NHS Dorset Clinical Commissioning Group

Dorset County Council

DORSET COMMISSIONING PARTNERSHIP

DORSET CARE

DORSET CARE FRAMEWORK

OVERARCHING SERVICE SPECIFICATION

Document 1

Contents

1. Introduction and context

1.1 The information within this document applies to the whole Dorset Care Framework and should be read in conjunction with the Commissioning Intentions document, underlying specifications and additional information provided within the appendices.

1.2 All public services are facing significant cuts in their funding. Demographic and social changes, like our ageing population, mean that more people are going to be in need of help and support. Professor John Bolton, in his recent paper "Predicting and managing demand in social care" describes many other local factors that impact upon the demand for state funded Care and Support. These include:

- The relative wealth in the population (or the opposite in relation to areas of high deprivation).
- The behaviours of key players in the NHS, the performance of intermediate care and the availability of therapists and nurses in the community.
- The effectiveness of the council front door in finding solutions for people and their problems.
- The effectiveness of short-term help and the approach to preventive help.
- The way in which the needs of people with lower care needs are met including the use of assisted technology.
- The practice and supervision of assessment and care management staff.
- The approaches taken to progression towards greater independence for those with long-term conditions.
- The way in which people with long-term conditions are helped to self-manage their conditions including dementia care.
- The approaches taken to the assets of the person being assessed and the involvement of family and community in a person's solutions.
- The way in which Providers deliver outcomes including the availability and vibrancy of the voluntary sector.
- The availability and the nature of supported housing services including Extra-Care Housing for Older People.
- The partnership with Carers and Carer organisations.
- The use of performance measures to judge the outcomes from the care system.

(Bolton 2016)

1.3 The Commissioning Partners recognise that an inherent consequence of their strategy of prevention and asset based working may result in a reduction in

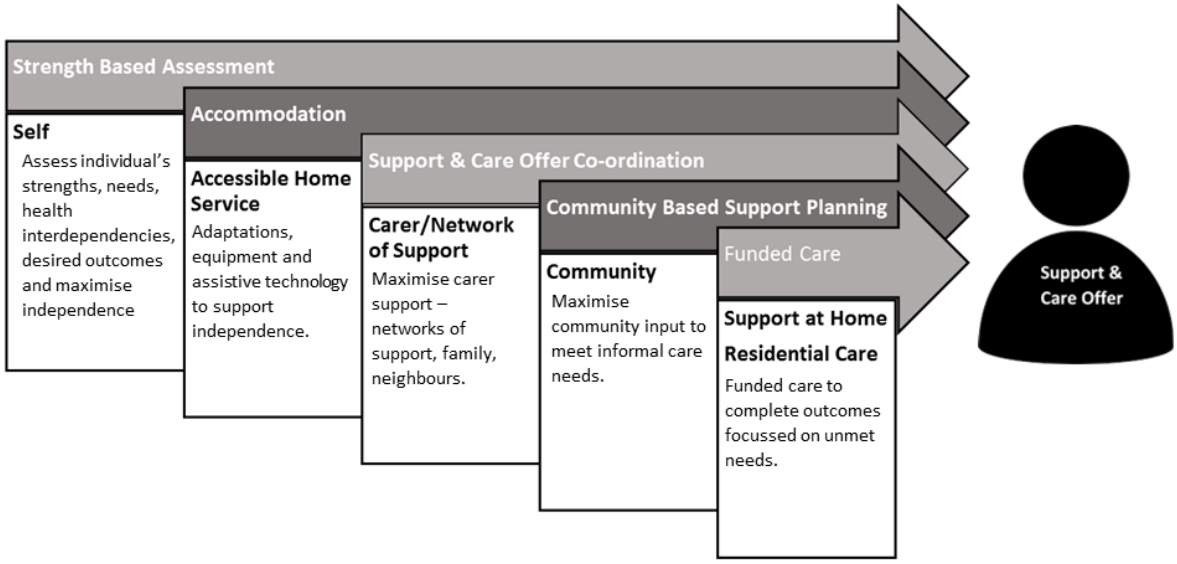
residential home placements. The Commissioning Partners wish to work with Providers to explore opportunities which will develop their business models and provide sustainability. This could include:

- Short-term reablement utilisation of voids.
- Hospital avoidance initiatives and step-down from hospital.
- The development of day opportunities.
- The delivery of homecare to local residents.

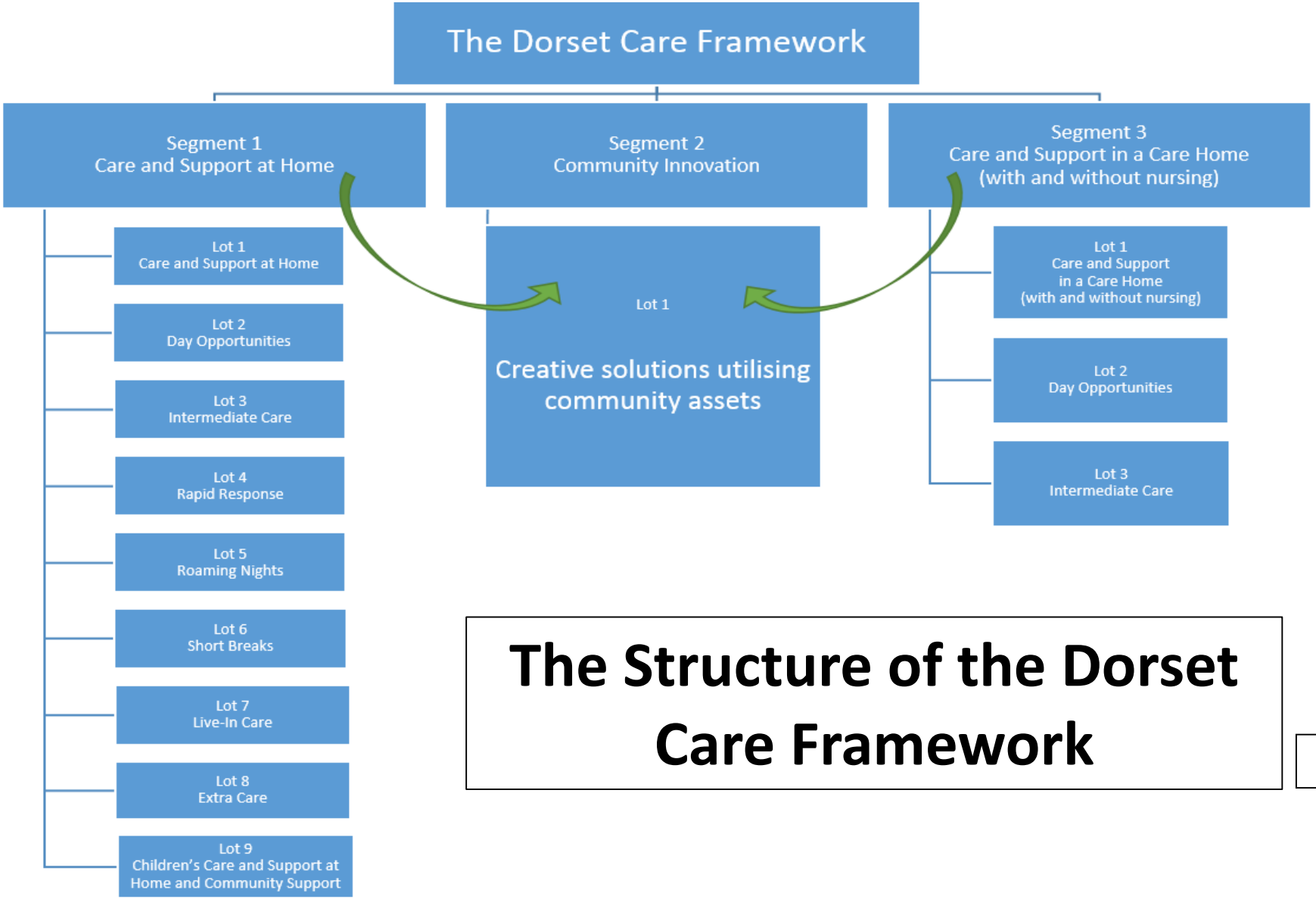
1.4 The Dorset Care Framework intends to move away from the existing deficit approach where individuals and communities are seen as passive recipients of services and to adopt a strength and asset based approach.

Where we are now – the deficit approach	**Where an asset way of thinking takes us**
Start with deficiencies and needs in the community	Start with the assets in the community
Respond to problems	Identify opportunities and strengths
Provide services to users	Invest in people as citizens
Emphasise the role of agencies	Emphasise the role of civil society
Focus on individuals	Focus on communities/neighbourhoods and the common good
See people as clients and consumers receiving services	See people as citizens and co-producers with something to offer
Treat people as passive and done-to	Help people to take control of their lives
'Fix people'	Support people to develop their potential
Implement programmes as the answer	See people as the answer

A strength and asset based approach to assessment of need



2. The Framework



The Structure of the Dorset Care Framework

Fig. 1

2.1 The Commissioning Partners are looking for organisations to join a **five** year open Framework agreement to commence on the 1 December 2017. Under call-off or mini tender opportunities it shall be possible to establish contractual arrangements that exceed the term of the Framework.

2.2 The Dorset Care Framework Overarching Specification (this document) contains requirements and principles that apply to all activities procured through the Framework.

2.3 It is envisaged that during the term of this Framework agreement, referrals and therefore the brokerage function will move towards seven day working. Consequently Service Providers shall be required to ensure that their business models are able to adapt appropriately to meet this demand.

2.4 Quality and Performance will be monitored and the Commissioning Partners will utilise this information in order to allocate packages of Care and Support and, where necessary, remove Providers from the Framework. Providers removed from the Framework for quality and performance concerns will be supported to address these issues and given opportunities to rejoin the Framework.

2.5 Providers will, whilst part of the Framework, be able to utilise the following branding within their own documentation and branding:

2.6 The Framework shall allow a variety of procurement methods in order to support flexibily; opportunities to expand Providers' geographical reaches and to respond to the needs of Service Users in receipt of Direct Payments or Personal Health Budgets. These shall include but are not limited to:

- Brokerage of individual packages
- Fixed term block contracts
- Individual Service Funds (ISF). See Appendix 8: Individual Service Funds.

2.7 The Commissioning Partners wish to implement a Framework which delivers flexibility and the opportunity to innovate. Whilst the underlying specifications detail standard service descriptions, it is the Commissioning Partners intention to adopt an outcomes based approach to providing Care and Support in the community, including residential / nursing homes.

2.8 The Association of Directors of Adult Social Services (ADASS) describe a systems approach to Health and Social Care based on six fundamental outcomes. It is the intention of the Commissioning Partners that any intervention or service procured as part of this Framework must contribute to these outcomes.

2.9 The first three address what should be offered to people and the remaining three address how this should be delivered.

1. Prevention

"I am not forced into using Health and Social Care earlier than I need to. I am enabled to live an active life as a citizen for as long as possible and I am supported to manage any risks."

2. Recovery

"When I initially need health or social care, I am enabled to achieve as full a recovery as possible and any crises are managed in a way which maximises my chances of staying at home."

3. Continued support

"If I need continued support I will be given a personal budget and I will be able to choose how to spend this to meet my needs. I can choose from a range of services which offer value for money. The resources made available to me are kept under review."

4. Efficient process

"The processes to deliver these three outcomes are designed to minimise waste, which is anything that does not add value to what I need."

5. Partnership

"The organisations that support me work together to achieve these outcomes. These organisations include Health and Social Care, other functions in statutory bodies such as councils or government, and the independent sector."

6. Contributions

"I and others who support me are expected and enabled to make a fair contribution to this support. These contributions may be financial according to my means, informal Care and Support from those close to me or from volunteers, or from me playing my own part in achieving these outcomes."

3. An outcomes based approach

3.1 Historically Care and Support at Home has been provided on a prescribed "Time and Task" basis. This approach has created capacity issues in terms of service delivery / rotas and has had the potential for Service Users to become dependent recipients of Care and Support.

3.2 This Framework intends to move towards and outcome based approach, which seeks to not only provide quality Care and Support at Home, but to also enable Service Users and Carers to maximise their independence through the core values of enablement and individual / community assets and strengths.

3.3 The Framework aims to achieve two kinds of outcomes for Service Users:

- Maintenance Outcomes: Those that prevent a Service Users' condition from deteriorating (for example, the progression of dementia through inactivity or isolation, maintaining a healthy home environment and / or effective personal care, establishing a circle of support) or else coming to harm as a consequence of their condition (for example, a fall through disability or frailty).

- Improvement Outcomes: Those that improve a Service Users' condition by tackling problems, reducing risks or reducing barriers (for example, improving confidence, regaining skills, improving communication regaining access to community support, re-establishing circles of support.

3.4 Outcomes will be reviewed, updated and replaced once achieved where appropriate and in agreement with the Service User.

3.5 See Appendix 3: Performance monitoring and Appendix 4: Service User commissioning based upon outcomes for illustration.

4. Commissioning Priorities

4.1 Services and interventions need to be developed to tackle social isolation and loneliness, as well as to promote healthy lifestyles, physical exercise and self-care. These are all factors in precipitating a need for social care. Traditional commissioning approaches have had limited impact upon addressing market shortfalls, including those of rural supply.

Our priorities

Targeting more resources towards preventative and early intervention

4.2 Good quality, timely services can significantly reduce or delay someone's need for Social and/or Health Care. We are seeking to broaden the scope of services available locally and promote higher levels of self-care, which will reduce the key drivers for people wanting to move out of their own homes i.e. loneliness and isolation.

Increase efficiency and performance

4.3 The Commissioning Partners envisage the increased use of digital recording, electronic monitoring systems, assistive technology, reporting mechanisms and other forms of digital/online innovation and communication.

4.4 The Commissioning Partners are intending to establish contractual arrangements under a five year Framework agreement, which will offer both sustainability and certainty for Providers and the flexibility to commission service enhancements and interventions as required during the lifetime of the contract. Further details are contained within the main Framework description.

4.5 Increased efficiency and performance are essential elements to all commissioned activity through this Framework.

Support the Commissioning Partners' commitment to the improvement in staff pay and to grow the local economy

4.6 Providers will ensure that Care and Support Workers achieve at least the National Minimum Wage / National Living Wage, as well as payment for their travel costs and other necessary and associated expenses.

4.7 The Commissioning Partners wish to work with Providers who recognise their Health and Social Care commitment to providing regular training for all Care and Support Workers to the necessary standard in order to provide a quality service, at no cost to the individual Care and Support Worker and during work time.

https://www.thesocialcarecommitment.org.uk/

4.8 The Commissioning Partners understand that nationally it would appear that Care and Support Workers are rarely paid much above the minimum wage and that zero hours contracts can make employment insecure. We understand that this may in turn adversely affect recruitment and retention. Through this specification we wish to help build in guarantees around secure employment and promote better pay and career progression.

4.9 Providers will be required to demonstrate that Care and Support Workers' pay and benefits is maintained inline with sector benchmarks, national legislation and increases in rates through the Dorset Care Framework.

4.10 We recognise that the Health and Social Care market is an important part of the local economy and predicted to grow as Health and Social Care needs increase. The number of people being cared for in their homes is increasing and this trend is set to continue.

4.11 We understand that the challenges of Dorset's rurality and the availability of staff can create problems in accepting and maintaining packages of care. The Commissioning Partners wish to work with Providers that will explore opportunities to work together e.g. sharing rotas, in order to provide solutions.

Social Value and Social Enterprise

4.12 Providers will demonstrate how the service will meet objectives set out within the Social Value Act 2012 and benefit the wider local community i.e. what social value they will add through their management of the contract. Examples may include community engagement programmes, investment in the social care workforce, the provision of apprenticeships and work experience placements to local people, including those with disabilities.

https://www.gov.uk/government/publications/social-value-act-information-and-resources/social-value-act-information-and-resources

4.13 The Commissioning Partners will want to work with Providers in order to promote employment opportunities and caring as a profession, by engaging with local education / training Providers.

Underpin choice, control and Personal Budgets

4.14 There is a strong commitment to delivering Direct Payments and Personal Health Budgets across the Commissioning Partnership, which is aligned to a clear understanding that they will only deliver improved outcomes for Service Users if they are underpinned by good quality assessment and Care and Support Planning. This is based upon the identification, expression and communication of Service User outcomes.

4.15 It is therefore crucially important that local people can access a range of Care and Support services in a timely way, which will enable them to continue living independently, irrespective of their source of funding.

Focus on outcomes

4.16 Care and Support at Home services have a key role in delivering the four outcomes within the Performance Management Framework for Adult Social Care. These are:

- Enhancing the quality of life for people with Care and Support needs
- Delaying and reducing the need for Care and Support
- Ensuring that people have a positive experience of Care and Support
- Safeguarding adults whose circumstances make them vulnerable and protecting them from harm

Develop a stronger partnership between Care and Support at Home services, and residential services, with wider universal Commissioning Partners and Voluntary Sector services

4.17 Given the complexity of the commissioning process and volume of decisions that need to be taken when commissioning services, maintaining a whole system perspective can be challenging. Often, even when there is a desire to change the way that services are commissioned, the emphasis still defaults to a contracts management relationship. Clearly the practical aspects of the commissioning process are vital, but on their own they are not enough.

4.18 There needs to be a focus on pathways that cross organisational boundaries, both between acute and community care, but also between Health and Social Care. We know that a focus on pathways produces both better outcomes and a better patient experience. The collaboration that is at the heart of a pathway approach to commissioning needs to be extended so that the wider health context is considered.

4.19 The divisions between healthcare, traditional service categories and the wider social care system are artificial, and the result of the way in which organisations are both set up and funded. People have many interrelated needs that cross these organisational borders that have been artificially created.

4.20 Care and Support at Home Providers are responsible for making sure the Service Users they Care and Support are maximising the benefit of local services such as libraries, swimming pools and parks, as well as services provided by the voluntary sector. This will require strong links and good partnership working which will be facilitated and nurtured by the Commissioning Partners across Dorset.

Whole system relationships

4.21 Care and Support at Home services have a key relationship and interdependencies with other professionals and organisations. These are sectors that help to support, oversee and regulate care provision and in themselves contribute to support and care across Dorset. Such groups include but are not limited to:

- NHS Dorset / Hospital Trusts
- Care Quality Commission (CQC)
- District / Community Nursing
- Voluntary sector/ Carers Groups/ Care line Services
- Learning Disability Partnership Board/The Joint Commissioning Group
- Other Local Authorities

Strengthen links with the CCG and Public Health

4.22 Good quality Social Care can impact strongly on emergency admissions to hospital and accident and emergency, as well as prevent delayed discharges from secondary care. This is a shared priority with the Clinical Commissioning Group and we are working together to enhance local services.

4.23 Wellbeing is central to all commissioned services, therefore Providers should ensure that their services can contribute to Public Health Outcomes (see http://www.phoutcomes.info/) and initiatives such as Making Every Contact Count (http://www.makingeverycontactcount.co.uk/).

5. Key Provider Competencies

5.1 The competencies required of Providers are detailed below:

- All interventions must be enabling to discourage dependency;
- Providers will demonstrate a commitment to ensuring equality of access for marginalised communities;
- The Provider will have clear operational guidelines and procedures for managing demand in place;
- Providers will have appropriately trained staff available to undertake risk assessments when a Service User's needs change and to put remedial actions as appropriate.
- Providers will have the capacity to provide a weekly snapshot of their available capacity and any other management information required by the Commissioning Partners;

- Clear operational guidelines and procedures for identifying and managing risk need to be in place;

- Providers will demonstrate Service User involvement in service design, review, improvement and monitoring;

- Providers will demonstrate how the interests and voice of the Service User is reflected in all aspects of service design and delivery;

- Providers will demonstrate social value in the development of all services and policies;

- Providers will take a person or family-centred approach;

- Providers will employ a differentiated approach to individual Service User;

- Providers will be non-discriminatory, recognise and work with diversity in terms of race, religion and belief, gender, sexual orientation, disability and age.

- Providers will have an understanding of outcome based approaches to Care and Support Planning; strength and asset based assessment/planning; and shall diseminate this through training and supervision to it's workforce.

5.2 Providers will demonstrate the following **organisational characteristics**:

Partnership Working

5.3 Robust and detailed evidence of having successfully worked in partnership with a range of organisations.

Safeguarding people

5.4 Able to demonstrate a good understanding and consistent application of procedures and processes for the protection of children and vulnerable adults;

5.5 Confident in the appropriate management of risk within services, where necessary as part of an inter-agency individual safeguarding plan;

5.6 Ability to proactively safeguard children, adults and families.

Resource Management

5.7 An ability to use resources effectively, planning for capacity throughout the year.

Organisation and Employer

5.8 A strong history of ethical behaviour;

5.9 Able to demonstrate excellence in financial management and contingency planning;

5.10 Proven track record in the management of information, innovation, people, performance, quality, and risk;

5.11 A record of delivering excellent customer service over a sustained period;

5.12 Able to demonstrate a good awareness of their current employee skill sets and those needed for this contract;

5.13 A proven commitment to continuous professional and personal development of its workforce;

5.14 A commitment to avoiding the utislisation of “zero hours contracts” unless doing so meets the needs of the employee;

5.15 A commitment to developing the role of Care and Support Worker as a career choice and as part of a development pathway to other Health and Social Care roles;

5.16 A realistic understanding of the balance of skills and qualifications required to deliver their proposed service model;

5.17 A proven track record of timely and high quality reporting on outcomes and financial management.

Community empowerment, social entrepreneurship and creating Social Capital

5.18 An understanding of the need for individuals, communities and families to develop their own supportive networks;

5.19 A track record in Service User and Carer engagement and participation in design and delivery of services;

5.20 Able to demonstrate equality of access and inclusion;

5.21 An awareness of, and the ability to link with, community based opportunities that may improve outcomes for the Service User.

Quality and Performance

5.22 A proven history of effective self monitoring of the organisation’s quality and performance of service delivery;

5.23 A willingness to work in partnership with the Commissioning Partners and other Framework Providers to support the quality and performance of the Framework;

5.24 A full commitment to engaging with the Commissioning Partner’s quality and monitoring standards and procedures as detailed in Appendix 1: Care and Support at Home Quality Monitoring Standards; and Appendix 2: Care and Support in a Care Home (with and without Nursing) Quality Monitoring Standards.

Information technology

5.25 A proven ability in the use of IT systems that support their work and facilitate the sharing of data with the Commissioning Partners;

5.26 Relevant experience of information governance.

Confidentiality

5.27 Comply with National Legislation and local protocol requirements regarding confidentiality and information sharing between partner organisations.

6. Service aims and outcomes

6.1 This specification aims to support Service Users and those with Direct Payments or Personal Health Budgets to keep well and maximise their independence by providing the highest quality of Care and Support at home and in the community. To support this aim, Providers will ensure that the Service User is:

- Supported by their package of care to feel physically and emotionally safe in their own home and environments where Care and Support Services are provided
- Supported to have a reassessment of their needs where there is a risk that their outcomes will not be achieved or change and/or their condition and wellbeing deteriorates.
- Satisfied with their involvement in their package of care or placement and the support provided to make their own decisions and having the necessary information to enable this
- Satisfied with the opportunities available to them to engage in community leisure and social activities of their choice
- Satisfied with the opportunities available to them to take part in development activities of their choice (including employment and training if appropriate)
- Supported and capable to continue in their role as a Carer or parent if appropriate.

7. Service User Involvement and Empowerment

7.1 Service Users will have a central role in the management of their service including access to online care records, where available, kept by Provider, by the Service User and Advocates, Carer, family friend or Circle of Support as agreed by the Service User.

7.2 People wanting access to a service will be able to make an informed decision before accepting an offer and know about the Quality and range of services and support available to meet their needs and aspirations

7.3 There will be a commitment to empowering Service Users, building their confidence and supporting their independence.

7.4 Service Users will be well informed so that they can communicate their needs, aspirations and views and make informed choices.

7.5 Service Users will be consulted about the services provided by the Provider and will be offered opportunities to be involved in their management. Providers will be expected to demonstrate how Service Users have influenced the services being provided by the organisation as a whole.

7.6 Service Users will be empowered to engage in the wider community and to develop social networks if that is their wish.

7.7 Service Users will be consulted on all proposals which affect their service, including day to day changes and their views will have pre-eminence.

7.8 The service will wherever possible encourage Service Users to do things for themselves rather than rely on the Provider's staff.

7.9 Service Users, family members, Carers and advocates (subject to consent) will have access to Care and Support related documentation and records at no cost and in an appropriate format for the care setting. This documentation at a minimum should include the Care and Support Plan, daily care recordings, and the Provider's policies and procedures.

8. Policies, Procedures and Records

8.1 All staff should be informed, understand and have access to all policies and procedures.

8.2 The Provider maintains all records required for the protection of Service Users, the Carers, Health and Safety and the efficient running of the business. These may be held in paper or secure digital format and should be made available to the Commissioning Partners at no additional cost.

8.3 The Provider must have a rigorous recruitment and selection policy and procedure. The procedure will safeguard the Service User and their relatives by ensuring that only competent, reliable and trustworthy staff are employed in the service and that they understand and have empathy with the varying needs of the client groups whom they are to serve.

8.4 New staff are confirmed in post only following completion of satisfactory checks and disclosures at an enhanced level in line with current legislation. These verification checks will include two written references (one should normally be from the immediate or last employer), POVA list / ISA, and the Disclosing and Barring Service (DBS). All staff should have valid DBS checks, or Enhanced DBS in the case of services being delivered to children and young people.

8.5 All staff must be supplied with written job descriptions, the organisation's grievance and disciplinary procedures and a staff handbook. The Provider must ensure that it follows the Commissioning Partners' equal opportunity policy statement in the recruitment process of its workforce. This means Providers must recognise the inequalities from which employees suffer and take actions to reduce them and also ensure fairness towards colleagues and others in the community.

8.6 The Provider will provide suitable induction and training programmes for all staff in accordance with the Domiciliary Care Regulations 2002, Domiciliary Care National Minimum Standard,s or any other relevant regulation or guidance, and will identify and provide for on-going training needs.

8.7 The Provider will have in place staff Training and Development plans which shall support the delivery of services. Providers shall have access to a variety of training sources including those of the Commissioning Partners.

8.8 The Provider must have appropriate policies, procedures and systems in place:

- To ensure cover for staff sickness and other emergencies.
- To ensure staff follow best practice guidance and be able to access “records” in the Service User’s home when the Care and Support Worker helps with medication. There should also be a reporting audit so that Carers can inform the Provider if other people are helping the Servicer User with their medication in the Carer’s absence.
- For the receipt of gifts. The Provider and their staff must not accept financial inducements, seek to be made the beneficiary of a will or obtain any other financial benefits from Service Users.
- For the safe handling of Service Users’ money and property including payment of bills, pension collection, reporting the loss or damage to a Service User’s property whilst providing the Care and Support. All financial transactions undertaken on behalf of the Service User is recorded appropriately in the diary records at the Service User’s home or on the organisation’s own financial transaction sheet used for this purpose. All records must be signed and dated by Care and Support Worker(s) and by the Service User, if able to do so. The Provider must maintain duplicate records in the office.
- To respond to and investigate any allegations of misconduct by staff that are detrimental to the well-being of the Service User.
- Whistle blowing policy. Such misconduct or whistle blowing can be so serious that they could be deemed to be an allegation of Adult abuse. The Provider’s Adult Safeguarding procedure(s) must be compatible with the Pan Dorset Multi-Agency Safeguarding Procedures.

8.9 The Provider’s procedures must include responsibilities:

- To report suspected, alleged or observed abuse to the Quality Monitoring Officer and relevant social work team within established timescales;
- To co-operate fully with an Adult Safeguarding investigation; and
- To take measures to ensure the safety of other Vulnerable Adults when an allegation is made about a member of staff.

8.10 The Provider must be familiar with the Pan Dorset Multi-Agency Safeguarding Policy and Procedures. See Appendix 5: Pan Dorset Multi-Agency Safeguarding Policy and Procedures.

9. Workforce

9.1 Whilst not an exclusive list, Care and Support Workers will be expected to demonstrate the following:

- An ability to positively engage with people who are using the service and their families;
- An understanding of the needs and behaviours of Service Users with dementia.
- Communicate in an open, and effective way to promote the health, safety and wellbeing of people who use health and care services and their carers;
- An ability to work collaboratively with others where a Service User's Care and Support Plan involves a number of differing roles and contributions to a Service User's care;
- An understanding of basic infection control and hygiene to minimise the risk of cross contamination and spread of infection, e.g. MRSA.
- Willingness to listen to and act upon feedback received including from the Service User about how they would like to be supported;
- To welcome training and development opportunities and be able to take responsibility for their own learning, including raising the need for training and support where Service Users care would be affected;
- Ability to recognise risk, report concerns and work with Service Users to positively manage the risks in their lives;
- To understand safeguarding and the balance between keeping people safe within the promotion of active and engaged lifestyles and the role that the Commissioning Partner has;
- Understand the core principles of dignity, respect, choice and control and their role in these;
- Understanding of behaviour which may be considered 'strange' or 'unusual' or that which may challenge personal beliefs and norms;
- Understanding of the Mental Capacity Act (2005) and of the Deprivation of Liberty Standards (DoLS);
- An ability to work with support plans, Service User objectives and targets using varying formats e.g. digital and mobile application;
- Understand and deliver outcome focused training and skills to record outcomes as opposed to tasks.

9.2 Providers will identify within recruitment process the extent to which potential Care and Support Workers evidence:

- Caring

- Kindness
- Observant
- Diligence

9.3 Providers delivering Care and Support Services, as defined by the Care Quality Commission, must ensure that they have the appropriate registration in place.

10. Data and intelligence

10.1 Service Providers shall at all times ensure that their data and information governance is compliant with national Data Protection laws.

10.2 The Service Provider shall register with the Skills for Care National Minimum Data Set for Social Care (NMDS-SC) and complete the following:

- The NMDS-SC organisational record and update this data at least once per financial year.
- Fully complete the NMDS-SC individual staff records for a minimum of 90% of the staff, including updating these records at least once per financial year.
- Apply for funds to support workforce development from Skills for Care.The Service Provider shall retain records that ensure they can demonstrate their performance under this contract.
- Records will show resource inputs, organisational processes and outcomes related to the Service and Service Users.
- The Service Provider must participate in any survey of Adult Social Care employees organised by the Authority or Skills for Care.
- The Service Provider will be required to provide to the Authority, as required and within reason, additional workforce related data not covered by the NMDS-SC and other established methods of data collection.

11. Business Continuity

11.1 The Service Provider must have a business continuity plan in place to ensure the delivery of the service is continuous and consistent for the benefit of Service Users. The Service Provider must ensure that the business continuity plan is able to deal with the following non-exhaustive list of issues that could impact upon the delivery of the service:

- Staff absences
- Financial resource management
- Administration and management

- Core IT system failure
- Adverse weather conditions e.g. snow, flooding
- Pandemic
- Complaints and regulatory intervention
- Business transfer or sale.

11.2 Service Providers must ensure that they have systems in place to maintain service delivery in the event that their own premises are inoperable. These systems must include access to Service User records and care plans; and any required equipment and supplies.

11.3 Providers should encourage all staff to have an annual flu vaccination for their own protection and that of service users.

12. Subcontracting

12.1 Sub-contracting arrangements may not be entered into in respect of the services detailed within this specification without the prior agreement of the Commissioning Partners. Where a Provider sub-contracts the provision of all or part of the service(s), it remains the responsibility of the Provider to ensure that the same standards of enabling, outcome focused and person centred support are maintained by any sub-contractor and their staff.

12.2 Temporary and agency staff are considered to be directly employed by the Provider for the purposes of this specification.

13. Safeguarding

13.1 “No Secrets” (DOH 2000) sets out guidance on how local agencies should work together to ensure a coherent policy exists for the protection of vulnerable adults. N.B. Details regarding the safeguarding and protection of young people and children are contained within the Children’s Care at Home and Community Support Specification.

13.2 Commissioning Partners have the responsibility for coordinating the response to Adult Safeguarding alerts locally. Adult Abuse is nationally defined as:

- Physical abuse including hitting, pushing, rough treatment, misuse of medication, restraint;
- Any type of sexual exploitation;
- Psychological abuse including intimidating behaviour, humiliation, blaming, controlling, harassment, verbal abuse, threats to withdraw Services;

- Financial or material abuse including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits;

- Neglect of the Service User's Care needs, safety and comfort; and

- Discriminatory abuse including racist, sexist, that is based on a person's disability and other forms of harassment, modern slavery, slurs or similar treatment.

13.3 It is the policy of the Commissioning Partners and of all of its partner agencies to take a robust approach to the elimination of the abuse of Vulnerable Adults, including the involvement of the police in situations where a possible crime has been committed.

13.4 Providers should follow the new interagency procedures and staff should be trained on these as they contain detailed instructions on Provider responsibilities and sanctions.

13.5 There may be periods of time during which all activities with a particular agency may be suspended pending Adult Safeguarding inquiries, notwithstanding the terms of the Framework Agreement.

13.6 The Providers are to encourage Service Users to provide information as and when necessary in any instance that they feel they are being mistreated or abused.

13.7 The Provider must ensure that robust arrangements are in place to safeguard Service Users from any form of abuse or exploitation as detailed in Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including physical, financial, psychological or sexual abuse, neglect, discriminatory abuse, self-harm, inhuman or degrading treatment through deliberate intent, negligence or ignorance.

13.8 The Provider has a responsibility to safeguard Service Users in accordance with CQC Essential Standards Outcome 7 and the Care Act 2014, and comply with the government guidance: Working Together to Safeguard Children 2015. The Service Provider must have in place policies and procedures for identifying and dealing with the abuse of vulnerable people which are complementary to the Pan Dorset Policies and Procedures for Safeguarding Adults and Children.

13.9 The Provider must also comply with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 – Duty of Candour to ensure its safeguarding practice promotes openness, transparency and trust.

13.10 The Provider must ensure that policies and procedures are covered in employee induction and fully understood by staff. All staff must be given an initial understanding of their safeguarding duties within their first week of employment.

13.11 Comprehensive training on awareness and prevention of abuse must given to all staff as part of their core induction within three months and updated at least annually. In addition, update training will be provided in light of new policies and procedures introduced either locally or nationally.

13.12 The Service Provider will minimise the risk and likelihood of incidents occurring by:

- Ensuring that staff and Service Users understand the aspects of the safeguarding processes that are relevant to them
- Ensuring that staff understand the signs of abuse and raise this with the right person when those signs are noticed
- Ensuring that Service Users are aware of how to raise concerns of abuse
- Having effective means to monitor and review incidents, concerns and complaints that have the potential to become an abuse or safeguarding concern
- Having effective means of receiving and acting upon feedback from Service Users and any other person
- Having a whistleblowing policy and procedure in place
- Taking action immediately to ensure that any abuse identified is stopped and suspected abuse is addressed by:
    - having clear procedures that are followed in practice, monitored and reviewed, and take account of relevant legislation and guidance for the management of alleged abuse
    - separating the alleged abuser from Service Users and others who may be at risk or managing the risk by removing the opportunity for abuse to occur, where this is within the control of the Service Provider
    - reporting the alleged abuse to the appropriate authority
    - reviewing the Service User's Care and Support Plan to ensure that they are properly supported following the alleged abuse incident
- Using information from safeguarding concerns to identify non-compliance, or any risk of non-compliance, with the regulations and to decide what will be done to return to compliance
- Working collaboratively with other services, teams, individuals and agencies in relation to all safeguarding matters and having safeguarding policies that link with local authority policies
- Having clear procedures followed in practice, monitored and reviewed in place about the use of restraint and safeguarding
- Taking into account relevant guidance set out by the CQC
- Ensuring that those working with Service Users wait for a full Disclosure and Barring Service disclosure before starting work
- Training and supervising staff in safeguarding to ensure they can demonstrate the necessary competences.

See https://www.dorsetforyou.gov.uk/dorsetsafeguardingadultsboard, for information about the Dorset Safeguarding Adults Board including policy and procedures.

14. Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

14.1 Providers must at all times, comply with the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards legislation and follow the guidance within the Code of Practice. Copies of the Code of Practice should be available for staff to reference at all times. The legislation provides a framework to empower and protect people who may lack capacity to make some decisions for themselves. It makes it clear who can take decisions in which situations, and how they should go about this. It also allows Service Users to plan ahead for a time when they may lack capacity.

14.2 It covers major decisions about Service User's property and financial affairs, Health and Social Care, medical treatment and where the Service User lives, as well as everyday decisions about personal care such as what the person eats, where the Service User lacks capacity to make those decisions themselves.

14.3 The following are the five key statutory principles:

- Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
- A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- Just because a Service User makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
- Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
- Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

14.4 Providers must evidence that they have followed the legal procedures whenever a decision needs to be made by:

- carrying out the single clear test for assessing whether a person lacks capacity to make a particular decision at a particular time, if there are doubts about their capacity to do so
- following a non-exhaustive checklist of factors that decision-makers must work through in deciding what is in a person's best interests.

14.5 Providers must be aware that the Mental Capacity Act offers statutory protection from liability where a person is performing an act in connection with care or treatment of someone who lacks capacity, providing they have reasonable belief that the Service User lacks capacity in relation to the matter in question and that they have reasonable belief that the action they have taken is in the person's best interests.

14.6 Providers must make every effort to ensure the Service User is aware of their rights to plan ahead by considering the appointment of an Attorney to act on their behalf if they should lose capacity in the future and consideration of making an advance

decision to refuse treatment should they lack capacity in the future. The Act sets out clear safeguards for the making and application of an advance decision and it would be advisable to involve the person's medical practitioner.

14.7 Providers need to be aware that the Mental Capacity Act introduced two new criminal offences of ill treatment and wilful neglect of a person who lacks capacity. A person found guilty of such an offence may be liable to imprisonment for up to five years.

14.8 Providers need to ensure they refer for an Independent Mental Capacity Advocate (IMCA) as required under the legislation. An IMCA is someone appointed to support a person who lacks capacity but has no one to speak for them, such as family or friends. IMCAs must be involved when there are decisions about serious medical treatment or a change in the person's accommodation where it is provided by the NHS or a Local Authority, but may be involved where there are safeguarding issues or when it is seen to be beneficial at Care and Support reviews.

14.9 Providers must ensure that they comply with Section 6 of the Mental Capacity Act should they need to restrict or restrain a resident who lacks capacity to understand the need to protect themselves from harm, in their best interests. The person taking the action must:

- reasonably believe that the restriction or restraint is necessary to prevent harm to the person who lacks capacity, and

- the amount or type of restriction or restraint used and the amount of time it lasts must be a proportionate response to the likelihood and seriousness of harm.

14.10 If the Provider believes that the restrictions and / or restraints placed on a resident who lacks capacity to understand their need for this level of intervention amount to a deprivation of their liberty, then they must follow the legal process as defined within the Deprivation of Liberty Safeguards legislation, with reference to the guidance in the Code of Practice. Within the legislation, care homes and hospitals are referred to as Managing Authorities and Local Authorities and Primary Care Trusts as Supervisory Bodies.

14.11 Care and Support Plans must be regularly reviewed to determine whether the cumulative result of any necessary restrictions and restraints in the Care and Support Plan, made in the Service User's best interests, amount to what might be thought to be a deprivation of liberty.

14.12 Care and Support Plans must be reviewed regularly to consider whether there are less restrictive measures which could be in place whilst maintaining the necessary safeguards which are proportionate to the risk of harm. An approach will need to be made to the Court of Protection if the Service User is living at home or within a supported living environment or to the relevant Supervisory Body should they be admitted to a care home or hospital.

14.13 The Provider must ensure that a Senior Manager is always available to take responsibility for this legal process or that responsibility has been delegated to a staff member who fully understands the process so that resident's rights can be safeguarded at all times.

15. Fair Access, Diversity and Inclusion

15.1 Providers will demonstrate a commitment to fair access, fair exit, diversity and inclusion, and will ensure Service Users are well-informed about their rights and responsibilities under legislation.

16. Legal proceedings

16.1 The Provider is expected to be cooperative in all legal proceedings and enquiries that may be related to this specification terms at all times. The Provider must also inform the responsible Commissioning Partners of any information it might have that may lead to further inquiries by control authorities. The Provider must ensure that the responsible Commissioning Partners are aware of any legal proceeding it may have at any point in time.