, 3** |
| **Commissioner Outcome:** Maximising emotional health and wellbeing | | |
| **Service user Outcome**: I am able to make informed decisions | | |
| **Standard:** All stakeholders will maintain an interest in the care and well-being of the service user and help facilitate the decision-making process. All information provided should be clear, unbiased and in a format that is accessible by the recipient. | | |
| **No.** | **Standard of Delivery** | |
| **Promoting services** | | |
| 1 | The Commissioning Organisation, the provider, the service user and their support network must be satisfied that the service user could have their needs met and their agreed outcomes achieved by the provider. | |
| 2 | The provider will provide a brochure to prospective service users detailing the services they can expect from the service, regardless of whether they are self-funding, or funded by the Commissioning Organisation. The brochure should be available in variety of accessible formats to ensure that all potential service users are able to understand them. The Provider is responsible for funding and organising the necessary support to service users to ensure this standard is met, for example, by utilising British Sign Language / Community Language interpreters as required. | |
| **Starting services** | | |
| 3 | The provider will have a clearly understood procedure, agreed with the Commissioning Organisation to deal with referrals. | |
| 4 | The provider will be in a position to commence service with minimum delay. A senior / experienced member of staff will meet with the service user within 24 hours of the provider being commissioned to introduce themselves and find out more about the service user. They will work in conjunction with the practitioner, the service user and their family to draw up a Support Plan. The provider will help the service user to explore all the possibilities of their care and support with them, using resources available from the provider and wider resources available in the community. | |
| 5 | The Support Plan will be used as a basis for delivery of the service. | |
| 6 | The provider will ensure the service user has a documented agreement, which details what services are being provided, when they will be provided and by whom. | |
| 7 | The results of mental capacity assessments undertaken by the Commissioning Organisation will be shared with the provider to enable the appropriate delivery of care and support. | |
| 8 | Service users and their families will be made aware of the availability of advocacy services including the providers complaints procedure. Details of advocacy services who support service users in the Bristol area can be found at [http://www.wellaware.org.uk](http://www.wellaware.org.uk/) | |
| 9 | Where the service user has a cognitive impairment every effort will be made to engage with them in the best way possible to discover their views and preferences in accordance with the Mental Capacity Act Code of Practice. | |

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| 10 | The provider will agree with the service user the most appropriate time for each visit according to the service user’s needs and wishes and to ensure that visits are planned, and take place, as close to those times as possible. | | |
| **Examples of Activities / Procedures / Documentation recognised as evidence for the attainment of Service Outcomes** | | | |
| Home Care brochure / welcome pack / website (which will be reviewed regularly for accuracy) Admissions policy  Service user Outcomes plan  Pre-admission assessment  Frequent attendance at relevant Public meetings | | Risk assessments  Mental Capacity Act assessments  Best interest assessments  Deprivation of Liberty Safeguard paperwork Service user finance policy / records Complaints policy | Staff interviews  Management interviews  Service user feedback / interviews  Support network feedback / interviews |

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| **1.2. People are safe and care is always delivered in their best interests** | | **CQC Outcome:**  **7, 21** |
| **Commissioner Outcome:** Maximising physical health and wellbeing. | | |
| **Service user Outcome**: I am able to live my life free from fear, abuse and neglect. | | |
| **Standard:** The provider protects service users from abusive practices and ensures service user safety. | | |
| **No.** | **Standard of Delivery** | |
| 1 | The provider implements a clear, accessible, workable, well-publicised and regularly-reviewed whistle-blowing policy that is shared with service users. The provider will promote Bristol’s whistle-blowing best practice guidance to staff, a copy of which is attached as Appendix 1. | |
| 2 | The provider has a clear procedure and associated documentation for recording and acting on allegations of abuse. | |
| 3 | The provider follows Bristol’s Safeguarding Adults protocol ‘No Secrets in Bristol’ reporting procedures, by:  - Ensuring that alerts are issued in a timely way, appropriate to the level of urgency and risk  - Ensuring that alerts contain all relevant information with regard to any allegation made to enable any investigation can be conducted comprehensively  - Ensuring that alerts are issued to the relevant agencies  - Ensuring that the Care Quality Commission is informed  - Ensuring that service users involved are asked to consent (where relevant) to an alert being issued, where they have capacity to do so.  Any reasons for over-riding consent (e.g. that others may be at risk) must be explained to the service user.  - Ensuring that dignity, choice and respect for the service user are maintained throughout any investigation and they are informed of the outcome.  - Ensuring engagement with the safeguarding process, which may include participation in safeguarding strategy meetings and producing written reports of safeguarding investigations | |
| 4 | The provider will ensure that policies and procedures are explained during induction and fully understood by staff. All staff will have an initial understanding of ‘No Secrets in Bristol’ within their first week of employment. Comprehensive training on awareness and prevention of abuse will be provided to all staff as part of their core induction within 3 months of commencement of employment and refreshed at least every 2 years. In addition training will be provided as appropriate to update staff about new policies and procedures that may be introduced locally or nationally. | |
| 5 | The provider agrees to be bound by any decision made by the Commissioning Organisation with regard to restrictions on, or the cessation, of new packages.  The decision will be time-limited and taken as a consequence of a risk assessment using information which indicates that service users receiving the service are at risk of significant harm. If the assessed risk is not one of significant harm the Provider agrees to consider a voluntary suspension of new packages in such circumstances to minimise risk to service users and support a focus on actions to resolve any issues of concern. | |

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| 6 | The provider will ensure that due regard and promotion of service user choice and control is given to all service users at all times to avoid abusive and disrespectful practice. | | |
| 7 | The provider will ensure all care workers are able to easily access the following documents: Risk assessment, Next of kin details, identified likes and dislikes of service user, service user profile, Emergency information sheet (including details of GP, Medication, Next of kin etc.) and any other documents relevant to the service user. | | |
| **Working with service users with children** | | | |
| 7 | The provider will hold the appropriate registration with CQC for working with families with children. | | |
| 8 | The provider and their staff will be aware of their responsibility to report any concerns about the treatment of children in accordance with the  Bristol Safeguarding Children’s Board [www.bristol.gov.uk/page/children-and-young-people/bristol-safeguarding-children-board](http://www.bristol.gov.uk/page/children-and-young-people/bristol-safeguarding-children-board) | | |
| 9 | The provider will ensure that where it has been identified that children will be present, staff involved in the care package will hold an enhanced  DBS in line with current CQC guidance. | | |
| **Examples of Activities / Procedures / Documentation recognised as evidence for the attainment of Service Outcomes** | | | |
| Service user Support plans  Daily records  Safeguarding / Whistle-blowing policies (clear and visible)  Reporting in line with ‘No Secrets in Bristol’  Safeguarding log / folder Accident / Incident forms Staff policy book | | Staff induction plan Staff training matrix Staff meeting minutes  Observation of practice (internal provider quality assurance)  Enhanced DBS | Observation of practice (commissioning organisation quality assurance)  Staff interviews  Management interviews  Service user feedback / interviews  Support network feedback / interviews |

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| **1.3 Mental capacity Act** | | | | **CQC Outcome:**  **2, 7, 21** |
| **Commissioner Outcome:** Maximising physical health and wellbeing. | | | | |
| **Service user Outcome**: I am able to make my own decisions as far as I am able. | | | | |
| **Standard:** Service users are supported as much as possible to make their own decisions; anything done for or on behalf of service users without mental capacity respects their basic human rights and is done in their best interests. | | | | |
| **No.** | **Standard of Delivery** | | | |
| 1 | The provider will ensure that assessment of mental capacity relating to making specific decisions is based on a functional test of capacity. | | | |
| 2 | The provider will ensure that decisions taken by staff on behalf of a service user are demonstrably in the service user’s best interests and have taken into account:  - The service user’s past and present wishes and feelings  - Any information concerning the service user’s beliefs and values which might have influenced their decision had they possessed mental capacity  - The views of their support network and other professionals | | | |
| 3 | The provider will ensure there is a clear procedure required of staff in relation to service users who do not have mental capacity to make decisions. | | | |
| 4 | The provider should have in place clear guidelines so that staff know how to obtain a mental capacity assessment should a capacity decision be required. | | | |
| 5 | The provider ensures that they are compliant with the five principles of the Mental Capacity Act (2005). | | | |
| 6 | The provider will ensure that where Mental Capacity Act assessments are in place these are reviewed on a regular basis as required. | | | |
| **Examples of Activities / Procedures / Documentation recognised as evidence for the attainment of Service Outcomes** | | | | |
| Service user Support plans  Daily records  Safeguarding / Whistle-blowing policies (clear and visible)  Reporting in line with ‘*No Secrets in Bristol*’ Safeguarding log / folder  Accident / Incident forms  Staff policy book | | Staff induction plan Staff training matrix Staff meeting minutes  Observation of practice (internal provider  quality assurance) Enhanced DBS | Observation of practice (commissioning organisation quality assurance)  Staff interviews  Management interviews  Service user feedback / interviews  Support network feedback / interviews | |

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| **1.4. People are treated with dignity and respect** | |  | **CQC Outcome:**  **1, 2, 4, 21** |
| **Commissioner Outcome:** Maintaining daily routines with dignity. | | | |
| **Service user Outcome**: My dignity is respected and my privacy upheld, and I am supported to achieve and maintain my maximum level of independence. | | | |
| **Standard:** The provider actively promotes dignity, respect and independence. | | | |
| **No.** |  | **Standard of Delivery** |  |
| 1 | Service users receive the assistance they need to maintain a standard of hygiene they are satisfied with and comfort and dignity in a manner that complies as far as possible with their wishes, regardless of any mental impairment that may lead to the service user being less aware of their preferences. | | |
| 2 | The provider will ensure that service users receive appropriate ‘moving and handling’ assistance delivered by staff who communicate clearly and respectfully with the service user throughout, and act always to uphold the dignity, privacy and safety of the service user. | | |
| 3 | The provider will ensure that all staff are competent in respectful communication with all service users. Communication refers to conveying information through the exchange of thoughts, messages, or information, as by speech, visuals, signals, writing or behaviour. | | |
| 4 | Service users are enabled to develop and maintain independent daily living skills where possible. | |  |
| 5 | The provider will ensure that the service user’s wishes with regard to daily living activities and routines are respected. | |  |
| 6 | Service users will be given the choice of which gender staff they require and the provider will ensure all efforts are made to accommodate these wishes. Service user choice will be evidenced. | | |
| 7 | Service users will be treated with respect, which includes appropriate use of language, tone and body language that will vary depending on the service user. | | |
| 8 | Where required, service users will be assisted with eating and drinking in a dignified and safe manner, ensuring service users are positioned appropriately and have access to appropriate eating / drinking aids to promote independence. | | |
| 9 | The provider will ensure that every service user receives documentation that refers to their personal wishes, preferences and priorities and to the support they need in order to retain and develop their sense of dignity and personal identity. | | |
| 10 | The service user’s personal possessions, including clothing, furniture, jewellery and money are respected, and accounted for by the provider where they are taken out of the service user’s home. | | |
| 11 | The service user’s telephone should not be used for personal calls by Providers except in an emergency and with the service user’s consent. | | |
| 12 | Providers shall be instructed NOT to take unauthorised persons (including children) or pets into the service user’s home. | |  |
| 13 | If the provider has concerns about a service user’s ability to manage their own finances and there is a risk to their independence at home, the  Provider should refer their concerns to the Care Manager or Care Direct for appropriate referral as this may be a safeguarding issue. | | |
| 14 | The service user’s money must always be kept separately from the Providers, it must not be accumulated in the Providers possession, or kept at the provider’s home; nor should it be kept in a private bank that is not accessible to the service user or their nominated representative. | | |

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| 15 | The keys to the service user’s home should not be held by the Provider. A key safe, or some type of electronic entry system, should be installed to ensure safety of keys and safe access to the property. This should be identified during the Care Management assessment and arranged by the Care Manager prior to commencement of the package. Any issues with these arrangements should be referred to the Care Manager. |
| 16 | On no account must providers knowingly enter a service user’s home when the service user is not present (unless written permission by service user or their representative is available). |
| **Emergency Access Procedure** | |
| 17 | Providers will have a policy in place to ensure that appropriate action is taken when a service user appears to be absent from their home when they could reasonably be expected to be there:  - Providers will make every effort to locate the service user eg.by trying to gain access through doors and looking through ground floor windows  - Providers will check with neighbours, next of kin and Accident and Emergency Admissions to ascertain the whereabouts of the service user  - If the provider ascertains that the service user may require urgent or emergency attention they must contact the appropriate emergency services and then notify their line manager, the service user’s next of kin, Commissioning Organisation or any other professional as appropriate.  - Providers must familiarise themselves with local facilities in the event of an emergency situation: i.e., the availability of a telephone or a neighbour willing to allow access to the telephone, prior to such a situation arising.  - Where the service user is absent on a regular basis without providing notice the Commissioning Organisation shall be notified so that a review can be arranged. |
| **Challenging Behaviour** | |
| 18 | Service users will be supported through periods of challenging behaviour, in line with provisions of the contractual arrangements between the provider and the Commissioning Organisation. |
| 19 | Risks to the service user, provider and others will be minimized as far as possible in instances where violent or aggressive behaviour may be anticipated. |
| 20 | Providers will be informed before the commencement of a new package if a service user has any known history of aggressive behaviour or if any is anticipated. If this is the case a risk assessment will be carried out and an appropriate approach to take must be agreed before a package is implemented. |
| 21 | Where there is a clear risk to the provider from the service user, and where there is agreement with the Commissioning Organisation, the provider will ensure that the provider is accompanied for the duration of the visit. As a last resort the provider may refuse to provide a service if their member of staff is exposed to unacceptable risk. |
| 22 | Any instances of violence and aggression with any existing service users must be recorded and immediately reported to the Commissioning Organisation. The provider should review the position with the member of staff involved and establish a means of avoiding or minimising future incidents. |
| 23 | Providers must not physically restrain service users in any way except under the provisions of common law where not doing so would result in serious physical harm to the service user or others. |

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| 24 | Consideration will be given to providing additional training for providers in these circumstances. Providers will be trained to identify triggers for behaviours that challenge and able to employ distraction, de-escalation and diffusion techniques. The provider will seek support and guidance from other skilled professionals where necessary. | | |
| **Examples of Activities / Procedures / Documentation recognised as evidence for the attainment of Service Outcomes** | | | |
| Service user Support plan  Daily recording  Accident / Incident forms  Risk assessments Staff meeting minutes Staff training matrix | | Observation of practice (internal provider quality assurance)  Handover / staff communication records  Observation of practice (commissioning organisation quality assurance)  Staff interviews | Evidence that shows Service users exercising choice in decisions affecting their care and support.  Management interviews  Service user interviews and feedback  Support network interviews and feedback |

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| **1.5. Person centred care & support** | |  | **CQC Outcome:**  **1, 2, 4, 6, 11,**  **16, 21** |
| **Commissioner Outcome:** Maximising emotional health and wellbeing. | | | |
| **Service user Outcome**: I am treated as an individual with a unique background, qualities, abilities, interests, preferences and needs. | | | |
| **Standard:** The provider promotes and embeds person-centred care as standard practice in care planning and delivery. | | | |
| **No.** |  | **Standard of Delivery** |  |
| 1 | The provider ensures that service user care and support is person-centred, tailored to the individual needs of each service user. | | |
| 2 | The provider ensures that clear records are kept and maintained reflecting the changing needs and preferences of service users and the care provided to meet their needs. | | |
| 3 | The provider will ensure that service users are able to exercise choice and control with regard to their care, recognising what service users can do for themselves, and their aspirations to improve their level of independence. | | |
| 4 | The provider will involve the service user in all decisions connected with their home care provision and the service user must be supported to manage their own risks wherever possible through the use of effective risk assessment implementing measures to minimise risks. | | |
| 5 | The provider will ensure that they maximise continuity of care to the service user by scheduling regular care workers. | |  |
| 6 | The provider will ensure that appropriate meaningful and topical conversation with service users is an integral part of Care Worker’s duties. | | |
| 7 | The provider will ask service users or their carers how they wish to be addressed and shall ensure that these wishes are respected. | | |
| 8 | The provider will ensure that all care workers are aware of the different methods of communicating with service users who are unable to have a sensory impairment, or communication difficulties. Service users requiring hearing or other communication aids must be offered assistance where necessary to ensure that the equipment is available and functioning. | | |
| 9 | The provider will ensure that a service user’s emotional, spiritual and cultural needs are recognised and respected within every element of care. | | |
| 10 | Service users will be consulted on all proposals which affect their service. Their wishes will be respected. | |  |
| 11 | Providers will treat all information given by service users or their representatives in confidence and handle information about service users in accordance with the Data Protection Act 1998. Such information will not be discussed with anyone other than their staff team on a need- to- know basis, the Commissioning Organisation, or the Clinical Commissioning Group, without permission from the service user or their representative. Providers will have a process in place for storage, protection, retrieval; retention and nature of records needed to provide evidence of compliance with CQC requirements. | | |
| 12 | The provider will respect the confidentiality of service users. | |  |
| 13 | The provider will be responsible for carrying out their own assessment of the service user's needs and putting a detailed Support Plan in place to achieve person-centred outcomes. The Support Plan will correspond to the outcomes identified by the Commissioning Organisation / Clinical Commissioning Group. | | |

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| 14 | | A holistic review of the outcomes stated in the service user’s Support Plan will be carried out by the provider on an annual basis. The review of the Support Plan will involve the contribution of others involved with the support of the service user. This may include health professionals and others who the service user wishes to invite from their support network. | | |
| 15 | | Service users must be involved in the review process and should receive appropriate support to enable them to attend review meetings. | | |
| 16 | | The Support Plan will be amended as appropriate by the provider. This may be as a consequence of on-going monitoring of specific outcomes, re-assessment following a change in the service user's circumstances, or the annual review process. | | |
| 17 | | The Commissioning Organisation, at any time, may request a copy of the Provider's Support Plan. The provider will make this available within two working days of the request. | | |
| 18 | | The service user and/or their advocate must be involved in reviews which will address the extent to which the initial outcomes required are being attained. Any new outcomes will be added at this time. Outcomes already attained will be removed. | | |
| 19 | | The review will demonstrate how the provider responded to any change in desired outcome requested by the service user. | | |
| 20 | | Service users must have an active role in specifying preferences in the way their care and support is delivered and their rights in law must be upheld, including their rights under the Mental Capacity Act 2005 and the impact on assessment and support planning practices. | | |
| 21 | | The provider will attend and contribute to reviews co-ordinated by the Commissioning Organisation unless the service user does not wish the provider to be present. | | |
| 22 | | Some support packages where appropriate may be reviewed by telephone where appropriate. | | |
| **Examples of Activities / Procedures / Documentation recognised as evidence for the attainment of Service Outcomes** | | | | |
| Service user Support plan Reviews of support plan Daily recording  Key Worker allocation  Risk assessments | | | Service user meeting minutes Support network meeting minutes Handover / staff communication records Data Protection policies and procedures Staff interviews  Management interviews | Service user interviews and feedback Support network interviews and feedback Mental capacity assessments  Best interest assessments  Deprivation of Liberty safeguarding documentation |
| Act | ivities timetable / log / record of involvement | |
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| **1.6. Management of health and wellbeing needs** | | **CQC Outcome:**  **5, 9, 21** |
| **Commissioner Outcome:** Maximising physical health and wellbeing. | | |
| **Service user Outcome**: I will reach my full potential for independence, good-health and wellbeing by receiving the health care I need in a proactively. | | |
| **Standard:** The provider will ensure that the health needs of each service user are proactively managed through regular review of needs, liaison with external health professionals, and care delivery by competent care workers. Unnecessary hospital admissions will be avoided through the management of health and wellbeing needs. | | |
| **No.** | **Standard of Delivery** | |
| **Hydration & Nutrition** | | |
| 1 | The provider will ensure that staff have access to training on the identification and risk of dehydration, malnutrition, and obesity, e.g., where necessary the provider will promote a ‘Food First’ approach, i.e., provision of high protein/high calorie snacks and drinks, food fortification and other appropriate nutrition. | |
| 2 | The provider will ensure that care workers have access to training on visually assessing service users for signs and symptoms of under- nutrition /malnutrition /dehydration and these concerns will be shared with the Commissioning Organisation or through prompt appropriate referral process to the GP. | |
| 3 | The provider will ensure that food and drink intake is monitored and recorded for those identified as malnourished or at risk of malnutrition. Any concerns will be actioned appropriately and promptly. The Provider will ensure that care workers are aware of the various community meals services. | |
| 4 | The provider will ensure that care workers receive training in, and are able to demonstrate understanding of, the signs and symptoms of swallowing difficulties and when / how to refer the service user to a Speech and Language Therapist. | |
| 5 | The service users will have access to a range of foods and drinks that meet their nutritional requirements. Cultural practices will be respected although reasonable adjustments may be made where necessary. | |
| 6 | Where service users are unable to physically access a range of foods and drinks, these will be available within easy reach of the service user enabling access when the provider is not present. | |
| **Health and Wellbeing Needs** | | |
| 7 | The provider ensure that a culture amongst all employees is maintained to promote physical and mental health wellbeing, enabling service users to optimise their health and wellbeing e.g. by enabling activities, exercise and adopting a healthy living lifestyle. | |
| 8 | The service user, General Practitioner and provider will work in partnership to develop a Health Action Plan (part of the Support Plan) for the service user, which outlines the management of their condition and how they will be supported by other healthcare providers. | |

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| 9 | The provider ensures that where changes in a service user’s health or condition are identified, these are documented in the Support Plan and action is taken to address these. |
| 10 | Service users who wish to continue wellbeing therapies (e.g. massage) they are supported in doing so. |
| 11 | Service users with long term conditions are supported in self-managing their condition (where appropriate) and are involved in decisions about their care. |
| 12 | The provider ensures that provision is made to support all service users in attending their screening and clinic appointments at the GP practice or hospital (e.g. eye screening, hearing tests, mammography or annual health checks). In order to ensure equality of access to Health Provision, in the event of support being otherwise unavailable, the provider will ensure that a staff escort is provided on request to enable service users to attend appointments relating to their Health Care. The provision of staff will fall within the care package commissioned by the Commissioning Organisation. |
| 13 | Service users that require inpatient admission to hospital are accompanied by staff for detailed handover, including necessary documentation, appropriate to their health needs. It is not expected for the provider to remain with the service user during their inpatient admission. |
| 14 | Service users who require routine blood monitoring have this done at the appropriate frequency |
| 15 | The provider ensures that all recommendations from health appointments are recorded within the service users Support Plan and actioned as appropriate. |
| **Pain Management** | |
| 16 | The provider will ensure that care workers are trained to recognise verbal and non-verbal indicators of pain. |
| 17 | When the service user is recognised to be in pain the Provider will ensure that a plan for managing it is recorded in the service user's Support  Plan. |
| 18 | The provider will ensure that any change in health or behaviour of the service user is recorded. Where the Provider has made an appointment/referral for specialist advice or intervention this will be recorded. Any action taken by the Provider should be commensurate with the degree of concern about the health and welfare of the service user. |
| **Foot Care** | |
| 19 | The provider will assist with or maintain the trimming of the service user's finger and toe nails and other foot care where the service user is unable to do this for themselves and there is no-one else to do this for them. |
| 20 | Where the Service user has a condition requiring specialist foot care (e.g. diabetes), or there are other concerns about the condition of his/her feet, the Provider will refer the service user to a foot care specialist as appropriate, and NICE guidance should be followed. |
| 21 | The provider will ensure that all instructions and recommendations made by any foot care specialist to whom the service user has been referred are acted upon and incorporated into the service user's Support Plan. |
| **Dental Hygiene** | |
| 22 | The provider will be proactive in supporting the service user to maintain oral comfort and hygiene. |
| 23 | If the service user has dental problems the provider will assist him/her to seek appropriate dental care and ensure that the problems are addressed. |

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| 24 | If the service user has dentures and is unable to care for them independently the provider will ensure that the dentures are cleaned daily and well maintained. |
| 25 | The provider will ensure that dentures that are damaged or lost are repaired or replaced as soon as possible. |
| 26 | Service users who may present with communication difficulties are assessed for pain by the provider when signs of pain are present, using a validated pain assessment tool. |
| **Wound Care**  For resources relating to wound care, please visit <http://www.briscomhealth.org.uk/our-services/item/40-wound-care-and-tissue-viability?sid=40> | |
| 27 | The provider will ensure that any wounds are reported, recorded and regularly monitored as appropriate. |
| 28 | The provider will ensure that all Category 3 and 4 wounds are referred to the NHS tissue viability service. |
| 29 | The provider will ensure that any wounds that are non-healing or non-progressing after 4-6 weeks will be reported to a tissue viability nurse for urgent assessment (See Appendix 3). |
| 30 | If the provider judges that specialist equipment (e.g., pressure-relieving equipment/mattresses) may be required, the provider will make a referral to the appropriate professional and any necessary follow-ups will be actioned as appropriate. |
| **Falls** | |
| 31 | Where the service user is at risk of falls the provider, with the service user's involvement where possible, will identify and list the hazards and produce a risk assessment and management plan which will be implemented by the provider. Good practice will include consideration of (but not limited to): poorly lit areas, accessibility of plugs sockets, uneven floors and changes in levels, stairs, rugs, patterned carpets, slippery surfaces, footwear, clutter, accessibility of cupboards, pets and other trip hazards. |
| 32 | The provider will ensure that care workers receive training so that they understand the impact that fear of falling may have on service users and can identify falls vulnerability and changes in risk profile. If the service user is considered to be at risk of falls the provider will record and report this and implement the management plan. |
| 33 | The provider will monitor the service user's management of risk of falls and record and report any concerns about falling or actual falls. Any changes in risk profile should be recorded and reported. |
| 34 | The Provider will maintain a falls register recording such information as the causes of fall (injurious or otherwise). This register will be audited regularly by the provider to ensure that necessary actions are taken to reduce falls within the home. |
| **Medicines Management** | |
| 35 | Wherever possible the service user will take responsibility for administering his/her medication. The provider will monitor the service user's capacity and ability and will report any concerns about competence. The provider may assist the service user to take his/her medication but the service user will retain responsibility for ensuring that the correct medication is taken in the right way at the right time. |
| 36 | The Commissioning Organisation or a relevant health professional may assess that the service user is unable to take responsibility for their medicines (e.g., due to impaired cognitive awareness). In such circumstances the provider will take over this responsibility. The provider will ensure that the care worker has received appropriate training and that good practice is followed. |
| 37 | The provider will follow the advice and guidance periodically supplied by CQC about the administration and prompting of medication. |

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| 38 | | The provider should ensure that the care worker is competent to operate any medication devices currently in use. The provider should familiarise him/herself with the needs of the service user and if the care worker does not judge him/herself to be competent to meet the needs of the service user then the care worker should discuss this with his/her line manager prior to commencing work with the service user. |
| 39 | | In exceptional circumstances, and following an assessment by a healthcare professional, a provider may be asked to administer medication by specialist technique. The provider will ensure that care workers are fully trained and familiarised with specialist techniques for administering medication when required. |
| 40 |  | Should medical equipment fail in any way, the provider should record this incident in the communication log and report the failure to their management. The Provider should report the failure to the responsible person for that equipment. Details of who is the responsible person should be written in the service user record file. If the health of the service user requires that intervention be made whilst waiting for the equipment to be repaired / replaced the provider is responsible for obtaining the necessary specialist/medical input, which might include urgent or emergency care. |
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| 41 | | Where there is more than one provider working for a service user, there should be agreed written documentation specifying which provider holds primary responsibility for co-ordinating the administration of medication. Others involved with the care and support of the service user should be notified of the identity of the Provider who holds this responsibility. This should be recorded in the service user's Support Plan so that informal carers and other support workers know to whom to report concerns. |
| 42 | | The provider will be proactive in checking that service user's medication records are consistent with the records held by the service user's GP  and the supplying pharmacy. |
| 43 | | The provider will be proactive in reporting concerns about 'out-of-date' medications and incorrect usage of medications to the service user's  GP and/or the supplying pharmacy, including service user referral to take medication. |
| 44 | | The provider must have a business continuity plan that demonstrates how services will be maintained in all emergency situations (such as a pandemic infection, adverse weather conditions, strike, National incident, or a terrorist attack). Those service users at greatest risk will be identified and prioritised. Under exceptional circumstances the services of the service user's family and friends may be utilised where possible in order that risks can be reduced. All such instances should be recorded and the outcomes monitored to manage any potential risks of harm to the service user. |
| **Examples of Activities / Procedures / Documentation recognised as evidence for the attainment of Service Outcomes** | | |

Service user Support Plan

Daily recording

Food / fluid record

Menu (meals, snacks, drinks)

Body Maps / Photograph (with consent) Falls Register and audit

Accident / incident log / form

Handover / staff communication records

Food First Approach guidance

Feedback from GPs and other health and social care professionals

MAR sheet

Risk assessments

Mental Capacity Act assessments Best interest assessments External professional recording

Homely remedy policy

Hospital admission rates

Evidence of referrals to Community Health

Services

Notice boards promoting health / wellbeing activities

Health action plan or equivalent Observation of practice (internal provider quality assurance)

Observation of practice (Commissioning

Organisation quality assurance)

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| **1.7. Assistive technology and equipment** | | | | **CQC Outcome:**  **11** |
| **Commissioner Outcome:** Maximising independence in my environment. | | | | |
| **Service user Outcome**: I am assisted to utilise appropriate assistive technology and equipment in order to maintain my independence. | | | | |
| **Standard:** Providers will understand the use and benefit of assistive technology and equipment provision and how to enable and support service users in its use. | | | | |
| **No.** | **Standard of Delivery** | | | |
| 1 | The provider will ensure that care workers receive appropriate training in the use of assistive technology and equipment in order that they can advise and support service users to use them appropriately, safely and comfortably. | | | |
| 2 | The provider will report and follow up any concerns about assistive technology and equipment used by the service user to the appropriate professional or Care Direct. The provider will carry out simple maintenance and adjustments as directed (e.g., replacing batteries, connecting and restarting equipment, recording messages on memo-minders). | | | |
| 3 | Providers will be trained to identify when a service user might benefit from the use of assistive technology, and refer this to the appropriate professional or Care Direct. | | | |
| **Examples of Activities / Procedures / Documentation recognised as evidence for the attainment of Service Outcomes** | | | | |
| Service user Support Plan  Daily recording  Pre-admission assessment  Equipment maintenance log | | Staff interviews Management interviews Training Plan/matrix | Service user interviews / feedback  Support network interviews / feedback | |

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| **1.8. End of life care** | |  | **CQC Outcome:**  **21** |
| **Commissioner Outcome:** Maximising physical health and wellbeing. | | | |
| **Service user Outcome**: I will be as comfortable as possible in the period leading up to my death. My physical, emotional, cultural and spiritual needs will be met so that I can live out my life in as dignified and peaceful a manner as possible which is consistent with my previously expressed wishes. Where I will be involved in the assessment and planning of my end of life care. | | | |
| **Standard:** The Care & Support provided to the service user will minimise any pain, discomfort and distress experienced by the service user at the end of his/her life. Service user’s family and friends will be given general and bereavement support by provider and treated with sensitivity. The End of Life Care & Support Plan will assist the service user, their support network and the provider to understand the choices being made about levels of intervention, location of death, and access to other services in the final stages of life. | | | |
| **No.** |  | **Standard of Delivery** |  |
| 1 | The provider will work with the national standards for end of life care, details of which can be found at the following link <https://www.gov.uk/government/publications/end-of-life-care-strategy-promoting-high-quality-care-for-adults-at-the-end-of-their-life> | | |
| 2 | Providers will be appropriately trained and supported to support service users who are dying, and to support their family members during this process and to manage the processes and procedures sensitively to ensure the service user receives the appropriate care and symptom relief. | | |
| 3 | Providers are appropriately trained in the use of equipment commonly used to support service users comfortably at end of life stage and are competent and confident in its use. | | |
| 4 | The provider must work in partnership with health and social care professionals to ensure that the service user's care package is designed around the individual needs of the service user and their informal carers. This may include contributing to the hospital discharge process, development of Support Plans, ensuring that the care arrangements are flexible enough to be responsive to changes in need, and working with service users and informal carers to accommodate their involvement in care activities if this is their wish (as long as it is safe to do so) | | |
| 5 | An Advanced Care Plan (completed by a Senior Health Care Professional) to meet the service users wishes in the event of death is in place, to support individual preferences. Sometimes service users choose not to complete, however, care delivery must be managed in accordance with service user preference, wherever possible.  The Advanced Care Plan will be linked to the GP notes and clearly documented within the individuals Support plan. | | |
| Policies, procedures guidelines and support materials to support the provision of excellent end of life care are in place and draw on national clinical guidelines and good practice i.e. End of Life Care Strategy 2008 (see link in 6.1), Gold Standard Framework’ or similar (as per GP practice), Advance Care Planning, anticipatory prescribing and involvement of specialist services where appropriate, e.g. St Peters Hospice and Bristol Community Health Community Health Care Team as appropriate. | | | |
| 6 | The provider will enable the service user’s close family and friends to spend time with the service user according to the service user's wishes. | | |

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| 7 | The service user's physical, emotional, cultural and spiritual needs will be met so that they can live out their lives in as dignified and peaceful a manner as possible consistent with their previously expressed wishes. | | |
| 8 | The provider will work in partnership with other services, taking advantage of their expertise and skills, for the benefit of the service user. | | |
| 9 | Relatives are involved in end of life care decisions especially where capacity is lacking through using “Advance Wishes – on behalf of someone else” | | |
| 10 | Where other end of life teams are working with the service user the provider must seek to work in Partnership with them for the benefit of the service user taking advantage of their expertise and skills. | | |
| **Examples of Activities / Procedures / Documentation recognised as evidence for the attainment of Service Outcomes** | | | |
| Service user Support Plan  Daily recording  DNACPR (Do not attempt cardio pulmonary resuscitation) Form | | Staff training matrix Staff interviews Management interviews | Feedback from GP and other health and social care professionals |

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| **1.9. Geographical coverage (zones) and working with the local community and the service user’s support network** | | **CQC Outcome:**  **1** |
| **Commissioner Outcome:** Maximising my relationships with others. | | |
| **Service user Outcome**: I am able to be part of my community. | | |
| **Standard:** Providers will play a key role in the service user's local community, utilising the local infrastructure and resources to improve the lives of service users and contribute to the local community. | | |
| **No.** | **Standard of Delivery** | |
| **Geographical Coverage – zones** | | |
| 1 | Main providers will deliver a service to all new service users in their zone. Existing service users will transfer to the Main provider during the six to nine months' period following the commencement of the contract. | |
| 2 | Main providers will be expected to take on the majority of care packages referred to them that are within their zone. However, exceptions to this are where the Main provider lacks the necessary specialist skills, or in the event of a depleted workforce resulting from, for example, unforeseen Care Worker illness. | |
| 3 | The provider will be knowledgeable of the services available in the local community and, where identified in the Outcomes Plan / Continuing Health Care Plan, will ensure the service user is able to access these. The provider will make use of relevant community groups and services to ensure that service users enjoy a good quality of life, can participate in a range of activities, and achieve a sense of belonging in their local community. | |
| 4 | Bristol City Council reserves the right to alter, following consultation, the geographical boundaries if there are any changes at Neighbourhood  Partnership level which warrant re-aligning the geographical boundaries of the zones. | |
| 5 | Service users will be given the support they may need to practise their beliefs, including keeping in touch with their faith community. | |
| 6 | The provider will ensure that service users can maintain relationships with their support network and links with their community. | |
| 7 | The provider will host regular ‘Meet your Provider’ sessions inviting new and existing service users to meet key staff members. The provider will use these meetings to set out their way of working and will give service users the opportunities to ask questions about all aspects of the service. These meetings will take place in a location which is convenient for Service users. Providers will offer this input to the individual service user in his/her home in the event of that service user being unable due to impairment, to attend a 'Meet your Provider' session elsewhere. | |
| 8 | Main providers will attend relevant Neighbourhood Partnership meetings in order to form strong community links with the areas which they serve. | |
| 9 | The provider will facilitate regular pro-active engagement with service users and their support network to talk through concerns and generate new ideas for service improvement, through relatives forums and one to one time where required. | |

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| 10 | The provider will engage Bristol City Council and other organisations such as schools and other educational establishments to ensure that employment opportunities with the provider are made available for younger people, including through an appropriate apprenticeship framework. | | |
| 11 | The provider will ensure that its workforce is familiar with the Dementia Inclusion Strategy, ensuring that people with Dementia are viewed as parts of wider systems couples, families, friendship groups, neighbourhoods, faith communities and groupings based around past and current interest/activity etc, and that continued identification with and involvement in these activities and networks is most important for everyone. See Appendix 4. | | |
| **Examples of Activities / Procedures / Documentation recognised as evidence for the attainment of Service Outcomes** | | | |
| Service user Support Plan / Provider documentation  Leaflet / information on advocacy services Service user / Relatives newsletters / notice boards | | Evidence of community engagement, i.e. attendance at Local community meetings such as Neighbourhood Partnership Boards. Support network meeting minutes  Service user meeting minutes | Staff interviews  Management interviews  Service user feedback / interviews Support network feedback / interviews Relative Forum |

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| **1.10. Expectations of operational delivery** | |  | **CQC Outcome:**  **6, 8, 12, 13, 14,**  **15, 16, 17, 21,**  **22, 24, 25, 26** |
| **Commissioner Outcome:** Maintaining daily routines with dignity. | | | |
| **Service user Outcome**: I am able to receive a high quality service which enables me to achieve as much independence as possible and respects my dignity. | | | |
| **Standard:** The provider will demonstrate strong leadership and management that will ensure that the service has a strong care and support focus which is person-centred and affords dignity, respect and independence for all service users. | | | |
| **No.** |  | **Standard of Delivery** |  |
| 1 | The provider will demonstrate effective leadership through evidence of a performance culture that motivates their staff to achieve and deliver safe, high quality and person-centred care. | | |
| 2 | The provider will ensure that there are workable, fair and published disciplinary, grievance, appeals and sickness / absence policies and procedures in place, and that these are used effectively to enhance staff performance and retention.  The provider will ensure there is a policy in place to support staff who may witness, or be the subject of discrimination and abusive or  threatening behaviour. | | |
| 3 | The provider will ensure that the systems for supervision and staff appraisal are clearly understood and appropriate consistency is maintained. | | |
| 4 | The provider will offer development opportunities to staff to improve their skills and facilitate their self-development. | |  |
| 5 | The provider will work proactively to retain good quality managers and senior staff. In the event of 'Management of Change' implementation succession planning will be robust and evident. | | |
| 6 | The provider will have a business continuity plan in place to ensure that the service continues to be provided and, as far as practicable, meet service users' care & support needs in the event of circumstances that could adversely affect the service, e.g., cold weather, extended heat- waves or floods. | | |
| 7 | The provider will comply with all Health & Safety regulations and legislation and make their policy and procedures available to the  Commissioning Organisation on request. | | |
| 8 | The provider will ensure that all managers of the organisation undertake the Qualifications and Credit Framework (QCF) level 5 Diploma in Leadership and Management (or equivalent) within one year of being appointed unless they already possess a relevant equivalent transferable management qualification. | | |
| 9 | The provider will ensure that maintaining or enhancing the service user's quality of life is a value that is embedded throughout the service. Providers will have a clear, visible and regularly-reviewed wellbeing policy that addresses staff practice, culture and the environment in relation to maximizing the expression of this value. Details of Bristol’s Health and Wellbeing Strategy can be found at: <http://www.bristol.gov.uk/page/health-and-adult-care/health-and-wellbeing-strategy> | | |

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| 10 | The provider must ensure that they have an appropriate level of staffing to meet the needs and care of individual service users and are acceptable to the regulatory authority. Main providers will deliver home care services from 06.00–23.00, every day of the year. |
| 11 | Staffing levels and establishments (staffing structure) must be agreed and set with the Council taking into account the needs of service users, the design of the buildings and the requirements to address annual leave, training and sickness cover. |
| 12 | Staffing levels should demonstrate flexible arrangements in order to respond to the individual needs of service users. The staffing levels must be appropriate to achieve the stated aims and objectives of the service, taking into account services to meet rehabilitation needs, participation in social activities, high dependency associated with severe dementia and challenging behaviour and to meet emotional and social care needs. |
| 13 | Staff rotas will be flexible and provide appropriate cover at all times to ensure that service user needs are met in a timely and person-centred way. |
| 14 | The provider will have a strategy in place to ensure staff vacancies are kept to a minimum through effective recruitment and selection processes, opportunities for professional / career progression and consistent management and development practices. |
| 15 | The provider will have a strategy in place to ensure that there is adequate staffing capacity in place to meet seasonal and changing needs of demand e.g., Christmas, school holidays etc. |
| 16 | The provider will employ specific workforce initiatives to encourage staff retention and achieve low rates of staff turnover. |
| 17 | The provider will work towards operating with a minimum of zero hour contracts. |
| 18 | The provider will ensure that staff groups work coherently and supportively as a team to ensure that service user needs are met in a timely and person-centred way. |
| 19 | The provider will ensure that communication between staff and the service user is clearly recorded, including discussion between staff about changes in service user needs to ensure a strong focus on continuity of care core values. |
| 20 | The provider will ensure any equipment, which is necessary for staff to appropriately and safely undertake their duties will be provided by the organisation as part of their contractual terms and conditions. Employees are not expected to pay for it separately. |
| 21 | The provider will work towards ensuring ensure any uniforms which are necessary for staff to appropriately and safely undertake their duties will be provided by the organisation as part of their contractual terms and conditions. |
| **Staff Recruitment and Selection** | |
| 22 | The provider will have a written recruitment and selection procedure which will include:  - Job description  - Personal Specification  - Application Form (to be completed by all applicants)  - Records of interviews for short-listed candidates  - References to be obtained from previous employers  - Setting an induction period  - Statement of terms and conditions of employment  - Checks to ensure candidates are legally entitled to work in the UK (Asylum and Immigration Act)  - Evidence that equality considerations are applied to recruitment, selection and promotion. |

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| 23 | All staff, employees or volunteers working with service users must undergo a Disclosure and Barring Service (DBS) Check. The decision rests with the employer as to whether to employ a person whose DBS disclosure reveals a conviction or other information. Any decision taken in  this instance must be based on a risk assessment that ensures the safety and welfare of service users. The provider will ensure that the  professional registration of qualified staff on appointment is annually reviewed e.g., by referring to the Health and Care Professionals Council. |
| 24 | The provider is committed to employing people from Bristol, demonstrating that they organisation can provide a stable local workforce and continuity of care for customers. |
| **Staff Induction, Supervision and Appraisal** | |
| 25 | The provider will ensure that regular staff appraisal is an essential part of staff development and quality improvement. The provider will seek to include feedback from service users and their support network in reviewing staff performance. |
| 26 | The provider will ensure that all appropriate staff, regardless of their position receive comprehensive **induction**, covering as a minimum the  following:  - All policies and procedures relevant to the staff group  - Safeguarding, using ‘No Secrets in Bristol’ (including Whistle Blowing)  - Person Centred Care and Support  - Relevant and targeted training about particular service user groups (e.g., Autism, Dementia, Sensory Impairment)  - Support Planning  - Health & Safety  - Moving and Handling  - Mental Capacity Act & Deprivation of Liberty  - Equalities  - Complaints  - Reporting and record keeping  - Wound Management  - Medication policy  - Reporting and Record Keeping |
| 27 | The provider will ensure that there is managerial and supervisory capacity to enable overall management of the service to ensure that staff are supported and best practice is fostered. |
| 28 | The provider will ensure that all staff receive one to one supervision sessions on a regular basis, the frequency of which will depend on the complexity of their work. Supervision notes should be documented, signed by both parties and any actions followed up. Supervision should be used as a forum to identify staff development needs, manage performance and act as a supportive environment where staff are able to express any concerns they may have and feel confident that these will be acted upon. |
| **Staff Training** | |
| 29 | The provider will have an appropriate and deliverable training matrix in place that clearly identifies and timetables the training and development needs of care workers and management staff. |
| 30 | The provider will ensure that individual training records for staff are in place and kept up-to-date. |

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| 31 | The provider will ensure that ongoing training needs are discussed, identified and timetabled at induction and subsequent supervision sessions with an essential focus on:  - All policies and procedures relevant to the staff group  - Safeguarding, using ‘No Secrets in Bristol’ (including Whistle-Blowing)  - Person-Centred Care and Support  - Relevant and targeted training about particular service user groups (e.g., Autism, Dementia, Sensory Impairment)  - Support Planning  - Health & Safety  - Moving and Handling  - Mental Capacity Act & Deprivation of Liberty  - Equalities  - Complaints  - Reporting and record keeping  - Wound Management  - Medication policy  - Dementia care  - First Aid  - Life Support  - Basic Food Hygiene  - Infection control  - End of Life care |
| 32 | The provider will ensure that all staff understand the training they receive and that their understanding is checked through regular supervision and observation including discussion at staff meetings. The provider will ensure that knowledge and skills are retained and that staff are confident in applying their learning in their area of work. |
| 33 | The provider will pro-actively seek external training for staff where necessary to ensure all training needs can be satisfactorily met. |
| 34 | The provider will ensure that they have a clear quality assurance process in place, which is effective and under regular review. |
| 35 | The provider will ensure that feedback on the quality of the service is obtained through a workable mechanism from staff, service users and their support network, the Commissioning Organisation, CQC and other stakeholders. This feedback will directly inform service improvement plans and action to improve the experience of service users. |
| 36 | The provider will ensure that, as part of the quality assurance process, current and future risks are identified, accountability is assigned and risks are routinely monitored and managed to ensure the safety and well-being of service users. |
| 37 | The provider will ensure that where the Commissioning Organisation or CQC have issued compliance notices or recommendations for service improvement, these are incorporated within a service improvement plan and actioned as per the timescales agreed with the Commissioning Organisation / CQC. This may include an improvement plan arising from a safeguarding process. The service improvement plan will be shared with the Commissioning Organisation. |

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| 38 | The provider will facilitate unannounced quality assurance visits from the Commissioning Organisation. |
| 39 | The provider will utilise forums such as the Home Care Provider Forum to develop their quality assurance process and service delivery through sharing of best practice with peers. |
| 40 | The provider will work with the Commissioning Organisation to develop or amend performance and quality measures over an agreed time period. |
| 41 | The provider must notify the Commissioning Organisation of any change to status following inspection from the Care Quality Commission. If the Commissioning Organisation considers the change in status a risk to service delivery, this may necessitate a service review or a review of individual service users. |
| 42 | Providers will comply with requests to conduct investigations/supply information which arise out of the Commissioning Organisation receiving any concerns. |
| 43 | The provider will accept visits from the Commissioning Organisation when required. Reasonable notice will be given except where there may be a reason for concern about the welfare of service users. |
| 44 | The provider's complaints and compliments procedure must be straightforward, well-publicised and available in a format accessible to all service users to enable a service user or someone acting on their behalf to make a complaint or express a concern regarding the service provided. This procedure must allow for complaints to be made on equalities grounds. |
| 45 | The provider's complaints procedure will contain the information necessary to enable the service user to make a complaint to the  Commissioning Organisation about the provider and details of how to contact the Local Government Ombudsman if they remain unsatisfied. |
| 46 | The provider's complaints procedure must set out time scales for complaint investigation and provide a written response to the complainant, which clearly states the outcomes of the investigation and what action the complainant can take if they remain unsatisfied. Timescales, the date of the response letter, and a summary of outcomes will be recorded in the response section of the provider's log. |
| 47 | The provider has a documented approach in place to  - Take remedial action when something goes wrong in the delivery of service  - Identify potential problems in order to prevent their occurrence  - Learning from issues identified in order to improve services/ processes. |
| 48 | Providers will maintain a log of complaints, concerns and compliments showing:  - Date complaint / concern is received.  - The name and address of the service user.  - The name and address of the complainant (where different).  - The nature of the complaint / concern / compliment.  - The response to the complaint / concern / compliment.  - The complainant’s level of satisfaction with the outcome of the complaint and the way in which it is investigated.  - The date when the Commissioning Organisation was informed of the complaint. |
| 49 | Where the service user remains unsatisfied following a complaint investigation the provider will draw the service user’s attention to the Commissioning Organisation’s complaints procedure and offer any assistance required in enabling the service user to make a complaint to the Commissioning Organisation. |

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| 50 | | The log of complaint and copies of the provider's letter of response to complainants must be made available for inspection by the Commissioning Organisation at any time. The log of the complaints and an analysis of the complaints and their outcomes must be provided to the Commissioning Organisation on request. | | |  |
| 51 | | Providers to notify the Commissioning Organisation's Complaints Team of complaints and response within 5 working days of finalisation of complaint. | | |
| 52 | | Providers will co-operate fully in any investigation conducted by the Commissioning Organisation under its complaints procedure.  *Health and Social Care retains a duty of care in relation to service users receiving services commissioned from independent sector providers. This means that complainants have a continuing statutory right to make a complaint to the Local Authority under the Health & Social Care complaints procedure regarding the exercise of that duty of care. Whilst it is expected that in the first instance complaints should be addressed to the provider for a response under their own complaints procedure, there will be occasions when complainants remain dissatisfied with the response they receive and address their concerns to HSC who may decide to conduct their own investigation.* | | |
| 53 | | Providers will develop appropriate and robust systems for capturing performance data in relation to the specified Key Performance Indicators in Appendix 5. | | |
| 54 | | Providers will produce data as requested by the Commissioning Organisation, e.g. information to inform Provider Performance Meetings. | | |
| 55 | | The provider will have a system in place to capture in detail both aggregated and individual service user outcome achievements. | | |
| 56 | | The Commissioning Organisation will take account of the data collection systems used by providers but reserves the right to require that  Providers use a specific format if required should a universal monitoring systems be developed.  Please see Appendix 6 for further details on reports the Commissioning Organisation requires providers at a minimum to provide. | | |
| 57 |  | Evidence of achievement of the KPIs will be derived from a range of sources including but not limited to, Electronic Monitoring System (EMS), Council Surveys of service users, Care Management Reviews, service provider Reports | | |
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| **Examples of Activities / Procedures / Documentation recognised as evidence for the attainment of Service Outcomes** | | | | |
| Service users Support plans  Dependency assessment of service users Electronic Monitoring System (EMS) Handover /communication records  Mission Statement  Statement of core values  Risk assessments  Health and safety log / policy Accident book/ accident investigation Business Continuity Plan | | | Supervision / appraisal policy  Handover / staff communication records  Provider insurance certificates  Staff interviews  Recruitment and retention policies Dependency assessments of service users Proportion of permanent / bank / agency staff Staff vacancy rates  Staff exit interviews and exit interview  analysis Staff rotas | Welcome pack / brochure / website  Quality Assurance Policy Service improvement plan Key Performance Indicators Internal audit process and log  Complaints / compliments policy, log and audit  Accident / Incident audits  Records of actions to address concerns  Key Performance Indicators (KPIs) |

Service user meeting minutes

Feedback/ recording from external Professionals including GPs and other health and social care professionals

Service user meeting minutes Service user feedback / interviews Service user annual survey / audit

Staff induction plan

Staff training matrix

Staff performance management policies

Staff meeting minutes

Job descriptions/ Person specifications

Internal audit process and log of KPIs Commissioning Organisation audit of quality assurance report timescales and outcomes

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| **1.11. Equalities** | | **CQC Outcome:**  **1** |  |
| **Commissioner Outcome:** Making a positive contribution. | | |
| **Service user Outcome**: I am able to express myself freely. | | |
| **Standard:** Providers will work from an equalities perspective with service users and others. Equality of opportunity will be advanced by ensuring that any changes to practices/ policies or procedures are duly assessed via an Equalities Impact Assessment, taking account of protected characteristics. | | |
| **No.** | **Standard of Delivery** | |
| 1 | Providers will ensure that care workers inform the service user about his/her right to make known his/her equality needs and have them met. This may involve the use of a questionnaire or other methods of obtaining this information as appropriate. | |
| 2 | Providers will ensure that staff understand and are able to meet the specific equalities needs of service users. Staff will receive on-going equalities training to ensure that care, support and activities are provided in a way that meets any service user's Equalities-related needs. | |
| 3 | Providers will ensure that staff have a good working knowledge of the Provider's equalities policies. The policy must be reviewed regularly to ensure that it is up to date. | |
| 4 | Staff induction will include equalities training which will be updated every 2 years and/or following the introduction of any new guidance and legislation. Staff knowledge about equality groups and their practice in delivering Care & Support will be actively monitored through staff supervision and appraisal. Any on-going learning and development needs will be identified through supervision and appraisal and the Provider will ensure that these are met. | |
| 5 | Language that service users find demeaning, offensive or unacceptable must always be seen as unacceptable practice. The provider will promote the use of inclusive language that makes no assumptions about a service user’s background, belief or relationships with others. | |
| 6 | The provider will ensure that Care & Support is provided in a way that meets service user needs which arise from their age, disability, race, sex, gender reassignment (transgender), sexual orientation and religion and belief-system (including those with no religion or belief-system). | |
| 7 | Equal opportunities will be promoted irrespective of age, economic or social background, impairment or mental and emotional distress, gender, race, religion or belief-system, sexual orientation, or transgender. | |
| 8 | Providers will provide a fully accessible service in line with National Minimum Standards, including providing care workers who can communicate with service users in their chosen language. Children should not be used as interpreters. | |
| 9 | Providers must comply with the Sexual Discrimination Act 1977; the Disability Discrimination Act 1995; the Race Relations amendment Act  2000; and any subsequent amendments to these Acts. | |
| **Examples of Activities / Procedures / Documentation recognised as evidence for the attainment of Service Outcomes** | | |
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| Eq Co Ho Se Da Ris | ualities policy which complies with the mmission for Race Equality Code of Practice. me Care brochure / welcome pack / website rvice user Support Plan  ily recording  k Assessments | Staff induction plan Staff code of conduct Staff training matrix Staff meeting minutes  Observation of practice (internal provider quality assurance) | Observation of practice (commissioning organisation quality assurance)  Staff interviews  Management interviews  Service user feedback / interviews Support network feedback / interviews Equal opportunities policy referred to in publicity material. |
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