Extra Care Housing –
Care and Support Specification

2019 to 2022
(with the option to extend for two 12 month periods to 2024)

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DEFINITIONS AND INTERPRETATION

Asset Based Approach	An asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain improved outcomes. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life's stresses. An asset is any of the following: • the practical skills, capacity and knowledge of local residents • the passions and interests of local residents that give them energy for change • the networks and connections – known as 'social capital' – in a community, including friendships and neighbourliness • the effectiveness of local community and voluntary associations • the resources of public, private and third sector organisations that are available to support a community • the physical and economic resources of a place that enhance well-being.
Authorised Officer	shall mean the Commissioning Team and/or the Contracts Management and Quality Assurance team and/or the Care and Support Sourcing Team and/or the Adults Social Care Team
Care Plan	means the overall plan produced and amended from time to time between the Service User and / or their Representative and the Provider(s) (and thereafter, agreed by the Council) describing all the Services that are to be provided to ensure that the Service User's assessed needs are addressed in accordance with the Support Plan
Care Services	means the services provided to Service Users under the Care Plan
Care Worker(s)	means the person(s) delivering care to Service Users
Commencement Date	means 01 August 2019
Commissioner(s)	the person(s) duly appointed by the Council and notified in writing to the Provider(s) to act as the representative of the Council for the purpose of the

	Contract in the Contract Particulars or as amended from time to time and in default of such notification the Council's Director of Adult Services or similar responsible officer
Contract	the agreement between the Council and the Provider(s)
Extra Care Housing (ECH)	Housing schemes comprising self contained units which offer varying levels of on site care and support.
Electronic Call Monitoring	shall mean the verification of the accuracy of timings through electronic date entry at the time of the starting and finishing work by the Provider(s)'s Employees
Employee	means the Provider(s)'s staff carrying out the Service and including but not limited to the Provider Manager, Named Worker and Worker
Equipment	means any items used by the Provider to deliver the Services. This could include items used within the Service User's apartment or within the staff office, sleeping accommodation or other scheme facilities and may include items supplied by the Housing Provider or Council.
Housing Provider/Manager	means in respect of Beechmere, Oakmere and Willowmere – Avantage/Your Housing Group, in respect of Heath View – Plus Dane Housing and in respect of Mill House – The Guinness Partnership.
Interface Obligations	means the obligations between the Care Provider(s) and the Housing Manager as set out in the Contract.
Named Worker	means the Worker named as providing Services to a Service User
Mobilisation Period	means the period after contract award and prior to the Commencement Date, during which the Provider must make preparations to provide the full service from the Commencement Date
Monitoring and Response	means the Service provided to all Residents regardless of whether they receive care and

	support which enables a swift and appropriate response to emergency situations
Older People	means the category of person who is eligible to be considered as a Resident within the ECH Scheme
Provider	the Care Provider, and where applicable this shall include the Provider's Employees, sub-provider's, agents, representatives and permitted assigns
Provider Manager	means the person appointed by the Provider to manage and supervise the Services
Referral	any referral issued by the Council to the Provider in respect of the Services
Resident	means someone who normally resides within the Extra Care Scheme
Scheme Information Packs	means documents containing information specific to each ECH scheme
Section 42	the Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom
Service User	means a Resident to whom the Services are provided under a Care/Support plan.
Services	means the services as detailed in the Service Specification
Sleeping Nights	the Care and Support Worker is expected to be available throughout the night to offer support and assistance.
Social Worker/Assessor	means the person appointed by the Council in relation to each Service User
Support Plan	shall mean an individual plan of care as more particularly described under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (or any other successor regulation / standard) for each Service User's care and support requirements as assessed by the Council

	in accordance with its statutory obligations under the Care Act 2014, but which shall be prepared in conjunction with the Service User, Relatives and other interested parties, and shall be implemented in accordance with the Service Specification
SVGA	Safeguarding Vulnerable Groups Act
Trusted Assessor	is a person who, when trained, will be able to assess for and prescribe a simple solution or basic piece of equipment to meet an individual's needs
Waking Nights	the Care and Support Worker is expected to remain awake throughout the night and be readily available to provide support and assistance

Section 1.0

1. Introduction and Service Description

1.1. Introduction / The Service to be Commissioned

The Council is committed through its statutory obligations and policies to continuously improve the quality of care and support services provided to Residents in Extra Care Housing (ECH). The Council is seeking one or more Providers to deliver ECH care and support services in the following ECH schemes within Cheshire East.

Lot 1 - Beechmere, Crewe
Lot 2 – Oakmere, Handforth
Lot 3 – Willowmere, Middlewich
Lot 4 – Mill House, Nantwich
Lot 5 – Heath View, Congleton

The Council seeks to enter into a Contract with Provider(s) and to establish the terms and conditions which will apply to arrangements for individual Residents under this Contract.

Successful Provider(s) will be expected to provide support to Service Users with care needs, complex health needs and end of life support at a level set out within this specification.

This service specification refers to the detail of the service provision, the rights of Residents, the tasks (service components) of the expected Service and the standards expected of the Provider(s) that meet the Service User's assessed eligible needs.

The purpose of services for Extra Care Housing care and support, is that they meet the assessed eligible needs of the individual as well as providing value for money for the Council in meeting their statutory obligations.

Providers must:

- Foster a culture of enablement and integration into mainstream activities wherever possible.
- Deliver high quality of care.
- Respond appropriately to the diverse and changing needs and outcomes of Residents.
- Recruit well trained, motivated Employees able to communicate effectively.
- Ensure Employees are appropriately trained to treat Residents with Dignity and Respect.

The Provider(s) will be expected to provide services within this context to the Residents. Dependent on the prevailing Resident profile, the Provider(s) shall deliver services for the following user groups which may overlap in the presentation and needs of individual Residents:

- Older People
- Dementia Care
- People with complex health needs
- Palliative and End of Life care
- Learning Disability non-complex
- Mental Health non-complex
- Physical Disability
- Supporting Carers and family members involved in the Service Users' care

Reference should also be given to the NICE Guideline "People's experience in adult social care services: improving the experience of care and support for people using adult social care services"

https://www.nice.org.uk/guidance/ng86/resources/peoples-experience-in-adult-social-care-services-improving-the-experience-of-care-and-support-for-people-using-adult-social-care-services-pdf-1837698054613

1.2. Service Vision

Our vision for social care in Cheshire East is that:

Residents of Cheshire East feel confident and assured that they are receiving the right support, in the right place, at the right price to maximise their independence, aid their recovery, and build their resilience to remain healthy and safe.

1.3. Overall aims and purpose of the service

The principle objective of the Service is to enable Residents to remain in their own homes within the ECH scheme wherever possible, whilst preserving maximum independence, minimising risks, achieving outcomes and promoting quality of life and social inclusion within the scheme. Provision is expected to complement and support informal carers where appropriate and to complement services offered by the Housing Provider/Manager in the scheme.

1.4. Eligibility

The Service provided is for Residents of the specified extra care housing scheme(s), some of who may have been assessed as having eligible needs under the Care Act 2014 and the Care and Support (Eligibility Criteria) Regulations 2014. The Council

seeks to enter into a Contract with Provider(s) and to establish the terms and conditions which will apply to arrangements for individual Service Users and Residents under this Contract.

As well as the provision of care and support for those Service Users who have been assessed as needing it, the Provider(s) will also provide a Monitoring and Response service for all Residents regardless of whether they have care or support needs. It is expected that this service will include the provision of a daily wellbeing check on Residents (unless individual Residents opt out) and the monitoring of personal alarms or other system to alert response staff in the event of an emergency situation.

1.5. Service Delivery Model

1.5.1. Refusal of Care Packages

The Provider(s) are expected to provide services for all Service Users within the relevant ECH scheme in accordance with the level of their individually assessed eligible care needs.

It is not expected that Provider(s) will refuse care packages unless the Provider(s) can demonstrate that the required services are outside the scope of this specification e.g. nursing care.

If the Provider(s) does refuse a care package, the Council may pass on any associated costs incurred by the Council to the Provider(s) if the required services are within the scope of this specification. This may include any payments made by the Council to the Housing Provider/Manager to ensure that the accommodation is retained for Council nominations.

1.5.2. Relationship with Housing Provider/Manager(s)

The Provider(s) are required to work closely with the Housing Provider/Manager to deliver a holistic, high quality service to Residents. It is essential for the success of this way of working, for all parties to be clear about their roles and responsibilities.

To this end the Provider and will be required to adhere to the Interface Obligations and agree a Joint Working Protocol with the Housing Provider/Manager as required under the Interface Obligations.

By agreeing to work closely together, the Provider(s) and Housing Provider/Manager(s) are making a commitment to:

- Recognise and support the role and contribution of carers
- Value their respective workforces and create an environment in which skills can be developed and career opportunities accessed
- Share key objectives
- Enable Residents to remain in their home of choice
- Promote independence and reduce dependency

    - Collaborate for mutual benefit
    - Communicate with each other clearly and regularly
  - Be open, honest and transparent with each other and treat each other with respect
  - Listen to and understand each other's point of view
  - Share relevant information, expertise and plans
  - Work together to attract the wider community to make use of the facilities on offer within the scheme if appropriate.
  - Work together with Residents and the wider community to plan and shape the community and social offer within the scheme so that it meets the needs and interests of the Residents and the wider community.

1.6. National and Local Policy

Provider(s) are expected to work towards the NICE standards as set out in the Homecare NICE guidance. The guidance sets out the best practice and was developed in consultation with Care Providers nationally and people who access services.

https://www.nice.org.uk/news/feature/home-care-guideline-key-recommendations-for-providers

The Provider(s) shall at all times conform to relevant external standards or best practice guidance as issued by Department of Health, Public Health England, National Institute of Care and Excellence [NICE], the Local Government Association and other respected evidence based evaluation bodies.

The Provider(s) will monitor changes in local and national policy and work with Commissioners to adapt the service, performance, outcome and output monitoring arrangements to reflect continued service development in line with such policy. The Provider(s) will ensure that the Services delivered in Cheshire East reflect such best practice and are compliant.

The Provider(s) must adhere to the following list of standards and good practice (this list is non-exhaustive and may be added to over the period of the Contract) where appropriate:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009 (as agreed with the individual inspector from the Care Quality Commission or Care Standards Inspectorate Wales or any other successor bodies)
- The National Service Framework for Older People
- The National Service Framework for Mental Health
- Department of Health (DOH) Guidance as issued
- The Care Act 2014
- National Institute of Clinical Excellence (NICE) Standards – as issued from time to time
- The UKHCA code of practice – United Kingdom Home Care Association

- European General Data Protection Regulations (GDPR)
- UK Data Protection Act
- Think Local, Act Personal
- Health and Safety at Work Act 1974
- Food Safety Act 1990
- National Framework for Long Term Conditions
- The Carers Charter
- North West Adult Safeguarding Policy
- Making Safeguarding Personal
- Learning Disabilities: the Health Charter for Social Care Providers
- The Safeguarding Vulnerable Groups Act 2006
- The Mental Capacity Act 2005
- Deprivation of Liberty Safeguards
- Dignity in Care 2010
- Health and Social Care Act 2008 (Registration of Regulated Activities / Regulations 2010)
- Freedom of Information Act
- The Equality Act 2010
- Ambitions for Palliative and End of Life Care 2015 -2020
- Putting People First
- Vision for Adult Social Care
- Capable Communities and active citizens
- The Human Rights Act 1998
- The Protection of Freedoms Act 2012 (DBS requirements)
- The Social Care Commitment

Regulations for the Care Quality Commission (CQC) of Care and Social Services Inspectorate for Wales (CSSIW) (or any other successor bodies), enforce statutory requirements and support and encourage the development of "good practice". This specification builds on this. Also the Provider(s) are expected to adhere to any future legislative changes or changes to national minimum standards of care to be delivered.

1.7. Provider(s)'s own Policies / Procedures

The Provider(s) is expected to have policies and Standard Operating Procedures in relation to the following and to keep these in line with prevailing legislation, national guidance or Council policy

As a minimum, there should be the following policies, procedures and plans in place:

- Health and Safety Policy including Lone Working
- Safeguarding / Vulnerable Adults Policy
- Complaints Policy
- Administration of Medication including prompts, handling, recording and auditing
- Manual Handling / Moving and Handling Policy

- DBS Policy
- Food Hygiene Policy
- Infection Control Policy
- Risk Assessment Policy
- Data Protection / Confidentiality Policy
- Whistleblowing Policy
- Supervision, Appraisal and Employee Development Policy
- Receipt of Gifts Policy
- Key Safe Policy (if applicable to the Scheme)
- Knock and Wait Policy
- Managing Challenging Behaviour Policy
- Business Continuity Management Plan (localised to Cheshire East)
- Social Media Policy
- Referral Policy/Procedure
- Freedom of Information Policy

1.8. Statutory requirements

It is a requirement that Provider(s) will be registered as a Homecare agency with the regulated activity being for “Personal Care” with the Care Quality Commission (CQC) (and its successors) and will maintain registration throughout the duration of this Contract. Therefore, the regulations required or registration (and their associated standards), and the monitoring of the achievement of those regulations and standards, are not duplicated in this specification.

The Provider(s) shall strive to maintain an overall rating of either “good” or “outstanding” over the five Key Lines of Enquiry by the CQC, the consequences of not achieving this are outlined within the Performance Monitoring Framework.

The Council requires that all Providers and their Employees delivering services under this Contract are fully aware of the Content of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009 (or any other successor regulations / standards), and will provide their services to the standards as agreed with their individual Inspector from the Care Quality Commission (CQC) or Care and Social Services Inspectorate Wales (CSSIW)(or any other successor bodies).

The Provider(s) is expected to comply with all current and future legislation relevant to this Service. Failure to comply with relevant legislation will be viewed by the Council as a reason to consider terminating the Contract.

1.9. Service demand / Evidence base

1.9.1. Population needs

The Borough of Cheshire East is a mix of rural and urban environments, covering an area of over 1,100km^2 with a population of 372,700 people. The Borough contains a number of relatively affluent towns and villages with pockets of deprivation, mainly in the towns of Crewe and Macclesfield.

Around 22% of the Borough's population is over 65 and 3% are over 85. Like all areas the Borough has an ageing population although the pace of growth in the over 65 and over 80 cohorts is greater than that for the North West and for England and Wales. For example, between 2001 and 2011 in Cheshire East there was a 26% increase in local residents aged 65 and over compared to 15% in the North West and 20% in England and Wales. A similar pattern is seen for local residents aged 85 and older where there was a 35% increase over the same time period compared to 20% for the North West and 24% for England and Wales.

Average life expectancy for the Borough is high at 83.8 years for females and 80.3 years for males.

Looking to the future the total population is expected to grow by 3.9% to 2028 with a 22.4% increase in the 65 and over population and a 52.1% increase in people aged 80 and over. This equates to an increase of 19,644 people aged over 65 and an increase of 12,875 people aged 80 and over. This highlights the need to commission a service which promotes independence and self reliance and to develop community services which prevent or delay the need for additional support.

Further information around the population of Cheshire East can be found in the Local Context document provided alongside this specification.

1.9.2. Vision for Extra Care Housing

Cheshire East Council's Housing vision is that:

All residents in Cheshire East are able to access affordable, appropriate and decent accommodation.

Extra Care Housing contributes towards the following priorities within the Council's Housing Strategy:

- improve the housing offer for an ageing population,
- promote independent living.

The Council believes that Extra Care Housing schemes offer more than just independent living for older people with on-site facilities and opportunities for social interaction. We believe that they can and should become an integral

part of the communities in which they are situated, through forging links with local groups and services and allowing access to scheme facilities to the wider population, with the aim of improving community cohesion and intergenerational relationships.

The Provider(s) of this service will be expected to share this ethos and whenever possible promote the benefits of this approach to Residents and potential Residents.

1.9.3. Current demand

The table below shows the number of Residents and the number of commissioned care hours for Lots 1 to 4 as at week ending 4th January 2019 and Lot 5 as at week ending 01 March 2019. Further detail showing the breakdown of the number of Residents and commissioned care hours by scheme is available within the Scheme Information Packs. It should be noted that the figures below and in the Appendix are subject to fluctuation as care needs and Resident profiles are subject to change.

Lot	Scheme Name	Total number of Residents	Total Commissioned Hours
1	Beechmere	143	439.25
2	Oakmere	60	266.00
3	Willowmere	78	220.50
4	Mill House	47	259.00
5	Heath View	45	166.00
TOTAL		**373**	**1,350.75**

Section 2.0

2. Service Outcomes

2.1. High level service outcomes

High level Outcomes are represented in the diagram below:

High level outcomes are to be achieved as follows (list not exhaustive):

- Person Centred Care
- Choices and Preferences
- Respecting & Involving Residents
- Care & Welfare of Service Users and Residents
- Safeguards from Abuse or Risk of Abuse
- Appropriate Workforce to Meet Needs
- Access to a Quality Service
- Right to Complain
- Record Keeping

Further detail around High Level Outcomes and Individual Service User Outcomes can be found in the Performance Monitoring Framework (PMF).

2.2. Service Aims and Outcomes - Local, Public Health, National

2.2.1. Personalisation

People value choice and control, and by encouraging people to take control of their own support services they can then be guided to plan the most effective way to meet their needs. This approach personalises the services that Service Users receive and so improves their quality of life. If a person is assessed as lacking the capacity to make specific decisions for themselves, then the process of best interest decision making (as described within the Mental Capacity Act 2005) needs to be implemented.

The Provider(s) will

- Enable the Service User to lead and engage in the process so that they learn or re-learn the daily living skills; have greater choice and control of how they use support services; improve their self esteem; better understand what these services are and who provides them. They should be encouraged by all of the Provider's Employees "to do" for themselves rather than be "done to". The outcome in achieving a Service User's potential should be a stable level of independence with the lowest appropriate level of ongoing support and the maintenance of emotional, mental and physical wellbeing.

- Work collaboratively with Service Users, Carers, families and key personnel from other providers. This will mean managing and using detailed Care Plans and programmes and ensuring such plans / programmes respond to the changing needs and the progress made by Service Users.

- Access and provide suitable supportive equipment for daily living, including assistive technology.

- Work with the Service User in appropriate settings. This may be their home and also the wider community.

- Take full account of the cultural diversity of Service Users and Residents, any individual ethnic or cultural needs and overcoming communication and cultural barriers.

- Ensure that all Employees are adequately trained in these new ways of working and that this can be demonstrated through their approach to Service Users and Residents.

Providers will acknowledge that all Employees are visitors in Service Users' (and where necessary, Residents') homes and act accordingly, for example:

- Acknowledge and respect Service Users'/Residents' gender, sexual orientation, age, ability, race, religion, culture and lifestyle
- Maximise Service Users'/Residents' self care abilities, independence and well being
- Recognise Service Users'/Residents' individuality and personal preferences.
- Provide support for informal carers and recognise the rights of other family members.
- Acknowledge that Service Users/Residents have the right to take risks in their lives and to enjoy a lifestyle of their choosing.
- Provide protection to Service Users/Residents who need it, including a safe and caring environment.
- Provide a consistent and high quality Service which is person-centred, flexible, reliable and responsive.

2.3. Meeting our overall objectives

The objective for this Service Specification is to provide the highest level of Extra Care Housing care and support services, whilst working within a budget that will need to meet the outcomes of growing numbers of vulnerable and older people throughout Cheshire East.

To support this objective, the Provider(s) must demonstrate that they have considered the points below when developing their Care Plans.

- Promoting the independence of Service Users to lead the life they wish and reducing their dependency on support packages through the use of a re-abling approach.
- The Service User will be recognised as a contributor to the delivery of their own Care Plan.
- Using person centred planning where the Service User will identify their outcomes and what is important to them, or by Best Interest Decision Making if the Service User is unable to identify their chosen outcomes themselves.
- Provider(s) will regularly review and update support to reflect changes in Service Users' abilities and not build dependency.

- The use of re-abling Care Plans, particularly during initial Care Plans but throughout the whole support journey, to minimise the level of need for the next step of support.

- Ensuring Employees are trained and supported to deliver the services provided under this care specification.

- Recognising that Service Users with capacity are able to make their own choices and decisions regarding risk with the support and advice of others where required.

- Using assistive technology where it is a viable alternative to direct support.

- Maximising the use of occupational therapy support and equipment for Service Users.

- Working with Service Users to help them improve so that care services can be reduced over time.

- Continuously reviewing the achievement of, and progress towards, outcomes as opposed to the focus on inputs being delivered by Providers.

- Working with carers to establish an “enabling” ethos to the support that they deliver.

- Working with families to help them understand this way of working

The Provider(s) and the Council will work to the principle of providing the minimum amount of service required to meet the outcomes specified. This is in order to:

- minimise dependency and so maximise self reliance
- make best use of the total amount of resource available to meet the needs in the ECH scheme
- minimise the cost to the Service User.

The Provider(s) will maintain effective relationships with the Service User which will enable continuous adjustment of Care Plans to match their level of need.
The Provider(s) will deliver a person centred approach (defined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) to Service Users at all stages of support.

2.4. Service Values

The following Service values and approaches underpin the Service aims and ethos which the Provider(s) are to adhere to:

- Openness and trustworthiness

- A commitment to quality
- Dignity and respect
- Collaboration
- Communication
- Personalisation
- Compassion and empathy towards all Residents
- Providing support for individuals or groups facing greater social or economic barriers
- Third sector engagement
- Community engagement
- Market development

2.5. Think Local, Act Personal (TLAP)

Think Local, Act Personal is a sector wide commitment to moving forward with personalisation and community- based support, endorsed by organisations comprising of representatives from across the social care sector including local government, health, private, independent and community organisations.
The Provider(s) should make themselves and their Employees aware of the TLAP "I Statements" as detailed below, and ensure this informs part of Employee induction and training:

Personal budgets and self-funding. My money

- "I can decide the kind of support I need and when, where and how to receive it"
- "I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it's my own money, direct payment, or a council managed personal budget)"
- "I can get access to the money quickly without having to go through over-complicated procedures"
- "I am able to get skilled advice to plan my care and support, and also be given to help to understand costs and make best use of the money involved where I want and need this"

Risk enablement. Feeling in control and safe

- "I can plan ahead and keep control in a crisis"
- "I feel safe, I can live the life I want and I am supported to manage any risks"
- "I feel that my community is a safe place to live and local people look out for me and each other"
- "I have systems in place so that I can get help at an early stage to avoid a crisis"

Workforce. My support employee

- "I have considerate support delivered by competent people"
- "I am supported by people who help me to make links in my local community"
- "Flexible integrated care and support. My support my own way"
- "I am in control of planning my care and support"

- “I have care and support that is directed by me and responsive to my needs”
- “My support is coordinated, co-operative and works well together and I know who to contact to get things changed”
- “I have a clear line of communication, action and follow up”

Active and supportive communities. Keeping friends, family and place.

- “I have access to a range of support that helps me to live the life I want and remain a contributing member of my community”
- “I have a network of people who support me – carers, family, friends, community and if needed paid support employee”
- “I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities”
- “I feel welcomed and included in my local community”
- “I feel valued for the contribution that I can make to my community”

Information and Advice. Having the information I need, when I need it.

- “I have the information and support I need in order to remain as independent as possible”
- “I have access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date”
- “I can speak to people who know something about care and support and can make things happen”
- “I have help to make informed choices if I need and want it”
- “I know where to get information about what is going on in my community”

For further information please see attached link for the TLAP website:
http://www.thinklocalactpersonal.org.uk/

2.6. Service Principles

2.6.1. Social and Community Assets

This Contract is based on people’s outcomes underpinned by the principles of choice, control and independence, enabling Service Users to seek alternatives to care through improved access to the wider community settings.

The Provider(s) is to support Service Users and Residents to remain in the community and prevent, reduce or delay the need for more intensive care and support. In particular the Provider(s) shall:

- Develop an Asset Based Approach to delivering Services within the ECH scheme; nurturing an inclusive community which adds social value
- Enable everyone to make a contribution
- Increase independence, making the best use of local knowledge and networks within the Borough
    - Improve the quality of life and social inclusion for Service Users and Residents

- Engage with local communities, Providers and the Council in a way that improves the Service effectiveness and equity across the Borough
- Increase and support voluntary activity where appropriate
- Use innovative approaches through utilising networks already in existence and developing/supporting the development of healthier, more engaged and supportive communities
- Display a willingness to work in partnership with others to develop added value, which may include actively seeking funding from external sources to continue to develop and promote Services locally

The Provider(s) will use community resources to make Care Plans more cost effective and promoting social / community inclusion, an example of this could be making use of community resources (such as, friendship networks, community centres, etc.). They will also support Service Users and Residents to make best use of assistive technology, such as community equipment to support activities of daily living.

The Provider(s) is expected to encourage the Service Users and Residents to make best use of available preventative, universal and voluntary, community and faith sector provision, together with the Service User's/Resident's own support network, to improve outcomes and reduce demand for statutorily funded services. This will include helping the Service User/Resident to access relevant information about available services or otherwise signposting to services, and local Connected Community Centres.

2.6.2. Cheshire East Council Connected Communities

http://www.cheshireeast.gov.uk/council_and_democracy/connected-communities/connected-communities.aspx

The Provider(s) will also signpost Service Users and Residents to resources such as the Cheshire East Live Well Website and One You service.

http://www.cheshireeast.gov.uk/livewell/livewell.aspx
http://www.cheshireeast.gov.uk/livewell/health-matters/keeping-well/one-you-cheshire-east/one-you-cheshire-east.aspx

The Provider(s) will also be expected to maintain information about their services and business within the Live Well Cheshire East Directory.

2.7. Social Values

The Provider(s) will be expected to identify targets within their model aligned to one or more of the following social value objectives:

- **Promote employment and economic sustainability** – tackle unemployment and facilitate the development of skills

- **Raise the living standards of local residents** – working towards living wage, maximise employee access to entitlements such as childcare and encourage Providers to source labour from within Cheshire East

- **Promote participation and citizen engagement** – encourage resident participation and promote active citizenship

- **Build the capacity and sustainability of the voluntary and community sector** – practical support for local voluntary and community groups

- **Promote equity and fairness** – target effort towards those in the greatest need or facing the greatest disadvantage and tackle deprivation across the borough

- **Promote environmental sustainability** – reduce wastage, limit energy consumption and procure materials from sustainable sources

The Provider(s) will undertake a Cost Benefit Analysis (CBA) for their identified social value targets, which will be monitored through the contract monitoring process.

Section 3.0

3. Service Requirements and Deliverables

3.1. Service Model

This specification covers the provision of care and support at the following ECH schemes:

Lot 1 – Beechmere, Crewe
Lot 2 – Oakmere, Handforth
Lot 3 – Willowmere, Middlewich
Lot 4 – Mill House, Nantwich
Lot 5 – Heath View, Congleton

The Service Model is characterised as providing a flexible service which is capable of responding to changing care and support needs of Residents as follows:

- A 24 hour 7 days a week Monitoring and Response service for all Residents regardless of whether or not they receive care which enables a swift and appropriate response to emergency situations
- Care provision in line with Support Plans for Service Users who have been assessed as needing care
- Night time response cover which is appropriate to the Resident profile within each scheme (see Scheme Information Packs).

3.2. Service Model Requirements

3.2.1. Operational service requirements

The Provider's 24-hour, seven days a week on-site team's main role is to:

- Provide personal care, practical support and some housing-related support (e.g. assistance with heating controls) to Residents between 6am and 11pm.

- Provide an emergency response service during the hours of 11pm to 7am. Provider(s) are expected to employ a minimum of two care workers, one Waking Night and one on a Waking or Sleeping Night basis according to the needs of Residents

- Monitor installed telecare and responding to emergency calls from personal telecare such as pendants, pull-cords, falls monitors, bed sensors, etc. and building sensors such as heat, smoke and flood sensors 24-hours a day.

- Take responsibility for building security in the absence of the Housing Provider and provide daily calls to Residents not in receipt of regular care and support to check on their wellbeing (unless the Resident opts out of this service).

The Provider(s)'s team should also encourage Residents and Service Users to participate in the onsite events and activities and community events and activities where possible, and to use onsite facilities such as the assisted bathroom, hairdresser, etc.

3.2.2. Eligibility Criteria

The Service is primarily provided for Older People, some of whom have been assessed as in need by the Local Authority under the Care Act 2014 and the Care and Support (Eligibility Criteria) Regulations 2014 and associated legislation. However, some schemes will accept younger people who have been assessed as having a care need and it is expected that the Provider would provide service for any Resident with assessed care needs.

Each scheme has different age criteria as presented below:

Lot 1 - Beechmere – over 60s or persons of any age who have care needs.

Lot 2 - Oakmere - over 60s, unless someone is in need of care by reason of health or social need.

Lot 3 - Willowmere – over 55s

Lot 4 – Mill House – over 55s

Lot 5 – Heath View – over 55s

3.2.3. Resident Induction

The Provider(s) shall conduct an introductory meeting with each new scheme Resident during which they are required to discuss the needs of the Resident as set out in their Support Plan if they have one and develop a Care Plan to help meet their needs, if applicable. They should also explain to all Residents what is covered by the Monitoring and Response Service, demonstrate how equipment such as pull cords and/or pendants work and the circumstances in which it is appropriate to use the pull cord and/or pendant. They are also required to supply an information pack including the Statement of Purpose to each Resident (see section 4.12 of this specification).

The Provider(s) shall monitor the Resident every day for the first 7 days (unless the Resident requests otherwise) to ensure that they are safe and comfortable in their apartment. These reviews will be documented, a copy

kept on the Residents' file, a copy made available to the Provider(s) and a copy made available to the Council on request.

3.2.4. Services

The Provider(s) shall provide the Services 24-hours a day, 7 days a week, 365 days a year (or 366 days in a leap year).

The Provider(s) shall ensure it has adequate numbers of staff at the scheme(s) at all times to provide the care services for each Service User and the Monitoring and Response Service for all Residents. There will be a minimum of two staff on site at all times in any event.

The Provider(s) shall ensure it has adequate numbers of staff at the scheme in accordance with the relevant Housing Provider's fire evacuation procedure. There is currently a Stay Put policy at all schemes, which allows for Residents to stay in their apartments where possible, reducing the need to evacuate vulnerable Residents who may have mobility difficulties, and allowing the fire marshals within the scheme to better co-ordinate incident management. Phased evacuation procedures will be put into place evacuating people in the zone where the alarm activation has taken place to the next fire protection zone. The Provider(s) shall ensure that at least 1 member of staff is a fully trained, designated Fire Marshall on duty outside of office hours. Further information will be outlined in the Interface Obligations between Housing and Care Provider(s).

The delivery of care is intended to be flexible according to the needs of the individual Service User. For example, someone who has an assessed need of 10 hours per week may only need 7 hours of care one week due to attendance at medical appointments or other personal reasons. The Provider(s) shall encourage the Service User to advise them in advance of any upcoming event that could temporarily or permanently impact on their care needs. The Provider(s) will need to submit variations to the Council as detailed in accordance with the Pricing Schedule of the Contract.

3.2.5. Monitoring and Response Service

Every Resident will have access to the care team 24-hours a day for emergency support needs via the scheme's emergency call system. This may be via a pendant, falls monitor or pull-cord.

Examples of an emergency could include:

- Falls within the Resident's apartment, communal areas or curtilage of the scheme
- Assistance to undertake tasks specified in the Service User's support plan outside of the normal hours of care where any delay would have an adverse impact on the Service Users' health, wellbeing or dignity. Examples could include but are not limited to assistance to use the toilet in

the event that the Service User (or Resident) is unable to get to or use the toilet themselves or assistance to change hygiene products, dress or wash.

- Where a Resident reports an accident or emergency health issue.
- Where it is suspected that the Resident poses a danger to themselves or others. In such cases it may be more appropriate for the care staff to contact the emergency services and/or a family member.
- Where there is an emergency situation within the building such as flood, fire or loss of power.

The above examples are not exhaustive and the Provider(s) shall from time to time be required to use their professional judgement on what does and does not constitute an emergency.

The Provider(s) will also monitor and respond to scheme telecare monitoring systems such as apartment heat, smoke and /or flood detectors. Occasionally, after proper procedures have been followed, door monitors may be activated or installed and will also require monitoring and response.

At any time the Provider(s) will respond appropriately to any urgent requests for assistance from a Resident or activation of scheme monitoring systems within five minutes of receiving the request via the designated call system or any other means.

Additionally, the Monitoring and Response service will include:

- 24/7 staffing to meet unplanned needs for all Residents (i.e. those with and without assessed care needs)
- Telecare Alarm response, Fire Alarm response
- Building security etc. when the Housing Provider is not on-site
- Other support/services that may be required e.g. housing related support, wellbeing checks throughout each day, etc.

The Provider(s) and Housing Provider/Manager together will attempt to minimise the number of non-emergency calls via regular communication with Residents as to what constitutes an emergency and advice on how to use the pull cords or pendants effectively.

3.2.6. Night Provision

The commissioned service will be required 24-hours a day, seven days per week, including Bank Holidays, 365 days a year (366 days in a leap year). Provided that the needs of Service Users are met, the night provision can be a combination of Waking and Sleeping Nights.

The Scheme Information Pack provides more information on the current night provision within each scheme. However, it should be noted that the requirements for night provision are subject to change in accordance with the prevailing needs of scheme Residents. Provider(s) will be expected to

demonstrate flexibility to respond to changing care needs and Resident profiles within the schemes.

Full risk assessments must be completed to support the decision on the combination of waking and sleep-in support and the Provider(s) must be prepared to increase or reduce the level of cover over the duration of the contract, should the needs of the Residents require this and/or the Council request it. The Contract Price should allow for some flexibility in the level of cover provided.

Where Waking Nights are required the Provider(s) shall provide care and support to Service Users and a Monitoring and Response Service for all Residents between the hours of 11pm and 7am as required. The Provider(s) shall ensure that staff providing the waking night service are alert and awake and attentive to the needs of the Residents at all times.

3.2.7. Assistance with daily tasks

The Provider(s) shall provide Care Services for each Service User in accordance with the Service User's Care Plan and Support Plan which may include, without limitation:

(a) Assistance with daily tasks, including without limitation assistance for Service Users with getting up, going to bed, mobilisation, dressing, washing, bathing, personal grooming; dressing changes; hygiene and nutritional management;

(b) Assistance with continence management;

(c) Working together with other health professionals in addressing medical problems and remedying physical and mental difficulties;

(d) Assistance with medication;

(e) Making drinks, preparing meals/snacks, cooking meals and/or support to use the restaurant.

(f) Assistance with shopping; pension/prescription collection and other daily routines. Assistance in managing finances and benefits, including assistance in paying bills (See Section 3.2.8).

(g) Assistance with preparing laundry, washing and drying laundry and ironing

(h) Assistance in developing domestic/life skills; cleaning in kitchen and bathroom, making/changing the bed; cleaning floors and dusting.

(i) Assistance for Service Users on trips for recreational visits, accessing or participating in activities, events and/or attending appointments (such as hospital appointments);

3.2.8. Service Users Finance and Administration

The Provider(s) shall provide finance and administration support for each Service User in accordance with the Service User's Care Plan and Support Plan. This includes support in dealing with the financial and administration tasks needed to enable them to remain independent in their own home taking into account their ability to make (or develop the ability to make) informed choices in all areas of their budgeting and financial control, and may include (without limitation) assistance (including signposting where appropriate) with the following:

(a) assisting the Service User with budgeting and payment of household bills;

(b) assisting the Service User setting up and maintaining their personal bank account(s) as far as reasonably possible (for example, accompanying Service User's to the bank);

(c) support with reading, writing and responding to correspondence, including official letters and informal mail such as birthday cards, and signposting Service Users to further support with correspondence where required;

(d) facilitating access to advocacy Care Services and signposting to appropriate debt support Care Services (e.g. Citizen Advice Bureaux).

When there is a requirement for the Provider(s) to handle Service Users' money, the Provider(s) shall:

(a) maintain comprehensive records of all payments made by Service Users to Employees, for example, pay for shopping or transport costs. Records shall include the date, the item purchased or paid for, the cost of the same, the amount of any change handed back to the Service User and the date the purchases and/or change were handed over to the Service User; and

(b) ensure that its Employees provide the Service Users with an appropriate receipt (which should be itemised where multiple or large purchases are involved) for each payment or purchase and that receipts are handed promptly to Service Users

The Provider(s) shall obtain and maintain insurance to ensure that all property and cash belonging to any Service User (including any Service

User contributions which have been collected by the Provider(s) or its Employees) are fully insured against loss or damage to the Council's reasonable satisfaction whilst the same are in the possession of Employees.

The Provider(s) shall without any undue delay reimburse the Service User, in respect of the loss of cash or loss/damage of property belonging to the Service User whilst in the possession of Employees, regardless of the fact that any consequential insurance claim by the Provider(s) may still be outstanding.

Where the Council is acting as the agent legally appointed to manage a Service User's financial affairs, the Provider(s) shall, on request, arrange for the collection of cash (from a specified Council office) to pay for essential items. In such cases this requirement will be documented in the Care and Support Plan and in the Provider(s) Care Plan. The Provider(s) Employee shall sign for such monies and provide receipts.

3.2.9. Activities

The Provider(s) shall assist the Housing Provider with the design and implementation of a programme of activities within the Scheme for Residents and the local community where required ('Activities').

The Provider(s) shall provide assistance to those Service Users who have been assessed as needing it in order to participate fully in Activities, where they choose to.

The Provider(s) shall ensure Service Users are able to participate in discussions and initiatives relating to the organisation of Activities and arrange for an advocate where necessary for those who require one in order to contribute their views and wishes.

The Provider(s) shall meet with the Housing Provider/Manager weekly, or at such intervals as agreed between the Provider(s) and Housing Provider/Manager, to discuss the upcoming programme of Activities and conduct a review of previous Activities.

3.2.10. Access by the wider community

As a key principle of Extra Care Housing, access to the on-site facilities is open to people living in the wider community.

The Provider(s) shall work collaboratively with the Housing Provider/Manager to develop the scheme to promote its use by non-Service Users and the wider community.

The Provider(s) shall actively promote to Service Users the principle of interactivity with the wider community and challenge attempts by Service Users at excluding access to on-site facilities by the wider community.

Where on-site facilities and activities are being accessed solely by Service Users, and community inclusion appears to be failing, the Provider(s) shall inform the Housing Provider/Manager and the Council of this and further collaborative work shall be undertaken to seek solutions to this.

3.2.11. Level of Service

The level of support and desired outcome of the service provided to each Service User will be described in the Service User's Support Plan.

The Provider(s) is expected to deliver a service with sufficient flexibility to respond to increasing care needs in a timely manner and to ensure that sufficient staff are available to deliver the service.

The Provider(s) is required to notify the Social Care Team if they feel that any Service User's care needs have increased to such an extent that a review of their Support Plan is required.

The Service Level and therefore the amount paid per month by the Council may increase or decrease to reflect the number of actual hours of care delivered by the Provider(s).

3.2.12. Payment

The Provider(s) will be contracted to deliver the Services for a specified scheme or schemes.

The table below shows the approximate number of assessed hours of care within each scheme:

Lot	Scheme Name	Commissioned Hours
1	Beechmere	439.25
2	Oakmere	266.00
3	Willowmere	220.50
4	Mill House	259.00
5	Heath View	166.00
	Total	**1,350.75**

The Commissioned hours per week data above was accurate as at week ending 4th January 2019 for Lots 1-4 and week ending 1st March 2019 for Lot 5. The Commissioned hours are subject to fluctuation, therefore, the above acts as a guide for Provider(s).

The four weekly payment to Provider(s) is made up as follows:

- Delivered hours calculated at a cost of number of delivered hours x Provider(s) Hourly Rate.
- Monitoring and Response Service charge for a four weekly period
- Night Provision charge for a four weekly period

The Council reserves the right to introduce, in consultation with the Care Provider(s), a new model of payment during the Contract Period that recognises outcomes achieved for the Service, Residents and Service Users. Additionally, there may be a requirement, under continuous service development, to change the way the Provider(s) is paid. Any such changes would be the subject of consultation with the Provider(s) and Residents.

3.2.13. Holistic Approach to Health

The Provider(s) shall ensure that (this list is non-exhaustive):

- Employees work where appropriately in partnership with GP practices to ensure that the health of the Service Users is viewed holistically;
- Good pathways for care are maintained between the Provider(s) and hospital admissions; and
- There is a suitable, consistent and timely transfer of Personal information and Personalised Information regarding Service Users between organisations
- The Provider(s) will need to support the Health care of the Service User under the direction of their GP, District Nurse, Community Matron etc. where this has been specifically agreed and the Employees have received the appropriate training and have been deemed competent by a health care professional.

3.2.14. Dealing with Dementia

Some adults within any Service User category will develop dementia. This may not always be related to the initial reasons for providing services. However, Provider(s) are required to be able to offer a continuous service to these Service Users. They will do this by introducing Employees with particular skills and training relating to dementia as well as any prior needs and also a more flexible approach to scheduling service delivery. Whilst continuity and reliability is important for all Service Users it will become particularly crucial for Service Users with dementia.

In order to meet needs associated with dementia, the requirements of the Provider(s) include: (these are non exhaustive):

- To offer people with Dementia companionship and stimulation through activities that are enjoyable and have a purpose relevant to their Service User needs and preferences.
- Enable Service Users to achieve stability and to develop and maintain their independence within the Community.
- Operate within multi Provider provision in line with the National Dementia Strategy for example attending multi agency meetings etc..
- Ensure that support needs are regularly monitored and reviewed, so that the Service can respond quickly and sensitively to new or changed needs.
    - Work in close co-operation with Service Users and their Carers.

- Ensure that Employees providing this Service have received specific training about caring for people with dementia, and that this training is refreshed on an annual basis.
- Have completed an assessment in respect of risk to the Service User in their home and health and safety requirements for Employees in the Service User's home environment.
- To deliver care at all times with compassion and empathy in a respectful and non-judgemental way.
- To encourage the use of community Services such as specialist psychiatric teams and / or palliative care teams
- To encourage Employees to become Dementia Friends
- Have a policy in place to deal with the administration of covert medication

The Provider(s) shall comply with the NICE guidelines on supporting people with dementia and their carers in Health and Social Care.

3.2.15. Providing Palliative and End of Life Care (EoLC)

Palliative and End of Life Care (EoLC) will be applicable to some Service Users and for some this will include supporting families and / or those close to the Service User.
The Ambitions for Palliative and End of Life Care 2015 – 2020 set out expectations for individuals and their carers as part of their EoLC. It is essential that Employees are competent to deliver EoLC regardless of their role or the setting in which care is being delivered.

http://endoflifecareambitions.org.uk/

Care should be well planned and coordinated with the quality assurance being delivered to a high standard, all of which must be detailed on the Service User's Care Plan.

The requirements of the Provider(s) will include (this is non exhaustive):
- Operate within a multi Provider provision in line with the Ambitions for Palliative and End of Life Care 2015 - 2020;
- Ensure that Employees are aware of and understand the Six ambitions for Palliative and End of Life Care and the building blocks that support delivery of the Six Ambitions
- Ensure that Employees have received specific training which links with the National EoLC Core Skills Education and Training Framework 2017
- To be aware of the NHS NW EoLC model (or any other successor model) and how the Provider(s) service is provided along this pathway;
- Ensure that information is captured, stored safely and appropriately shared to facilitate the delivery of the right end of life care, at any time of day or night.
- Ensure that Employees are able to recognise / identify when a Service User is moving along the pathway and therefore, their EoLC needs will need to be reviewed / re-assessed;

- Ensure that Service Users who are recognised to be in their last days and hours of life, and their significant others, are cared for in accordance with the Five Priorities for care for the Dying Person (2015)
- Ensure that Service Users are able to discuss their needs and preferences with a Worker who is competent and confident in having those discussions whilst also being aware of their own limitations and when to refer on to other services for additional support;
- Service Users at the end of life are asked about their wishes and preferences. They receive an holistic assessment of their needs, which is reviewed.
- Care planning for end of life is personalised, optimises independence and quality of life for as long as possible and ensures that the choices people have made about their EoLC, including where they wish to die are recognised and supported.
- Pain and symptoms of discomfort are managed effectively
- Psychological and emotional support needs are recognised and addressed in the delivery of care so that planning takes account of the needs of the whole person.
- Ensure the needs of carers are recognised and included in the overall approach to care delivery.
- The role of carers and families / advocates, including children and young carers, must be respected. They are involved, communicated with and have their needs addressed by referral to the Carers Hub and/ or The Council if appropriate.
- The Provider(s) work collaboratively with generalist and specialist teams to provide effective and timely care and support

3.2.16. Dealing with Challenging Behaviour

A number of users of health and social care support may require specialist provision due to the nature, complexity and unpredictability of their needs.

Specialist provision includes supporting Service Users with challenging needs resulting from behavioural and psychological symptoms of their illness or disability.

These may be referred to as “challenging behaviour” and usually as a result of functional or organic brain disorders such as mental health problem, learning disability, dementia, or as a result of substance misuse. It must be recognised that “challenging behaviour” is in itself a form of communication within the context of impaired or lost communication skills.

It is expected, that the Provider(s) have the necessary capability to deliver against the service requirements and any specified outcomes within a Support Plan. This includes ensuring that:

- Where Employees are supporting Service Users who are seen as posing a challenge, the Provider(s) shall ensure that Employees are appropriately trained and that these Employees, where appropriate (and as a general

rule, as a last resort), use restraint in the least restrictive manner to protect the Service User from self harm .

- The ‘management’ of “challenging behaviour” should be through a person centred approach. This should recognise this behaviour as an attempt to communicate unmet need or distress. The Provider(s) should seek to understand and respond appropriately to the communication, rather than seeking to ‘manage’ the behaviour. There will be some Service Users for whom the behaviour presents a continuing risk to themselves and others and at times, may need specialist provision and input to appropriately meet their presenting needs.
- The Provider(s) shall maintain a record of the number of hours of care and support provided by its Employees to each individual Service User in order to document how the Service Users have been supported through the provision of the services, including the type of support, for example financial, personal care, social activities etc.
- The Provider(s) will have an up to date Policy on dealing with behaviour that challenges and this will be readily available to Employees. The Policy will demonstrate agreed strategies in helping manage Service Users who present challenging behaviour.
- The Provider(s) must use a positive behaviour support framework for developing an understanding of a Service Users’ challenging behaviour. It must include:
    - Personalisation of both assessment and care and support arrangements
    - Systematic assessment of the Service Users’ behaviour
    - Attention to the broader context to ensure that other factors influencing the individual’s behaviour are properly understood
    - Development of both proactive and reactive support arrangements
    - Preventing the Service Users’ challenging behaviour as much as possible through the provision of a more helpful and less challenging environment
    - Avoiding support arrangements that punish the person in any way or create unnecessary restrictions on their freedom of movement and choice

Employees will be able to:

- Use appropriate communication skills when supporting a Service User i.e. make reasonable adjustments to develop the most effective ways of understanding and communicating the Service User’s experience, help others to understand them and find ways of responding.
- Support families and friends, and make best use of their expert knowledge of the Service User.

3.2.17. Understanding the Mental Capacity Act 2005

Some Service Users will fall within the provisions of the Mental Capacity Act and Provider(s) are required to have regard to the Mental Capacity Act Code of Practice and to understand the implications of this in relation to services;

and to consider such implications and include such considerations in the Service User's Care Plan.

The Provider(s) should have a good understanding of the definition of a Deprivation of Liberty and should report any suspected Deprivation of Liberty to the Council, through the Service User's allocated Social Worker / Assessor, or the appropriate social work team if the Service User's case is not allocated to a specific Social Worker / Assessor.

The Mental Capacity Act 2005 for England and Wales provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to prepare for a time in the future when they may lack capacity.

The Code provides guidance to all professionals in working with people who lack capacity, including empowering and protecting 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 people to plan ahead for a time when they may lack capacity. It will cover major decisions about someone's property and affairs, healthcare treatment and where the person lives, as well as everyday decisions about personal care (such as what the person would want to wear), where the person lacks capacity to make those decisions themselves.

There are five key principles in the Act:

- 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 an individual makes what might seem 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.

The Provider(s) and their Employees should access training as required in relation to the Mental Capacity Act and the issue of deprivation of liberty.

3.2.18. Treating Service Users, Carers and Individuals with Dignity and Respect

The Provider(s) must comply with the Department of Health's Dignity Challenge Initiative and ten point dignity challenge.

https://www.dignityincare.org.uk/About/The_10_Point_Dignity_Challenge/

Employees will keep within the agreed time bands of visits and the Provider(s) should notify Service Users of changes or delays.

Employees should understand that conversations with Service Users and carers provides an important opportunity for social contact and are vital in helping to meet their social and emotional needs. Such conversations should focus on the interest of the Service User and will form part of the Employees induction and training process.

The Provider(s) should, therefore, ensure that conversation with the Service User is a normal part of the Worker's duties within the realms of professional boundaries. Provider(s) must ensure that Employees do not ignore Service Users in any conversations, do not use mobile telephones for personal use while providing support and maintain appropriate confidentiality about other Service Users,
Employees and the Provider(s) as their employer.

Employees must be familiar with any special requirements of the Service User and Carer e.g. hair care, dress, toileting needs, particularly critical preferences, spiritual and cultural needs.

The Provider(s) should ensure that Service Users are consulted on all matters concerning their support, treatment and general welfare and, where appropriate, options should be offered and explained.

The Provider(s) will respect the preferences of Service Users regarding their daily routines (for example, when to get up and go to bed, where, when and what type of meals are served, and how tasks are undertaken) and will ensure that all employee are aware of, and respect, these choices.

The Provider(s) is required to consider such implications (as above) and include such considerations in the Service Users Care Plan.

The Provider(s) should endeavour, whenever practicable, to give Service Users a choice of the gender of the Worker providing personal support. In some instances, there will be a very specific reason for a particular gender of Worker, for example cultural reasons.

3.2.19. Medical Attention / Medication

The Provider(s) must support the Service User to take their medication in a safe and timely manner as instructed in the Care Plan. The Provider(s) must ensure that the Service User understands their medication regime as fully as possible.

Within the scope of this Service the Provider(s) will ensure the following (but without limitation to):

- Certifying that robust and regularly reviewed medication policies are in place

- Having clearly documented training records for Provider(s) Employees which include schedules for refresher training.
- Where a Service User has specific medication needs, that are within the scope of this Agreement, the Provider(s) is responsible for Employees having access to specific and relevant training and advice
- Ensuring administration is in line with the prescription and that regular medication audits and Employees field observations are conducted
- Making sure that administration of medication is appropriately recorded and that procedures are in place for escalation of non-compliance
- Ensuring that the Service User is aware of the purpose of the medication, its importance and the effects of use on pain and condition management i.e. there may be specific types of medication such as warfarin where a change of dosage is required regularly, there may be specific types of medication such as medication for Parkinson's disease that are time critical
- The Service Users' medication records must comply with legislative requirements and best practice to ensure that there is a clear audit trail
- Service Users who wish to self-administer their medication should be supported to do so, a risk assessment completed and a clear Care Plan in place
- Where Service Users either refuse or are unable to take their medication, this is to be documented and reported to the office and relevant professionals immediately
- Any concerns regarding a Service Users' medication need to be documented and reported to the relevant professional immediately
- Service Users are to be supported with the application and safe disposal of medicated patches
- Where required, to support with the safe disposal of unused prescribed medication
- Where applicable, relevant safeguards and practices are to be implemented with regards to medication administration and storage i.e. medication safe
- Where there is deviation from the commissioned visit times, it is the Provider(s) responsibility to ensure that medication is taken safely, that sufficient time is given between visits and that this is communicated to the Service User
- Where required, Care Employees will support with or administer medication via a PEG following completion of the relevant training from a qualified clinical professional, e.g. a District Nurse
- Have in place a process in place with health and social care professionals on administering covert medication e.g. medication for Dementia where the Service User is not aware. Any arrangements for covert medication must be included in the care plan.

All Service Users who require any support with medication or prescribed ointments will require a Medication Administration Record (MAR) in their property for completion by Employees. The MAR must at a minimum:

- Be legible and professional

- Clearly record the Service Users' name
- Clearly record the Service Users' medication, listed separately
- Clearly record the frequency, dosage and any other information relating to each medication (such as the use of INR booklets)
- Be signed by each individual member of Employees who has supported with medication for every visit including when medication has been refused
- Have the date clearly and accurately recorded
- Have any applicable codes clearly recorded and utilised as per the key code on the MAR

If medication is prompt only, the Provider(s) is to ensure that either a relevant code for this is available on MAR documentation to be used by Employees or that the prompts are clearly recorded in the daily care notes booklet.

All records are to be made available to the Council upon request including physical hard copies and scanned / electronic copies.

3.2.20. Hygiene, Skin Integrity & Tissue Viability

The Provider(s) must work in partnership with the Service User and relevant professionals to ensure that skin integrity is promoted at all times.

Within the scope of this Service the Provider(s) will ensure the following (but without limitation to):

- An assessment of skin integrity risk is undertaken regularly reassessed monitored and reviewed, liaising with the Tissue Viability Nurse or District Nurse teams as necessary
- Where a Service User is at risk of developing pressure ulcers, Provider(s) are to follow any prevention plans which have been implemented
- Provider(s) Employees are trained and able to recognise the risk factors associated with developing a pressure ulcer and the increased risks associated with skin fragility due to prolonged faecal and urine contact
- Provider(s) Employees understand how to escalate concerns and make the appropriate referrals for Service Users who may be at risk of developing pressure ulcers
- Provider(s) Employees have a good awareness of pressure relieving equipment and the correct use of this equipment. Provider is required to source applicable training when required
- The Provider(s) should keep accurate and detailed records for Service Users who develop pressure ulcers and should report any concerns to CQC, the Council's Front Line team or relevant Social Worker / Social Care Assessor.
- The Provider(s) must be actively involved and co-operate should any investigation need to take place for example, into an escalation in development of a pressure ulcer. The Provider(s) must share the lessons learnt with the Service User and Employees group where required.

3.2.21. Infection Control

The Provider(s) must observe hygiene and infection control procedures in accordance with National Institute for Health and Care Excellence (NICE) guidelines, or any guidance which replaces this.

Within the scope of this Service the Provider(s) will ensure the following (but without limitation to):

- Provider(s) Employees must have received training in infection control during induction
- Provider(s) Employees must wear clean uniforms / clothing, have access to and appropriately utilise personal protective equipment, which includes gloves, plastic aprons and eye protection such as goggles (goggles for use when emptying commodes or where there is a risk of other splashing etc.)
- Gloves and aprons must only be used once per household before disposal
- Anti-bacterial hand gel must be provided to Employees with disposable paper towels for households identified on the Service Users' risk assessment as having inadequate hand washing facilities
- That the number of different Employees having contact with the Service User is kept to the minimum required to reduce the risk of infection from external sources
- Ensure that all policies and procedures comply with current NICE guidelines regarding Infection Control and Department of Health Infection Control Guidance for Care Provider(s) 2010
- Ensure all Employees are aware of their role in infection control. They will also be aware of the Health Protection Agency and local resources/arrangements for accessing advice on the prevention and control of infection; and reporting responsibilities

The Council's commissioned Infection Prevention and Control service provide training, advice and support to Provider(s).

Frontline health and social care workers should be provided with a flu vaccination by their employer. This should form a key part of the Providers' policy for the prevention of transmission of infection (Flu) to help protect Patients, Residents and Service Users as well as Employees and their families. This includes Employees in all NHS trusts, General Practices, Care Homes and Care at Home Providers.

The Provider(s) should maintain vaccination records for Employees. This should include date of vaccination and site where this was administered (i.e. pharmacy, GP Practice etc). The service Provider(s) should also supply statistics on number of Employees who have received a vaccination for the new flu season (the new flu season would be classified as beginning in September of each year) against total Employees. This should be provided both to the Local Authority and the Infection Prevention Control Service.

3.2.22. Mobility and Falls

The Provider(s) will ensure that mobility is supported and encouraged at a level which is appropriate and relative to the ability of the Service User. The Provider(s) will ensure that in promoting mobility they will take account of the Service Users' risks of falls and take appropriate steps to minimise these.

Within the scope of this Service the Provider(s) will ensure the following (but without limitation to):

- Care staff are appropriately trained in manual handling and single handed care principles and practice. Where a Service User has specific mobility needs, the Provider(s) is responsible for Employees having access to specific and relevant training (including frailty and falls) and advice
- Mobility assessment including falls risk assessment are in place, and are to be undertaken as part of setting up the package and any reinstatement.
- The Provider(s) will undertake a revised falls risk assessment if the Service Users condition changes
- Safe moving and handling practices which may include use / understanding of specialist equipment for which instruction would be provided by the relevant Service / professional
- Implementing fall prevention strategies and clearly documented falls management processes
- Employees to be aware of any condition which may predispose a Service User towards increased falls
- Ensure that Employees are aware of any environmental factors which may contribute to increased falls
- Manual handling risk assessments are completed and reviewed as required
- Reporting safety concerns and escalating to professionals where appropriate
- Manual handling requirements to be approached in a collaborative way with the Service User, their family, informal Carers and the assessing Occupational Therapist
- Any concerns, accidents or incidents in relation to mobility and falls are to be documented and reported appropriately to the Social Worker / Social Care Assessor
- The wishes of the Service User not to use equipment should be respected. However, the Provider(s) is expected to explain the reasons for the use of equipment and the likely risks associated with not using the equipment to the Service User. If the Service User continues to refuse to use the equipment and particularly in circumstances where the Service User lacks mental capacity to fully understand the consequences of their decision, the Employee should act to minimise the risk to themselves and the Service User and should immediately request the Social Worker / Social Care Assessor arranges to carry out a re-assessment.
- If the Employee is not able to manage the task without risk to themselves or the Service User then the Employee should not attempt the task without

seeking advice from the Social Worker / Social Care Assessor and also inform the Provider(s) Manager
- The Provider(s) will nominate a falls champion.

3.2.23. Moving and Handling

The Provider(s) will ensure that moving and handling requirements will be approached in a collaborative way with the Service User, their family, informal Carers and the assessing Occupational Therapist.

The Provider(s) will ensure that where a Service User has moving and handling requirements, that an appropriate plan is prepared and implemented which specifies at least the following:
- The task(s) being undertaken
- The stages and techniques required
- The equipment to be used and operating requirements – this will often result from the equipment prescribing Occupational Therapist or other professional and will include their recommendations for use
- Number of Employees required – this will often result from the equipment prescribing Occupational Therapist or other professional and will include their recommendations
- Any evident associated risks and how they will be managed

Where an Occupational Therapist has been involved and issued equipment, they will routinely compile a moving and handling plan for that Service User. The Provider(s) will be expected to prepare their own plan where an Occupational Therapist plan is not in situ or there has been no involvement from an Occupational Therapist. Any concerns regarding use of equipment should be communicated to the allocated Occupational Therapist or associated service.

Within the scope of this Service the Provider(s) will also ensure the following (but without limitation to):
- Ensure that slings and hoists are in good working condition and used in a safe manner as instructed by the moving and handling plan
- Equipment designated for an individual is not used for other Service Users
- Monitor double up visits on Electronic Call Monitoring (ECM) where two Employees are required to ensure that that both Employees are arriving together and that moving and handling activities are not commenced until both employees are present
- Ensure that all Employees are individually trained / certificated in the safe use of slings and hoists and other commonly used moving and handling equipment
- That slings and hoists are inspected in accordance with the manufacturer's instructions and at least two people employed by the Provider(s) have the necessary skills to inspect and schedule requests for maintenance or replacement

- Employees to provide support with prosthetics/callipers where appropriate to do so, and where guidance / training has been completed with the relevant professional
- Document and report any issues or concerns relating to moving and handling practices and equipment or aids immediately
- Proactively engage and contribute to the review process as and when individual needs change, to ensure that the least restrictive option is being delivered.

3.2.24. Nutrition and Hydration

The Provider(s) must ensure that the Service User is supported to have their nutritional needs met. Where appropriate risk assessments should be completed and reviewed.

Within the scope of this Service the Provider(s) will ensure the following (but without limitation to):

- Promoting independence where possible and supporting the Service User to eat and drink at a pace suited to them
- Ensuring appropriate supervision and assistance as necessary to support the Service User's own potential
- Appropriate risk assessments to be completed and documented in relation to eating and drinking including the risks of scalding, burns, choking and allergies
- Employees must support the Service User to prepare their meals where possible, which meet the need for an adequate, nutritious and varied diet in accordance with the Service User's financial, social and cultural preferences, health needs and dietary requirements, as detailed in their individual Care Plan. This must be completed whilst also adhering to Service User preferences
- Support or provide assistance to prepare drinks / fluids that sufficiently meet hydration needs
- Ensure that food is of the amount and consistency most suited to the Service Users' tastes, dietary and cultural needs
- Give the necessary support where appropriate to the Service User to wash all implements and to clean work surfaces before and after food preparation
- Employees to complete training regarding basic food hygiene and nutrition, and where a Service User has specific dietary requirements and identified needs the Provider(s) is responsible for Employees having access to specific and relevant training and advice
- Employees to check for and remove out of date food with the permission of the Service User
- Support Service Users that are required to liquidise solids or add thickening supplements to drinks and other liquids (i.e. soup) as directed by the Speech and Language Therapist (SALT) assessment

- Ensure that measures are in place which ensure that any change in the Service Users' ability to swallow, their weight or dietary intake is documented and escalated to the appropriate professional immediately
- Where required, Employees will assist with PEG feeding following completion of the relevant training from a qualified clinical professional, e.g. a District Nurse. Employees must follow the prescribed clinical requirements. The Provider(s) must report any faults with enteral feeding pumps immediately to the manufacturer, document appropriately and ensure any follow up actions including liaison with clinicians to ensure that hydration and nutritional needs are not at risk. The Provider(s) must ensure there is on-going professional training specific to any new PEG system. All enteral feeds and supplements will be pre-packaged, sterile and the Provider(s) must check that the product is still in date

3.2.25. Continence Management

The Provider(s) should enable the Service User to remain as well and independent as possible in meeting their daily continence needs.

Within the scope of this Service the Provider(s) will ensure the following (but without limitation to):

- Assessment of continence needs should be a core part of all Service Users' Care Assessments and they should be actively involved in discussions about how these needs are to be met with a focus on prevention of incontinence and promotion of continence as a priority
- Employees to complete training regarding continence management. Where a Service User has specific continence needs, which are within the scope of this specification, the Provider(s) is responsible for Employees having access to specific and relevant training and advice
- To use continence products (such as absorbent pads) where assessed as being required
- Service Users with urinary catheters must be regularly monitored for potential infections and any issues should be promptly reported to the GP when issues occur so that this can be investigated and addressed.
- Privacy and dignity should be maintained at all times in the use of toilets, commodes, bed pans, catheter / stoma care and any other continence aids
- Continence needs should be clearly documented in the Provider(s) Care Plan, they should be monitored and reviewed
- Recognising normal patterns and act on abnormal occurrences seeking specialist advice as required
- Providing support to all Service Users with a urinary catheter who require assistance in accordance with urinary catheter guidelines
- Employees should provide support to all Service Users with a stoma who require assistance in accordance with stoma guidelines
- Where Service Users are experiencing difficulties with continence management, Provider(s) will liaise with or refer to the Central Cheshire

integrated Care Partnership (CCICP) Continence Service for a continence assessment where appropriate

- Employees to be aware of the factors which may interfere with the effective use of continence pads (such as ill-fitting underwear or the use of inappropriate barrier creams)
- Employees to change and correctly dispose of incontinence sheets and / or absorbent pads where required. Employees to correctly bag absorbent pads for disposal and empty / change urine collection bags
- Employees to empty and clean commodes or any other container used for continence management as detailed with the Care Plan

3.2.26. Providing Social and Emotional support to meet Diversity and Manage Risks

The Provider(s) is expected to support Service Users in having their emotional and spiritual needs recognised within all services provided. Service Users' individual emotional needs should be identified, accepted and receive a sensitive response from all Employees. The Provider(s) must also endeavour to meet particular religious / cultural needs (if any) as identified in the Support Plan and these are to be addressed accordingly in their Care Plan. The Provider(s) is required to consider such implications and include such considerations in the Service User's Care Plan.

All Service Users should be supported by the Provider(s) to have the same opportunities as any citizen in relation to their own sexuality and personal relationships. However, this must also include safeguards to ensure Service Users are not put into vulnerable situations. The Provider(s) will also ensure that

Employees have guidelines for recognising and responding to the abuse and exploitation of Service Users and will have a risk management approach in relation to any individual who could be regarded as vulnerable, or abusive to others.

Provider(s) are also required to consider such implications and include such considerations in the Service User's Care Plan.

3.2.27. Dealing with other parties involved with the Service User

With appropriate consent, the Provider(s) is expected to liaise with and encourage the involvement of relatives and carers with Service Users in the Services they receive. The only exception is where this is in conflict with the needs of the Service User as identified in the Council's assessment and their own wishes. The Provider(s) shall alert the Social Worker / Social Care Assessor if they identify or have concerns around the relationship between the Service User / relatives and carers.

The Provider(s) should be familiar with the roles and expected functions being undertaken by other service Provider's and informal carers contributing to the

services and working proactively and positively with all other Provider's in the best interest of the Service User. The Provider(s) should inform the Social Worker / Social Care Assessor of any situation where another party is failing to undertake their expected role or function.

The Provider(s) is also required to consider all implications and include such considerations in the Service User's Care Plan.

3.2.28. Sitting Services

Some Service Users benefit from Sitting Services either as part of a wider care package or to provide Carer relief. The continual presence of care services provided in Extra Care Housing schemes mean that sitting services are generally only required in exceptional circumstances. Both day and night Sitting Services are designed to support the Service User with their care needs but can also allow any relatives or Informal Carers to have a break from their informal caring responsibilities.

The quality of sleep that a Carer gets through the night can affect their ability to provide care the next day. Over time, disrupted sleep can adversely affect the health and wellbeing of both the Carer and the Service User. Night sits delivered by the Provider(s) will meet the Service Users' care needs, but also allow the Carer to rest.

Night Services will have flexible start times depending on the individual needs of the Service User but will be expected to last for a period of 7 hours.

Within the scope of this Service the Provider(s) will deliver the following as required (but without limitation to):

- Day Sitting Services at the Service User's property
- Night Sitting Services at the Service User's property
- Support offered will include help with regular medication needs including support with turning/repositioning, pain relief as prescribed enabling the person to sleep better and be pain free, and comfort and reassurance for those with progressive needs such as dementia
- All Sitting Services will include support with personal care, medication, continence management and nutrition and hydration where required
- Sitting Services can include a wide range of care and support input from the Provider(s), and can include (but is not limited to) the requirements as set out in the Delivery of Services section of this Specification.
- Sitting Services will support safe return from hospital for those living alone or to support a Carer (this may be ad-hoc or as a wraparound Service in which the duration would be determined by the Council)
- Waking night sits for supervision of those who may be disorientated or require additional care and support throughout the night
- An emergency night Sitting Service which is reactive to urgent situations yet still providing a high quality service to Service Users.

3.3. Additional Services / Service development

These additional Services are Services that may be looked at under this Contract; we are not currently expecting Provider's to provide a price for these until such time as the Council commissions them.

3.3.1. Trusted Assessors

There is a possibility that within the life of this Contract the Council would look to develop and co-produce agreed models and protocols for Trusted Assessor roles to be undertaken by Provider's. Trusted Assessors can reduce the numbers and waiting times of people awaiting discharge from hospital and facilitate their move from hospital back home or to another setting speedily, effectively and safely. They can also support with the prescribing of some community equipment, assistive technology, and for developing alternative models of delivery of needs.

Using Trusted Assessors to carry out an holistic assessment of needs avoids duplication and is likely to be more personal as the assessor may be already known to the patient. It is likely to be timelier and more appropriate to the patients care journey and they can respond quickly to the request for assessment so that the person can be discharged in a safe and timely way.

3.3.2. Outreach Services

The Council may request the provision of outreach services ("Outreach Services") from the Provider(s) including:

(a) attending to calls for the provision of Care Services in the locality up to a maximum of a 3 mile radius from the Scheme

(b) attending to calls for the provision of Care Services that are at a greater distance than 3 miles from the Scheme

If the Council requests the provision of Outreach Services from the Provider(s), the Council and Provider(s) shall meet as soon as reasonably practicable to discuss the nature of the Outreach Services and any additional charges arising as a result of such Outreach Services.

The Provider(s) shall not be obliged to undertake any Outreach Services unless the scope of such Outreach Services and any associated additional charges are agreed by the Council and Provider(s) in writing.

3.3.3. Intermediate Care Services

The Council may request the provision of intermediate care services ("Intermediate Care Services") including step-down services from the Care Provider(s).

If the Council requests the provision of Intermediate Care Services from the Care Provider(s), the Care Provider(s) shall provide the Intermediate Care Services in accordance with the provisions of this specification.

The Care Provider(s) shall work collaboratively and in good faith with Service Users, their informal carers, the Council, and Health Professionals when providing the Intermediate Care Services.

3.4. Mobilisation

The Council require the Provider(s) to carry out certain initial Services prior to formal commencement of the Service. These initial Services or Mobilisation Services will include (but not be limited to) the following actions:

- Transition planning
- Identified key contacts
- Service delivery model
- IT implementation and data transfer
- Recruitment
- Management and staffing structure
- Communication and engagement plans
- Governance arrangements and agreements
- Robust planning, risk and project management
- Templates and appropriate paperwork to be in situ (including at the local branch and within the Service Users' property)

In preparation for the period of mobilisation, the Provider(s) shall provide a detailed mobilisation plan identifying what actions they intend to achieve in relation to the requirements set out within this Specification. The Commissioner will require this plan for review and approval at the point of contract award.

The Provider(s) is required to allocate project management support for the critical transition from the current service to the newly commissioned service**.**
These Mobilisation Services will be performed during the period detailed in Section 2 of the Agreement and will need to be completed by the formal Commencement Date of the Agreement.

A communication plan is also required that sets out a robust approach to the transition management for wider professionals, current Service Users, potential Service Users and other key stakeholders including elected members and governance groups.

During the mobilisation period, a programme of meetings will be arranged with the current commissioned Provider(s), Housing Provider(s) and the other relevant partners to review roles, responsibilities and working practices.

Section 4.0

4. Service Standards and Delivery

4.1. Service specific requirements / Service Delivery Expectations

Following the introduction of the Care Act 2014, it is imperative that the care services commissioned by the Council focus on more than just meeting immediate needs.

The Services must also have a clear focus on providing care that:

- Identifies achievable short and long term outcomes for each Service User
- Works with Service Users and all other stakeholders to realise their outcomes
- Has an enablement focus in the delivery of care, to enable Service Users to meet their own needs wherever possible
- Reduces reliance upon all services as far as possible and promotes self help where appropriate.
- Prevents or delays the need for Service Users to require more intensive service provision (either within the community or within a residential setting)
- Successfully engages with other services available in the community and helps signpost Service Users to access appropriate additional Services that will benefit them to live more independent lives

The type, quantity, frequency and desired outcome of the Services to be provided to each Service User will be as described in the Support Plan.

4.2. Delivery of the Services

The primary objective of the Council is to ensure that Service Users are provided with Services which empower them to promote independence and their personal dignity and maintain as high a quality of life as possible. Therefore, as services / activities are being provided according to needs, Service Users must themselves be fully involved in all decisions about their service provision and outcomes whenever practicable.
Provider(s) are expected to achieve this primary objective by ensuring that the Service Users are:

- Able to remain in their own home for as long as possible so as to achieve and maintain their potential in relation to their physical, intellectual, emotional and social capacity.
- Helped to take greater control of their lives and remain as independent as possible in their own homes.
- Involved in decisions about how they are supported and how services are provided so that they feel involved, secure and confident in the support provided.

- Encouraged to express their own personal aspirations on the way they wish to live their lives and on the outcomes they would like to achieve.
- Supported to develop problem solving skills and coping strategies
- Supported to achieve their outcomes as set out within their Support / Care Plans, these plans are to be reviewed and recorded showing progress towards outcomes, enabling Service Users to gain greater independence and will also contribute to informing annual reviews.

The Provider(s) must contribute to prevention strategies which are aimed at:

- Reducing the number of unplanned admissions to Hospital
- Supporting the safe and timely discharge of patients from Hospital

4.3. Emergency, Contingency and Future Planning

The Provider(s) shall develop emergency and contingency plans as well as Business Continuity Plans in place to ensure the delivery of the Service is continuous and consistent for the benefit of Service Users and Residents.

The Provider(s) 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 Service:

- Employee absences
- Financial resource management
- Administration and Management
- Core IT system failure
- Adverse weather conditions e.g. snow, flooding
- Pandemic illnesses
- Complaints and regulatory intervention
- Business transfer or sale

The Provider(s) should include communication with other Providers, for example, to ascertain whether they can assist in such circumstances etc.
The Provider(s) will notify the Council immediately of any key / local / branch management changes concerned in the management of this contract i.e. resignations of Registered Manager, Scheme Manager or change of Area Manager.

The Provider(s) is to notify the Council, Residents, Employees, Carers and any other relevant stakeholders immediately if the contact details for the branch are changed.

The Provider(s) must comply with legislation and be adaptable to changes in legislation.

The Provider(s) will share their Business Continuity Plans with the Council annually for review or at the request of the Council.

4.4. Changes in Need and / or Care Delivery

When changes in needs for Service Users are identified, the Provider(s) must comply with the following:

- In the event that the Care Provider(s) identifies a change in need which requires an immediate response (e.g. a visit lasting longer than commissioned due to Service User needs), the Care Provider(s) shall implement the change in such a way that the Service User remains safe and their care needs are adequately met. The Provider(s) will notify the Authorised Officer(s) of changes in care delivery.
- If an increase in care is deemed as not appropriate by the Council but the Provider(s) has delivered the care, the Council can reject the request to increase care hours and will not be financially responsible to fund the care delivery for the additional hours
- If a decrease in care hours is identified by the Council, the Provider(s) must reduce the care delivery within 48 hours of being notified by the Council
- Whereby it is determined that a change in need results in the requirement of equipment, the Provider(s) must make the appropriate referrals
- The Provider(s) should not change any permanent visit time, frequency or duration without an updated Support Plan from the Council or express authorisation / permission in writing from the Authorised Officer(s)
- The Authorised Officer(s) will monitor consistent over-delivery and under-delivery of care hours. The Provider(s) is to monitor this carefully and make a referral to the Council to review the Support Plan if the needs of the Service User have changed
- The Provider(s) must deliver all care as detailed in the Support Plan and the Care Plan unless refused by the Service User, this should be recorded.
- The Provider(s) is not to under-deliver care and support, nor reduce the duration of the commissioned care visit in order to allow for break times. The length of the commissioned visit time is the amount of time that the Care Worker must be with the Service User
- The Service User is entitled to have a named person, who can be a relative, representative or any other person nominated by the Service User, to support them or represent them if the care planning process identifies this as being necessary
- The Provider(s) must keep complete and up-to-date records of all the Services provided and any changes that have been made to any Care Plans. This information, either for the whole Service or for individual Service Users, will be made available to the Council if requested.

4.5. Times of Care Delivery

There will be a requirement for support and care to be delivered between predetermined hours in accordance with the Support Plan e.g. breakfast call between 06.00 and 9.30. It is expected that the Provider(s) will work with the Service User / their representative to ensure that they are fully briefed and aware as to when

their support and care will be delivered, a specific time within these time bands should be agreed at the point of acceptance of the referral. These times will enable robust monitoring of missed and late calls. The time bandings will be as follows:

- Breakfast 06.00 to 09.30
- Mid- Morning 09.30 to 11.30
- Lunch 11.30 to 14.00
- Afternoon 14.00 to 16.30
- Tea 16.30 to 18.00
- Early Evening 18.00 to 21.00
- Late Evening 21.00 to 23.00

The Provider(s) will still be expected to deliver support and care to Service Users at specific times (this is the exception to the time bands) if they have a care call(s) that are time critical and which are identified in the aligned Support Plan, for example if the Service User needs support to take medication at a specific time of the day.

4.6. Changes to Care Requirements occurring out of hours

If an emergency situation arises in relation to a Service User outside the office hours of 09.00 to 17.00 on any business day or at any time on a Saturday, Sunday or bank holiday, and the Provider(s) has reasonable grounds to believe that the provision of additional care to the individual is necessary because the failure to provide such additional care would result in a serious risk to the health or safety or welfare of the individual, then the Provider(s) will:

- Provide the Service User with any additional care which is reasonably necessary in the circumstances to preserve the health, safety and welfare of the individual;
- Contact the Emergency Duty Team, as soon as possible, if there is reasonable cause to believe that the Service User requires Care Services which the Provider(s) is not authorised or able to provide under this Agreement; or
- Contact the Care Brokerage Team as soon as possible (and in any event prior to midday) on the first Business Day following the occurrence of the emergency in order to seek authorisation for the additional care required
- Ensure that the provision of the additional care is recorded accurately in the format required by the Council in accordance with compatibility requirements for the Council systems

4.7. Reinstatements of Care Packages

If a Service User has a change in needs whilst in hospital, the Service User is to be reassessed by the Council prior to being discharged home.

When a Service User is discharged home from hospital or respite within 7 days the Provider(s) is expected to recommence the care at the next visit stated on the Support Plan.

Where possible if the hospital or respite stay is over 7 days the Provider(s) will be given up to 7 days notice and is expected to recommence care as soon as reasonably practical. In the event that notice has not been received the Provider(s) is expected to provide an appropriate basic level of care until such time as the care package has been confirmed.

4.8. Cancellation of Visits

A cancelled care visit is deemed as a situation whereby the Service User or relevant representative cancels the care visit in advance of the Care Worker arriving.

Service Users have the right to cancel care visits. If a care visit is cancelled, the Provider(s) must:

- Report any concerns to the Council regarding the risks of the care not being delivered
- Request a review or re-assessment via the Council if care visits are cancelled regularly
- Keep a detailed record of all cancelled visits for each Service User. The Council may request these records
- Establish the reason for the care being cancelled, and take any appropriate action including involving other professionals if needed

4.9. Missed Visits

Any care visit which is commissioned by the Council, but not delivered by the Provider(s) is classified as a missed visit, and should be reported as such by the Provider(s) following the referral process set by the Council.

- Any care visit which is commissioned by the Council, but is unpunctual by one or more hours either side of the agreed commissioned time, will be deemed as a missed visit, and should be reported as such by the Provider(s).
- If a Service User cancels their care visit based on the fact that the Provider(s)' Employees are going to be later or earlier than the commissioned visit time, this should be communicated to the Council whereby the Council have the right to determine whether it is to be reported and documented as a missed visit. The Council will also ask the Provider(s) to supply evidence of this cancellation, and may conduct spot checks or review Provider(s) records or have further conversation with the Service Users or their relatives.

- If a missed visit occurs under any of the above circumstances, the Provider(s) must ensure that the Service User is safe, and complete any subsequent referrals as appropriate (e.g. safeguarding, welfare checks, complaints etc.)

- If a missed visit occurs under any of the above circumstances, the Provider(s) is responsible for communicating this to the Service User, and relatives / representatives where required

- If a missed visit occurs under any of the above circumstances, and the Service User requires any prompts or support with medication which has been affected by the missed visit, the Provider(s) is responsible for contacting and obtaining professional advice regarding any effects of this on the Service User from the appropriate professionals e.g. the 111 service, the Service Users GP.

4.10. Notice Periods

4.10.1. The Provider(s) Termination Rights for Individual Service Users

Provider(s) are not expected to terminate individual service packages without a legitimate reason.

Prior to any Notice being served on individual packages to the Council or Service User, a multidisciplinary meeting or detailed discussion will be held with relevant professionals. This may include considering joint visits to the Service User / apartment with a representative of the Council, a co-operation agreement with the Service User (or relatives / representatives) or any other practical or innovative approach to resolving any issues.

This right to serve notice is to be exercised by the Provider(s) as a last resort and as a condition of notification of termination the Provider(s) will be required to demonstrate in writing a chronology of issues and actions which have been taken to try and resolve issues.

The Provider(s) will contact the Authorised Officer(s) verbally in the first instance prior to giving formal notice in writing, to discuss the details of the package(s) and to ascertain whether an alternative route can be taken. Such details which need to be given are:

- Details of the Service User(s) care package(s)
- Scheme in which the Service User resides
- Last date that the Provider(s) will be supporting the Service User

This list is not exhaustive.

In situations whereby the Council determines that a co-operation agreement should be trialled initially to resolve issues, the Provider(s) will liaise with the Social Worker/Social Care Assessor to arrange this. This will include

consultation with the Social Worker/Social Care Assessor, Authorised Officer, and discussion with the Service User, and if applicable their representatives.

The Provider(s) will have the right to give notice to terminate the Service provided to any individual Service User at any one time by giving 14 days' notice in writing simultaneously to both the Council and the Service User in question in any of the following circumstances:

- The Service User objects to the Provider(s) delivering care through the member of the staff who has been attending the Service User's home (whether with or without good reason), the Provider(s) is unable to provide a replacement Care Worker and the Service User maintains their objection to the Care Worker even though the Provider(s) has explained that it is not practicable or possible to provide other Employees to replace the Care Worker in question
- If the Service User, or a relative / representative of the Service User, persistently frustrates the ability of the Provider(s) to provide domiciliary care to the Service User by acting unreasonably
- Where the relevant Service User or a relative / representative of the Service User behaves in a manner which represents a physical danger to the Employees who provide the care
- Where the home environment of the Service User poses serious Health and Safety risks to the Employees

Termination of the care package shall not affect the Service User's right to live in the Apartment.

Following termination in accordance with this paragraph:
(i) the Council shall review the amount of provision supplied by the Care Provider(s) and adjust the amount paid accordingly
(ii) the Provider(s) shall provide such reasonable assistance as requested by the Council to assist with the transfer of the Care Services in respect of the Service User to a successor Care Provider(s).

The 14 days' notice to terminate the package will not be applicable or paid to Provider(s) whereby:
- The Service User has died
- A transfer of care has been initiated by the Council following a complaint, incident, or allegation by the Service User, Carer or relative / representative
- A transfer of care has been necessary and the decision taken by the Council in relation to safeguarding or any other concerns
- A transfer of care has been deemed as operationally urgent by the Council and it is not feasible to observe the 14 day period

The Provider(s) cannot hand back care package(s) to the Council and can only withdraw Services if the Provider(s) provides written notice to the Council of 14 days and pays the Council's reasonable costs involved in arranging for

re-deployment of those Services; unless the Council agrees otherwise in writing.

If a Service User dies then their Care Package shall terminate immediately. However, if the Provider(s) is not immediately notified of the death of a Service User, with the result that any one or more abortive Care Visits occurs, then the Council shall pay for the first abortive Care Visit only, in relation to the Service User in question.

4.10.2. The Council's Termination Rights for Individual Service Users

The Council reserves the right to terminate any package or a number of packages simultaneously by giving the Provider(s) 7 days' notice in writing, unless 7 days is deemed as not appropriate due to concerns, risks, incidents, safeguarding enquiries or complaints in which case the Council can cancel the care package immediately at any time.

The Council reserves the right to terminate any package or multiple packages with immediate effect whereby it is felt that there is any risk to the Service User or concerns have been identified with regards to care delivery.

4.11. Assessment and Support Planning

Prior to the provision of a care and support service the Provider(s) must ensure that they complete a full assessment of the individual Service Users' needs. This should be undertaken as detailed in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (or any other successor regulations / standards).

With the appropriate consent, each Provider must ensure that prospective and current Service Users, relatives, advocates and any relevant professional are provided with a Statement of Purpose (as detailed in the Care Quality Commission (Registration) Regulations 2009 (or any other successor regulations / standards)) and Service Users' guide for the Provider.

A detailed person-centred risk assessment, as detailed in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (or any other successor regulations / standards), should be completed and clearly be documented in the Service Users' Care Plan / documentation. Risk assessments should also be reviewed in a consistent and comprehensive basis, or should there be a change in need or change in individual circumstances.

The Provider(s) must ensure that there is a process for planning, implementation and evaluation of Care Plans and this process should be regularly reviewed and monitored. The Care Plan must be recorded in writing or in an electronic format and show how much the Service User is involved. As a minimum care plans should be reviewed on an annual basis or as and when the needs or circumstances of the Service User dictates. Care Plans must include all details of needs of the individual

Service User as detailed in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (or any other successor regulations/ standards).

The Provider(s) shall open and maintain a file in respect of each Service User; the file shall contain the following (but is not exhaustive):

- The Care Plan
- Key points of Communication for the Service User
- Key points of Communication for the Provider
- Comprehensive Risk Assessment completed by Provider
- Review form
- Annual review form
- Correspondence – records of communication relating to Service Users
- Communication log for all services provided by Employees at each visit that is to be read, completed and signed by the Employees attending.
- Medical Administration Record (MAR) sheet, if required

The file shall be available to the Council and will form part of the service review / contract management process.

The Provider(s) must ensure that at all times there is a written, up to date list of Service Users currently funded by the Council and those funded from other sources. This list must include basic details of these Service Users, and their funding status to assist in the administration of payment procedures and to assist the Council where there is concern over service delivery and / or risk of, or planning for, closure of the Provider. The list should be readily available at short notice so that the Council is able to audit this requirement on request.

4.12. Information which the Provider should supply to Residents

The Provider(s) must supply Service Users and Residents with reliable and timely information via an information pack when their Service commences and update it as required to ensure they are kept informed and involved. The Information Pack must be user friendly, clear and understandable, and include the following:

- Statement of Purpose
- Contact details for the Service including out of hours and emergency contacts
- Service provision details
- The contingency arrangements in the event of Service interruption
- Safeguarding information
- How to access the Provider's most recent CQC inspection reports
- Complaints procedure

The Provider(s) shall ensure the information in the information pack is communicated to Residents in ways appropriate to their needs and that arrangements are put in place for those with sensory impairments, learning disabilities, those unable to read, or for whom English is not their first language.

The Provider(s) must keep Residents informed in advance and involved in decisions about any planned long term changes to their Service and, as far as possible, unavoidable short term changes to their Service, including changes to Service User's regular Care Workers and/ or changes to the timing of visits.

4.13. Reviews

After the initial assessment of the Service User's needs is completed by the Social Worker/Assessor, a Support Plan will be put in place by the Social Worker/Assessor. There will be a review of Services by the Social Worker / Assessor, after 6 weeks.

Should there have been a change in requirements, these will be implemented accordingly following a discussion between the Service User, Social Worker / Assessor and Provider.

There will then be an annual review of Service User's needs by the Council, unless there has been an identified reason to review earlier.

The Provider(s) shall ensure that all Service Users have a face to face discussion with their Provider(s) (unless the Service User requests otherwise) regarding their personal outcomes at least annually.

There may be occasions when a review is required outside of the annual review, these may be;

- When a Service User has requested further conversations
- If the Service User's needs have changed and their outcomes need revisiting
- The Council request and an additional review is completed

The Provider(s) should initially inform the Authorised Officer(s) if a Service User's support needs reduce or if the Service User's needs increase and cannot be met within their existing care package and Care Plan. The Provider(s) will update the Services User's Care Plan so that it remains current and reflects the actual support that is being provided.

There should be consultation with the Service User, Carer, representative and/or advocate where the Service User would have substantial difficulty in agreeing such changes, including those who lack mental capacity

The Provider(s) shall provide the Service in accordance with the dates and Service User outcomes as specified under the Support Plan.

4.14. Allocations

All Residents will be allocated a tenancy or lease via the Allocations Panel. The Provider will be a member of the Panel, alongside the Housing Provider/Manager and the Council. The Panel will refer to the agreed Allocations policy and procedure

when making decisions on who should be allocated an apartment within the ECH scheme.

Panel Meetings may be held via email or face-to-face depending on the complexity of the applicant's needs. In addition to contributing to the decision-making process, the Provider(s) will ensure the Panel is kept up to date with the dependency profile of Residents, to enable a balanced community model to be achieved and maintained.

The Allocations policy and procedure may be amended during the period of this contract, subject to agreement from the Housing Provider, Care Provider(s) and Council.

4.15. Commencement of Service

After contract start, wherever possible, the Provider(s) will be given seven days' notice of a Residents move into the Extra Care Housing Scheme and, where applicable, will receive a Support Plan from an Authorised Officer prior to the move-in date. The Provider(s) will provide services to any Service User under these conditions.

The provision of the Service will be triggered by an email being sent to the Provider(s) and Service will commence on the date agreed with the Authorised Officer.

However, even if these conditions are not met, the Care Provider(s) will be expected to provide at least emergency support and preferably a basic care package based on the Service User's needs to any Service Users newly residing in the scheme, whilst awaiting the Support Plan. Ideally, the Provider(s) will arrange to meet a prospective Resident prior to their moving into the Extra Care Housing Scheme as part of the allocations process.

4.16. Provision of Materials and Equipment

It is the responsibility of the Provider(s) to ensure that Employees are issued with appropriate equipment / protective clothing to carry out the tasks within this Service Specification. However, the type of clothing must have regard to the need to maintain the dignity and self-respect of the Service User.

The Provider(s) will be proactive in identifying the need for, and support the use of, appropriate Equipment including Assistive Technology, where appropriate. Where a need is identified by the Provider(s), which is not already identified in the Service User's Support Plan, they are to contact the Social Worker / Assessor within 24 hours.

Where the Council determines that specialist Equipment must be used in Service Users' homes (e.g. a hoist), it is the Council's responsibility for arranging provision of

that equipment, where appropriate. The Provider(s) will be responsible for the care of the Equipment and identifying problems with any such Equipment.

Employees must use equipment that is indicated for such use in Care Plans and risk assessments. If the Service User expressly refuses to use the Equipment or the Equipment is not available in the Service User's home, this should be documented immediately and made known to the Council.

There must be adequate training of Employees in the use of equipment prior to its use by them.

The Provider(s) will immediately inform the Social Worker / Assessor of any telecare/assistive technology equipment which is no longer required by a Service User.

4.17. Equipment and Facilities Provided by the Housing Provider/Manager

The Landlord will allocate furnished office space to the Provider(s). In addition, there will be a shared Communal Staff Room/Overnight Suite that may be used by the Provider(s)' staff.

The full list of equipment and facilities available within each scheme is set out in Scheme Information Packs. The packs also set out respective responsibility for the cleaning and maintenance of the equipment and facilities.

There are some fixtures, fittings and equipment belonging to and maintained by the Housing Provider/Manager that are provided for the use of the Provider(s). Where not available from the Housing Provider/Manager, the Provider(s) will be expected to provide some equipment and utilities to enable them to provide the service successfully. This includes a printer/fax machine, stationery, etc. They will also be expected to arrange and pay for the installation of a new telephone line for their exclusive use. There must be an answerphone facility on this telephone line. The expectations for this are set out in the Scheme Information Packs.

4.18. Provider/Housing Provider Relationship

The Provider(s) and the Housing Provider/Manager will work closely and co-operatively in accordance with the Interface Obligations set out in the Contract.

4.19. Access and security of Residents' homes

The Provider(s) shall have in place and comply with clear written protocols for its Employees in relation to entry and access to Residents' and Service Users' homes.

The Provider(s) shall:

- ensure that only authorised Employees enter into each Resident's home;
- ensure that Employees do not enter into a Resident's home when the Resident is absent, unless by prior arrangement with the Resident; and
- ensure that all Residents' keys, access codes (e.g. key-safe) and/or any other property access devices are returned to the Provider(s) if Employees leave the employment of the Provider(s) or the Employee is otherwise no longer authorised to enter a Residents' home.

4.20. Accommodation/ Premises

The Provider(s) will be expected to be based on site at the ECH Scheme from the Contract start date, not having this in place within the designated timescales would be considered to be a breach of Contract.

4.21. Communication & Marketing

The Provider(s) will ensure that there is Communication Plan that sets out a robust approach to the transition management for wider professionals, current Residents and Service Users / potential Residents and Service Users / MPs, Councillors, Local Safeguarding Boards, Health and Wellbeing Board, Local Health Watch will be required. A Communications Plan will be developed by the Provider(s) in consultation with the Council and the Housing Provider and will be updated and reviewed quarterly during the contract review meetings. The Communications Plan will clearly describe activities for the promotion of the Service.

The Provider(s) will ensure proactive and innovative approaches to marketing and communications with all stakeholders to provide information & advice and ensure social marketing is maximised and behaviour change secured within Cheshire East.

Communication methods and materials need to be suitable for a variety of audiences – children, young people, adults, families, parents, partners, carers, professionals, general public, businesses – providing timely and straight forward information and guidance accounting for language and a range of literacy levels.

The marketing strategy will be reviewed annually to ensure approaches' are current and in line with evidence based practice in achieving behaviour change and in providing safe care and support. Provider(s) will work with commissioners and take account of Residents and Service Users, their families and carers and wider stakeholder experiences in the review of the marketing strategy. As well as work proactively with others involved in health, Care and Wellbeing campaigns to ensure communication coherence.

Communication channels for all professionals are required, and Provider(s) will ensure communications are in place and current service information / developments are shared. The Provider(s) will ensure the maintenance of an effective, efficient,

proactive and robust professional network – linking closely with other connected service provider's on a regular basis to ensure the highest quality of care / support for Service Users / patients, parents, partners, families and carers.

4.22. Service Interdependencies

The successful Provider(s) will have clear care pathways in place within the transition phase of the contract for communication with key other services.

4.23. Equality of Access to Services

The Provider(s) is required to deliver their services in accordance with the Public Sector Equality Duties as set out in the Equality Act 2010. As such, in providing the service they should have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

The protected characteristics specified under the Act are those in relation to:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion
- Sexual Orientation

The Provider(s) will ensure that access to services and opportunities to influence the delivery of services considers the needs of specific groups to ensure that discrimination, whether direct or indirect, does not occur.

4.24. Using Information Technology

The Provider(s) shall have in place a system to accurately record the time spent with the Service User. This will be recorded through an Electronic Call Monitoring (ECM) system. In the unlikely event that this is not in place at contract start date, the Provider(s) is expected is to record this in a way that will enable verification of the accuracy of call timings and their duration, until such time as the ECM is operational.

At the time of writing the Council is in the process of procuring a centralised electronic monitoring system which will interface with Provider(s)' own systems so that the contract can be monitored for performance and compliance and to provide early warning of any issues that may need to be addressed.

The Council's ECM system will not include provision for rostering or for handsets or other recording devices for the purpose of logging calls, so it is expected that Provider(s) will have and use their own ECM system for this purpose.

The use of new technology in the provision of the new service for Service User records, making appointments, reminding about appointments will be delivered in a way that supports the new service delivery model reflecting how Service Users now access information and services. The Provider(s) will provide evidence based, innovative Services whilst maximising both physical and virtual service access options through the use of new technology. Service information will be maintained and accessible via the services web page, and via smart phone application. Leaflets and other forms of information such as contact cards will be provided.

The Provider(s) should ensure that they comply with the European General Data Protection Rules legislation.

4.25. Insurance Levels

The Provider(s) shall effectively maintain the minimum insurance arrangements, and documentary evidence of such insurance shall be produced by the Provider(s) to the Council on request.

Section 5.0

5. Provider Workforce

5.1. Workforce

On commencement of the Contract, the successful Provider(s) will need to have the capacity, workforce and infrastructure in place to be able to accept new referrals.

The Provider(s) will secure a sufficient number of trained personnel to provide staff cover during employee holidays, absence etc. They will also ensure that there is the necessary workforce capacity to accept and commence care packages over weekends and bank holidays.

Providers are often the most regular point of contact with Service Users. This means Employees must be able to identify significant changes in the Service Users' behaviour, abilities, condition and needs so that appropriate referrals can be made.

5.2. Workforce requirements / Structure

In order to identify and deliver outcomes to Service Users with a range of needs, Provider(s) will be required to ensure that they have appropriate numbers of Employees who are trained and skilled to provide the Services defined (as detailed in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 or any other successor regulations / standards)) and the ability to regularly review all Service Users such that it can identify and manage urgent adjustments in Services as needed and report these appropriately to the Council.

The Provider(s) must ensure that their organisational frameworks support the improvement of Service provision and are delivered in line with national guidance and legislation in relation to these areas.

If the Service is usually provided by more than one Worker, one of the Employees involved in providing the Service shall be nominated as the Named Worker. The Named Worker has the responsibility for taking a particular interest in the Service User and their carer as appropriate. The Named Worker shall be stated in the Service User's Information Pack. The Named Worker approach does not take away the responsibility of all Employees to support the Service User in an appropriate way but is a way of personalising and co-ordinating the service provision.

Where more than one Employee is required to carry out care, it is essential that care visits are rostered so that the Employees required are available in the Service User's home at the same time to undertake the applicable care tasks.

5.3. Workforce Management

5.3.1. Leadership and Management

The Provider(s) must be able to evidence that it is developing effective leadership at all levels of the organisation by encouraging and supporting Employees to develop leadership skills and competencies through training, supervision and reflective learning.

The Provider(s) must be able to evidence that its managers, including Registered Managers, hold or are working towards the appropriate management level qualification, as recommended by Skills for Care, and continue to refresh their learning regularly.

The Provider(s) must also ensure that individual Registered Manager(s) complete the Manager Induction Standards within six months of taking up a management role.

5.3.2. Registered Managers

Registered Managers must be suitably qualified as detailed in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (or any other successor regulations / standards).

The Provider(s) will ensure that the Registered Manager or a deputy shall be available to the Council, Residents and relatives and to any other relevant person by telephone during the working day to provide advice and assistance. In addition to this there must be a management on call system available at all times to effectively deal with any issues that arise out of normal office hours or otherwise in the absence of the Registered Manager.

The Registered Manager will ensure that a copy of the latest inspection report from the Care Quality Commission (CQC) or Care and Social Services Inspectorate of Wales (CSSIW) (or any other successor bodies), and any action plan produced by the Provider(s) is available to the Council.

The Council will hold Registered Manager Forums (in addition to any Contract Review meetings and Provider Forums) and will require all Registered Managers to be active participants with regular attendance.

5.3.3. Manager's requirements

The Provider(s) supervisory Employee / leaders (or any other staff involved in the processes detailed below) must ensure the following management processes and responsibilities are undertaken, for example;

- Employees are supported through regular supervision, training, coaching and observation and competency checks.

- Employees are skilled in identifying issues in relation to Service Users' support packages that may require further escalation, advice or clarity from a senior member of Employees and/or Health professional.
- Clear methods of communication including a process for escalation, advice or support where concerns arise in relation to specific support packages or where clarification is required in order to ensure appropriate service delivery.
- The ability to work alongside Service Users needing multi-disciplinary support in a variety of settings across organisational and professional boundaries such as health, housing, education and leisure.
- Communication and inter-personal skills to include a high level of documented recording and reporting abilities in order that progress reports and daily logs are completed to a high quality standard that accurately map the support progress of the Service User.
- Skills which enable the Employees to work in new and innovative ways of delivering services including working in partnerships, multidisciplinary and cross-agency teams, adopting flexible approaches that enable a rapid response to new models of service delivery and new opportunities.
- All Employees, whose first language is not English, must be able to communicate in fluent English. Fluent English for this purpose is defined as thorough knowledge of spoken and written English which is sufficient to enable the safe and effective delivery of the role.
- Ensure that there is a match between Service Users' needs and the skill sets, knowledge and competency of Employees.

The Provider(s) will be responsible for the careful selection and the appropriate support of Employees to work with Service Users covered by this specification. Support will include arrangements for consultation and supervision from managerial Employees.

The Provider(s) must ensure that each Employee receives supervision at an agreed frequency, as a minimum the Council requires that each worker is to have a one to one supervision every 3 months and appraisals that take place annually, and that there is a documented system in place for the monitoring and recording of this. These will include individual support sessions, appraisals of performance, skills and knowledge. The Council would need to have access to such information on request to support the Quality Assurance process.

5.4. Recruitment

It is the Provider(s) responsibility to recruit and retain a workforce with the skills to meet the needs of the Service Users being supported.

The Provider(s) shall ensure that two satisfactory / suitable written references are obtained, in respect of all prospective Employees. Also, as stated in Regulation 19 – Fit and Proper persons employed of CQC's Fundamental Standards "satisfactory evidence of conduct in previous employment / education (ideally information related

to conduct in Health and Social care and with children and vulnerable adults) and "other checks deemed appropriate by the Provider".

The Provider(s) shall ensure that an enhanced Disclosure and Barring (DBS) check is completed.

5.5. National Minimum Wage

The Provider(s) shall ensure that Employees are paid at or above the prevailing National Minimum Wage and working towards the National Living Wage in accordance with current legislation.

5.6. Core Training

The Provider(s) will ensure that all Employees are trained and competent to undertake their roles and have received induction and core training as detailed in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (or any other successor regulations / standards) and also comply with the requirements under the Care Certificate Standards (or any other successor standards). All Providers should meet National Vocational Qualification (NVQ) or Quality Credit Framework (QCF) requirements as agreed with their individual Inspector from CQC / CSSIW.

Core training must be provided to all new Employees and refresher training must be provided for existing Employees in line with any prevailing statutory requirements.

This must include (but is not exhaustive to)

- An introduction to the principles, nature and quality standards of the service as outlined in this Specification
- An introduction to the policies, procedures and codes of practice of the service Provider(s)
- Mobility and Falls Prevention
- Safeguarding / Adult Protection including how to recognise and report abuse, and an understating of Deprivation of Liberty Safeguards
- Health and Safety including Lone Working
- Moving and handling training (Practical aspect by a qualified trainer)
- Administration of Medication including prompts, handling, recording and auditing (to be completed by an accredited trainer)
- Infection Control
- Continence Management
- Nutrition and Hydration including food hygiene and healthy eating
- Mental Capacity Act awareness
- Dementia Awareness
- Equality and Diversity including the Equalities Act
- Dealing with Challenging Behaviour
- First Aid

- Fire Safety
- End of Life / Palliative Care
- Skin Integrity / Tissue Viability
- Learning disability, mental health and Dementia awareness.
- UK Data Protection Act and European General Data Protection Regulations (GDPR) awareness
- Factual recording
- Communication
- Care Act awareness

5.7. Workforce development

An ongoing programme of training must be made available which enables Employees to continuously improve their skills and knowledge. Training for Employees should be developed in line with the changing best practice guidance, any changes to legislation and required working practices of the Council.

The above list is not exhaustive and a training programme is to be developed, delivered, evaluated and revised in the response to the needs of Service Users. The above training can either be provided internally by the Provider(s) or via an external trainer, but shall include an assessment of the competency of the Employees with regards each particular subject. Where external training is provided a certificate (or other evidence of attendance and competency) from the training organisation will suffice as an assessment of competency.

The Provider(s), through consultation and discussion with Employees and the Council, shall identify other training that may be appropriate. The training options shall be relevant to the Service Users as identified in their care plan and reflect desired outcomes for example Lesbian, Gay, Bisexual and Transgender (LGBT) Service Users and Residents.

The Provider(s) shall seek specialist support in its delivery of training where appropriate, including from health / clinical professionals.

The Provider(s) should develop and maintain an information source / system of wider training opportunities to reduce risks to Service Users and Residents and to develop Employees, for example, training by the Council and / or NHS.

A range of relevant training courses are available to book through the Cheshire East Workforce Development Team by emailing trainingbookings@cheshireeast.gov.uk to request a course booking proforma and to obtain a quote for the charges required for each course.

The Provider(s) will keep an up to date electronic training matrix / programme for all Employees (this should state the employment start date, the scheduled completion date and the actual completion date for each mandatory training requirement), this will be supplied to the Council upon request within 24 hours.

All new Employees are to complete the Care Certificate, unless there is evidence that this has already been completed previously.

It is recommended that the Provider(s) register with the Skills for Care National Minimum Data Set (NMDS) which collects National Workforce data.

5.8. Identification

The Provider(s) will provide to, and will require its Employees to have and wear, when carrying out their duties, a photographic identification badge. The Provider(s) will also need to ensure that the Employees are dressed appropriately.

5.9. Travel / Use of Vehicle

In circumstances where any employee uses any vehicle in the course of their employment in relation to the provision of the Service, then the Provider(s) shall ensure compliance with the following provisions:

- The driver of the vehicle in question must have a valid driving licence;
- The vehicle in question must have a current M.O.T Certificate (if this is required by law) and be in a good road worthy condition;
- The vehicle in question must have proper and adequate insurance cover (i.e. the care and support employee in question must have an appropriate business use extension to their own motor vehicle insurance if not covered by insurance provided by the business).

Where transport is provided by the Provider(s) for a Service User either with mobility problems or impairment or who would otherwise experience significant difficulty in using public transport, the transport should be appropriate and safe. Safe operating procedures must be in place for assisting the Service User with regard to this. The Provider(s) must ensure that any vehicle utilised in the provision of a transport service must comply with the necessary legislation, the manufacturer's recommendations and the licensing arrangements required in respect of the vehicle and its use and any appropriate insurance is in place

Section 6.0

6. Service Improvement

6.1. Service Feedback, Engagement and Co-production

Within the life of this Contract, the Council wishes to work with Provider(s) to explore and develop opportunities for outcomes based provision and remuneration. This will:

- Enable the Provider(s) and Service Users to exercise more choice and flexibility in the day-to-day delivery of the Service.
- Encourage Authorised Officers, Provider(s) and Service Users to measure the quality of the Services provided against the impact it has on the Service Users' quality of life, and not simply in terms of how much Service is being provided.
- Allow Service Users to have a sense of being in control of their Services.
- Ensure provision is able to respond flexibly to Service Users' changing needs.

Engagement and co-production with stakeholders (particularly Resident engagement and co-production) must be a core principle within the care and support Service. Engagement and co-production must be embedded within the service practice to ensure that Residents feel valued and listened to. The Provider(s) must demonstrate how engagement and co-production has contributed to service development and improvement. The Provider(s) must engage with Service Users and Residents as follows:

- The design, development and improvement of the service (co-design);
- The evaluation and review of service performance and pathways (co-evaluation);
- The delivery of services e.g. peers, champions and volunteers (co-delivery).

The Provider(s) will collate all feedback centred around Service Users and Residents detailing information on Service improvements, the quality of provision and whether outcomes are being achieved, and report/make this available to The Council upon request as specified within the monitoring schedule.

In order for the Council to ensure that the Provider(s) is actively seeking Service User and Resident feedback and to identify areas of good practice, the Provider(s) shall conduct a Service User/Resident satisfaction survey annually.

As a minimum the annual satisfaction survey will measure the following outcomes:

- If Service Users/Residents feel listened to
- If the Service Users feel involved in the planning of their support

- If Service Users feel that the support is built around their preferences, likes and dislikes (person centred care planning and delivery)
- If Service Users are satisfied with their care staff
- If Service Users feel that staff have the correct skills and training to meet their needs
- If Service Users and Residents are satisfied with the way that they are communicated with (by any Employees employed by the Provider(s), including branch and management Employees)
- If Service Users and Residents are satisfied that they can contact the service successfully
- If Service Users and Residents feel that you as the Provider(s) are flexible when required
- If Service Users and Residents are aware of how to raise concerns or complaints when needed
- If the Service User/Resident feels that the Service can be improved in any way
- If the Service User/Resident feels safe and free from harm or risk of harm

All feedback gathered, whether in person, by telephone or writing must be recorded in writing or electronically, and will be made available as requested by the Council.

6.2. Continuous Service Improvement

The Council's vision is one of partnership and a collaborative approach to service design and delivery. Future systems and processes may require continuous development to meet the changing needs of the population, to support the market and to adhere to legislation, policy and best practice.

Section 7.0

7. Contract Management and Quality Assurance Standards

7.1. Quality Assurance Framework

The Commissioners are committed to setting very clear expectations of high quality care and support services provided across the borough. These expectations are based upon the principles of good care. Standards are already in place for care Services through the regulatory regime of the Care Quality Commission (CQC) and these form the foundation of Cheshire East quality expectations.

The local quality assurance framework outlines the approach the Commissioners take in ensuring the quality of care Service delivery and that commissioned Provider's are:

- Meeting their contractual requirements, core standards and delivering positive outcomes
- Ensuring the safety, quality and effectiveness of the service
- Ensuring continuous improvement

Underpinning the local quality assurance framework is a joint governance approach whereby representatives from health and social care partners, commissioners, CQC and other relevant parties share appropriate information and intelligence to ensure that the wellbeing and safety of Service Users is promoted, alongside working with Provider's to deliver quality care and support. The quality assurance framework therefore aims to deliver or facilitate the following:

- Greater transparency and information about the quality of care services
- Assist Service Users and commissioners to make informed choices when purchasing care and provide peace of mind.
- Drive up quality across the market.
- Support market shaping activity through the acquisition of improved market information.

During the contract term it is the intention of commissioners to review the local quality assurance framework and develop a local quality rating system (Quality Mark). Building on the current approach, the quality assurance framework will capture a range of views on the quality of services and use them to produce a single quality rating that can be used to inform care commissioning processes and facilitate Residents to make informed choices. The rating system will draw upon a balanced range of information sources including:

- The view of the regulator: The Care Quality Commission (CQC) inspection rating

- The view of the Commissioner: Cheshire East Council and/or CCG (NHS) inspection rating as appropriate to the service
- The view of the Service User, carers and families: Customer feedback and professional health or social care worker feedback
- The view of the Provider(s): Provider self assessment and assurance statement

Quality of provision will be measured and each service given an overall local quality rating of either 'Gold', 'Silver', 'Bronze' or 'Inadequate'. It is the intention of commissioners to capture the views of Provider's when reviewing the quality assurance framework and developing the quality rating system prior to implementation.

The Provider(s) will be monitored against a number of predetermined performance and quality standards which are highlighted in the Performance Management Framework (PMF).

The objectives of the Key Performance Indicators and Quality Assurance standards contained in the PMF are to:

- ensure that the Services are of a consistently high quality and meet the requirements of the Council;
- provide a mechanism whereby the Council can attain meaningful recognition of inconvenience and/or loss resulting from the Provider(s) failure to deliver the level of service for which it has contracted to deliver; and
- incentivise the Provider(s) to comply with and to expeditiously remedy any failure to comply with the Key Performance Indicators.

The Provider(s) shall, at all times, provide the Services in such a manner that the Key Performance Indicators are achieved.

7.2. Quality Specific Standards

The Provider(s) is expected to have in place robust governance framework and supporting processes, which ensure that it is compliant with appropriate legal requirements and standards. We would expect the governance framework to include but not be limited to the following:

- Communication between Service Users, Residents, families, parents, carers and Employees (including managers and clinicians);
- Communication between Employees across wider services, including clinicians and managerial Employees;
- Effective reporting and monitoring mechanisms for issues of concern whether relating to the Service Users, Residents or people connected or Employees;
- Service User/Resident recording;
- Working with families and carers;

- Service IT / data recording and storage systems;
- Incident reporting and health and safety matters;
- Child Protection & Adult Protection – Safeguarding;
- Reporting and monitoring of incidents and accidents to Employees, volunteers, Service Users and Residents [including the management of violence and domestic violence];
- Health & Safety Inspection, and fire safety;
- Clinical Governance;
- Infection Control;
- Inspections by CQC, Local Health Watch or Authorised Officers;
- Complaints and Compliments management for paid Employees, volunteers, Service Users and Residents;
- Service User/Resident engagement and co-production;
- Records Management;
- Equality of opportunity in service provision, recruitment and employment;
- Occupational health;
- Information sharing and Information Security;
- Policies relating to confidentiality of information;
- Codes of conduct for Employees and Service Users;

All appropriate policies and protocols must be in place following contract award and prior to the service mobilisation phase being completed. The Authorised Officers would expect to receive information and assurance that these are current and in place [including with sub contracted services]. Clear and routine review arrangements to maintain effective governance would also be expected. Service Users must be made aware of the range of policies which may impact upon their support and be given access to them should they wish.

7.3. Performance Management

7.3.1. Underperformance by Provider

Should the Council identify that a Provider(s) is underperforming against the terms of the Agreement, it will ask the Provider(s) to produce a Service Improvement Action Plan which will be agreed with the Council and the Council may specify additional actions or requirements proportionate to any underperformance.

If the Provider(s) fails to produce or implement this action plan, or fails to rectify the underperformance within the timescales specified by the Council, the Council may issue an Improvement Notice, Default Notice and/or fully or partially suspend the contract.

(a) Improvement Notice

If the Council issues an Improvement Notice, the Provider must produce a Service Improvement Action Plan which will be agreed with

the Council and the Council may specify additional actions or requirements proportionate to any underperformance.

If the Provider(s) fails to produce or implement this action plan, or fails to rectify the underperformance within the timescales specified by the Council, the Council may issue a Default Notice and/or fully or partially suspend the Agreement.

(b) Default Notice

If the Council serves a Default Notice on the Provider(s), the Provider must take the specified remedial action within the timescales specified. If the Provider(s) fail to complete the remedial action within the timescales, the Council may:

- Initiate full or partial suspension of the contract, where any monitoring or feedback obtained exposes performance issues or incidents relating to breaches in Service delivery. This a may also include safeguarding incidents.

If the Council believes that a serious Provider Default has occurred, the Council may:

- Initiate partial or full suspension of the contract, where an active informal Improvement Notice or formal Default Notice is in place or the Provider(s) is under Large Scale Safeguarding Enquiry (LSE) procedures.

Where there has been a serious breach or multiples breaches which may affect Service User or Resident safety and wellbeing, the Council retains the right to move existing Provider(s)'s business to alternative Providers. This may be via a staggered approach or moving the business as a whole and is at the Councils discretion.

Where improvements are evidenced and the required standard reached, the suspension may be lifted, initially with a phased approach which will be decided and closely monitored, by the Council.

7.4. Complaints, Compliments and Ombudsman Investigations

7.4.1. Complaints and Compliments

The Provider(s) will have a written Complaints Policy which is compliant with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Provider(s) will ensure that Service Users, Residents and/or their representatives are aware of the Complaints Policy and how to use it.

A copy of the Provider(s) Complaints Procedure will be made available to the Service User/Resident as standard practice from the commencement of Service delivery and will form part of the Information Pack within the individuals' home.

Where the complaint is received by the Council, the Council reserves the right to determine the conduct of these complaints.

Service Users and Residents have a legal right to submit a complaint directly to the Council and to utilise its complaints procedure. The Provider(s) will ensure that the Service User/Resident is aware of this right from the commencement of Service delivery.

The Provider(s) will (at its own expense) co-operate fully with the Council at all times to enable the Council to investigate any complaint which is referred to it, and supply information as requested.

All complaints and compliments received by the Provider(s) from Service Users and Residents must be recorded and will be made available to the Council upon request.

7.4.2. Ombudsman Investigations

The Council is under a legal obligation by virtue of the Local Government Acts, to observe the rights and powers of the Local Government and Social Care Ombudsman, who has independent and impartial powers to require persons to provide information and/or produce documents for the purposes of carrying out investigations into relevant matters that may have been referred to him for adjudication when maladministration has been alleged against the Council.

The Provider(s) shall make available any documentation or allow to be interviewed any of the Provider(s)' Employees and assist at all times the Ombudsman or their Employees and shall co-operate with any enquires that are requested by the Ombudsman or his Employees in investigating any complaints whatsoever.

Upon determination of any case by the Ombudsman in which the Provider(s) has been involved or has been implicated, the Council shall forward copies of these determinations to the Provider(s) for comments before reporting the details to the relevant Committees of the Council. The Provider(s) shall indemnify the Council against any compensation damages, costs or expenses which the Council shall incur or bear in consequence of any claim of maladministration where such maladministration arises from the negligent act or omission by or on behalf of the Provider(s) resulting from failure to observe and perform the obligations under this Agreement.

The Provider(s) shall comply with all recommendations, in so far as the Law allows, made by the Ombudsman as to the changes of methods or procedures for service delivery if requested to do so in writing by the Council.

All Provider's are to comply and co-operate with any Ombudsman investigations which occur as a result of a complaint being made.

7.5. Whistleblowing

The Provider(s) must ensure that all Employees are aware of the Whistleblowing policy and must be able to demonstrate to the Council that all Employees understand what this policy is.

The Provider(s) shall, throughout the Contract Period, maintain a system allowing Employees to have a means of ensuring that they can raise concerns relating to the care or treatment of the Service Users and Residents or the management of the Provider(s) with an independent person.

Any Employees, raising a legitimate concern, will be entitled to remain anonymous and will not be subject to any reprisal for highlighting such concerns. The exception to anonymity is where the concern escalates to a situation where this is no longer possible i.e. where there is Police or Court action.

The Provider(s) should have robust Whistleblowing policies, procedures and processes in place for all Employees within the organisation. These will be available to the Council upon request.

7.6. Managing Information

7.6.1. Commissioner rights to information

The Commissioner requires the Provider(s) to provide timely information to support commissioning activities locally, sub regionally and nationally. The information must comply with non identifiable information requirements. This applies to the provision of service return information, and invoice payment backing data. However where there are specific safeguarding, operational risks relating to individual Service Users/Residents and or Employees then the Provider(s) and the commissioner must share information to determine the appropriate management of the situation to ensure appropriate safeguarding actions.

The Provider(s) in connection with the delivery of the service will not use, manufacture, supply or deliver services that may infringe any intellectual property rights. All intellectual property rights developed for the purpose of providing services under this contract shall belong to the commissioner.

The Provider(s) must fully indemnify the commissioner against losses, action, claims, proceedings, expenses, costs and damages arising from a breach of information governance. The Provider(s) must defend at its expense any claim or action brought against the commissioner alleging that there has been, in connection to the delivery of the service infringements of copyright, patent, registered design, design right or trademark or other intellectual property rights and must pay all costs and damages.

The Provider(s) should ensure that they comply with the European General Data Protection Rules legislation.

7.6.2. Commissioner Information Requests

The Provider(s) will be responsible on behalf of the commissioner for preparing responses to MP letters, Compliments and Complaints, Freedom of Information requests for the commissioner's approval where these relate solely or partially to the care and support service.

7.6.3. Expectations in using systems

The Provider(s) will operate an appropriate IT system that enables safe storage of Service User/Resident and case records, which allows for effective data collection and analysis for both local, sub regional and national monitoring requirements. This should include Service User/Resident consent to store and share information with significant others as part of the support arrangements e.g. for example with family, parents and carers, and subject to effective governance and secure transfer arrangements with other partners involved in supporting their care.

The Provider(s) should ensure that they comply with the European General Data Protection Rules legislation.

7.6.4. Record Keeping

The Provider(s) will:

- Create and keep records which are adequate, consistent and necessary for statutory, legal and business requirements;
- Achieve a systematic, orderly and consistent creation, retention, appraisal and disposal procedures for records throughout their life cycle;
- Provide systems which maintain appropriate confidentiality, security and integrity for records and their storage and use;
- Provide clear and efficient access for Employees and others who have a legitimate right of access to the records in compliance with current Information Governance (IG) legislation;
- To provide training and guidance on legal and ethical responsibilities and operational good practice for all Employees involved in records management;
- Compliance to current Cheshire East policies;

- Comply with IG requirements for any future service transition arrangements.

7.6.5. Storage of information

The Provider(s) has a duty to make arrangements for the safe-keeping and eventual disposal of their records. The legal compliance for disposal of records must be set out in the Providers policy for approval under the governance framework.

The Provider(s) should ensure that they comply with the European General Data Protection Rules legislation.

7.7. Policies and Procedures

The Provider(s) will have clear policies, procedures and documents as listed in 1.7 which will be supplied to the Council as and when requested. Updated versions are to be supplied during each Annual Monitoring Return to the Council. Freedom of Information Policy

7.8. Health and Safety

- The Provider(s) will do all that is reasonably practicable to prevent personal injury and to protect Employees, Residents and others from hazards.

- The Provider(s) shall ensure that Health and Safety risk assessments are in place at all times for all aspects of the Service. The Provider(s) shall be responsible for risk assessment, hazard control and other Health and Safety matters affecting its Employees in the delivery of Services.

- The Provider(s) will need to demonstrate compliance with all relevant Health and Safety legislation and guidance relating to every element of the Service.

- The Provider(s) shall issue to all their Employees a detailed Health and Safety policy statement in compliance with the Health and Safety at Work Act 1974.

- The Provider(s) shall ensure that its Employees comply with safe working practices.

7.9. Safeguarding

Provider(s) will ensure services comply with safeguarding procedures outlined by Cheshire East Council through the Local Safeguarding Children Board and Local Safeguarding Adults Board, and Cheshire East's Domestic Abuse Partnership:

http://www.cheshireeast.gov.uk/care-and-support/healthy-lifestyles/domestic_abuse/domestic_abuse.aspx

http://www.cheshireeastlscb.org.uk/professionals/procedures-and-guidance.aspx

http://www.cheshireeast.gov.uk/care-and-support/vulnerable-adults/vulnerable-adults.aspx

The operational policies of the Provider(s) will address the following:

- Safe provision and storage of medication;
- How to initiate a Common Assessment Framework if required;
- How to make a referral for an adult at risk, under safeguarding procedures;
- How to raise a concern in relation to domestic abuse;
- How to report and respond to safeguarding concerns about the practice of Employees or volunteers;
- Set out how they will manage a complaint investigation and how the learning will inform practice and continuous development of the service;
- Set out how the management and reporting of sudden untoward incidents and the reflective learning from such events informs future practice and continuous service development.

The Provider(s) will be responsible for informing the Authorised Officer(s) of their practice through routine contract monitoring arrangements or earlier where it relates to a critical incident and or is deemed to be an emergency that warrants this step as a matter of urgency.

7.9.1. Safeguarding for Vulnerable Children and Adults

The safeguarding of children and adults at risk must underpin all practice and Provider(s) are expected to adhere to relevant legislation and guidance:

- The Care Act 2014 https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation
- Safeguarding Children and Young People https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

as well as statutory responsibilities within 1989 and 2004 Children Acts, critically:

‘’ Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.
Under section 10 of the same Act, a similar range of agencies are required to cooperate with local authorities to promote the well-being of children in each local authority area (see chapter 1). This cooperation should exist and be

effective at all levels of the organisation, from strategic level through to operational delivery.
Professionals working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer. ‘’

Cheshire East Local Safeguarding Children Board and Local Safeguarding Adults Board have policies that must be adhered to and evidenced within Provider(s) own policy, practice documents and records. The primary principle[s] here is that Provider(s) have robust policies, practices and pathways in place to escalate matters should this be required, therefore being able to: **Recognise, Respond, Record, Recruit Safely and Risk Assess well in respect of Residents wellbeing and safety**.

Compliance with Local Safeguarding Children’s Board’s and Local Safeguarding Adults Board’s policy, procedures and protocols which must be regularly audited (including case recording audit) by the Provider(s). Provider(s) are required to complete annually the self-assessment as set out in the Safeguarding Standards for Children and Adults at risk.

Workforce training on the prevention of abuse and safeguarding practice as well as domestic abuse must be given to all Employees as a part of their induction and continued professional development.

In order to safeguard Residents from any form of abuse and to provide an early warning, the Provider(s) must have in place a written Adult Safeguarding Policy and Procedure. This must mirror the principles of the Local Safeguarding Children’s Board’s and Local Safeguarding Adult’s Board, the Care Act 2014 and, especially Chapter 14 (Safeguarding) of the Care Act guidance. The Provider(s) must supply the Council with a copy of its policy and procedure on request. The policy will include employee training, adequate record keeping and procedures for alerting other professionals.

In the event of any allegation under Chapter 14 (Safeguarding) of the Care Act and the Local Safeguarding Children’s Board’s and Local Safeguarding Adult’s Board, the Provider(s) must work in co-operation with appropriate statutory agencies, other Provider’s, the complainant, their advocates and significant others to agree and implement a Support Plan aimed at providing support and preventing further abuse.

On receiving information about an incident / concern the Provider(s) Manager or nominated individual should determine whether it is appropriate for the concern to be dealt with under Safeguarding procedures.

Where a safeguarding allegation comes to light, the Provider(s) should make a safeguarding referral to the relevant social work team (and also inform CQC). Where possible, (unless it exacerbates risk), consent should be sought from the Residents as well as the Resident’s wishes (in line with Making Safeguarding Personal) with regards to the safeguarding

Cheshire East Social Care are the lead agency for managing Safeguarding allegations, and will decide whether they will conduct a S42 enquiry (investigation) or request that the Provider(s) conducts the S42 enquiry (investigation) on behalf of the Council. In the future, Provider(s) may have to collate and report LOW LEVEL concerns on a monthly basis to the Authorised Officer(s).

Where the Provider(s) has any involvement in the management of Service Users' financial affairs, a written policy and procedure must be in place. This should include, but not be limited to the following:

- Service User's monies should be separate personal accounts and not in any account related to the operation of the Provider(s)' business.
- All transactions should be appropriately recorded and be available for audit by the Authorised Officers as part of regular monitoring.
- A financial risk assessment shall be in place should Employees be handling monies / finances. This is to protect the Service User and Employees, ensuring appropriate controls are in place.

Provider(s) are required to respond to any safeguarding enquiries (including completing / sharing an S42 report) within the timescales specified by the Social Work teams.

If there are any Service Users who may be identified as missing from home, the Provider(s) should consider implementing the Herbert Protocol in collaboration with the Police.

A link to further information on the Herbert Protocol can be found below:

https://www.cheshire.police.uk/advice-and-support/missing-persons/herbert-protocol/

The Council may also introduce new ways of reporting safeguarding concerns during the life of this Contract. Provider(s) will comply with any reasonable requirements and adopt the new way of working at no extra costs.

The Provider(s) will, as and when required, work with other Provider's and share information with the same to ensure the safeguarding and promotion of the welfare of Children / Adults at risk, subject always to the Provider(s)' duty to comply with all relevant laws, statutory instruments, rules, regulations, orders or directives.

In the event that a Regulated Activity, as defined by the Disclosure and Barring Service, is to be delivered by the Provider(s) under this Contract, the Provider(s) will be a Regulated Activity Provider for the purposes of the Care Act 2014, and also comply with all relevant parts of the Cheshire East Multi-Agency Policy and Procedures to Safeguard Adults from Abuse, (which can

be found on our website) and the Local Safeguarding Children's Board's and Local Safeguarding Adults Board

This can be found on the Safeguarding Board Website
www.stopadultabuse.org.uk

The Provider(s) shall respect that the Services are to be delivered in the Resident's own home and shall therefore ensure that it:

- employs staff who respect the Service Users and Residents in their household and keep information about them confidential;
- only recruits and deploys Employees who have been subject to an enhanced DBS check;
- has (and implements) a documented policy for the storage of Service Users keys (if required to do so by the Council);
- only authorised Employees are allowed into the Service User's or Resident's home and no friends, relations or children of the employee should accompany them;
- ensures that Employees, Service Users and Residents understand the aspects of the safeguarding processes that are relevant to them;
- ensures that Employees understand the signs of abuse and raise this with the right person when those signs are noticed;

With regards children, all Employees, shall be trained and comply with the Council's inter-agency procedures for safeguarding children and promoting welfare.

Information can be found on the Cheshire East Local Safeguarding Children's Board website;
http://www.cheshireeastlscb.org.uk/homepage.aspx

The Provider(s) will ensure that all Employees engaged in the delivery of a Regulated Activity under this Contract:

- are registered with the DBS in accordance with the Safeguarding Vulnerable Groups Act and regulations or orders made thereunder; and

- are subject to a valid enhanced disclosure check undertaken through the Disclosure and Barring Service (DBS) including a check against the adults' / children's barred list. The Provider(s) must hold an up to date single central record for DBS checks of Employees and volunteers; and

- In performing its obligations under this contract or any applicable call off contract, the Provider(s) shall comply with all applicable anti slavery and human trafficking laws (including, but not limited to, the Modern Slavery Act 2015)

- Receive appropriate training regarding any policy put in place by the Council regarding safeguarding and promoting the welfare of Adults / Children at risk and regularly evaluate its Employees' knowledge of the same.

- The Provider(s) will monitor the level and validity of the checks under this clause for all Employees.

The Provider(s) will not employ or use the services of any person who is barred from carrying out a Regulated Activity.

The Safer Recruitment and selection of Employees, and Volunteers must be robust and include appropriately the undertaking of Disclosure and Barring Scheme checks [DBS]. Should the Provider(s) wish to employ a person who has a positive response (other than barring) on their DBS check, the Provider(s) must undertake and put in place an appropriate Risk Assessment of the risk to Service Users

In accordance with the provisions of the SVGA and any regulations made there under, at all times for the purposes of this Contract the Provider(s) must:

- be registered as the employer of all Employees engaged in the delivery of the Services, and
- have no reason to believe that any Employees engaged in the delivery of the Services:
- are barred from carrying out Regulated Activity ; or
- are not registered with DBS

The Provider(s) will refer information about Employees carrying out the services to the DBS where it removes permission for such Employees to carry out the services, because, such Employees have harmed or poses a risk of harm to the Service Users' and / or Children / Adults at risk and provide the Council with written details of all actions taken under this clause.

7.9.2. Provider and Named Safeguarding Lead

The Provider(s) will identify a named safeguarding lead. The 'named' safeguarding lead will have arrangements in place to ensure they are able to access enhanced safeguarding advice, support and knowledge.

The successful Provider(s) and their safeguarding lead must have in place:

- Clear referral and access criteria and documented pathways.
- Arrangements for the management of escalating risk.
- An information sharing and confidentiality policy in place that is clear regarding when, legally, information can be shared without consent and explains Residents' rights and responsibilities.

- A risk assessment process that accounts for a history of abuse and the person's vulnerability to abuse, including predatory behavior or sexual vulnerability.
- A Quality Audit / Performance Monitoring system for safeguarding activity, that complies with contract and safeguarding performance reporting / monitoring requirements.
- A clear process for reporting and managing allegations in relation to an Employee or volunteer.
- A process for notifying the Police where applicable.
- A process for the submission of Statutory Notices to CQC where applicable.

The service must immediately notify the Commissioners of any improper conduct by any of its Employees or by one Resident towards another, in connection with any part of this contract.

Note examples of improper conduct of Employees or Volunteers include (but is not exhaustive to):

- **Neglect / Acts of Omission / Self-Neglect** - Causing harm by failing to meet needs e.g. ignoring physical or medical care needs, withholding food, medicines, failure to provide adequate supervision .
- **Physical** - Hitting, pushing, slapping, and using inappropriate physical restraint, burning, drowning, and suffocating, with holding medical care, feigning the symptoms of ill health or deliberately causing ill health.
- **Sexual** - Sexual activity of any kind where the person at risk does not or is not able to give consent.
- **Psychological** - Including verbal abuse, humiliation, bullying and harassment. Persistent emotional ill treatment, cyber-bullying, seeing or hearing the ill-treatment of others, Domestic Abuse (see the below section).
- **Discriminatory Abuse** - Treating a person in a way which does not respect their race, religion, sex, disability, culture, ethnicity, sexuality or age.
- **Organisational Abuse** - Where routines and rules make a person alter his/her lifestyle and culture to fit in with the institution.
- **Financial** - Taking money and/or property without permission. Using pressure to control a person's money/property/ benefits. Taking or offering any financial inducements.
- **Modern Slavery / Trafficking** - Smuggling is defined as the facilitation of entry to the UK either secretly or by deception (whether for profit or otherwise). Trafficking involves the transportation of persons in the UK in order to exploit them by the use of force, violence, deception, intimidation, coercion or abuse of their vulnerability.
- **Radicalisation** - is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that (1) reject or undermine the status quo or (2) reject and/or undermine contemporary ideas and expressions of freedom of choice.

Should any Employee be the subject of any allegations, the Provider(s) should have an appropriate risk assessment in place proportionate to the allegation until the matter is resolved to the satisfaction of the Commissioner. Where appropriate a report should be made to the local authority – for those working with children and young people to the LADO [Local Authority Designated Officer].

The Provider(s) will ensure that they have mechanisms in place to fulfil their duty with regard to the Disclosure and Barring Service where they have dismissed an individual, or an individual has resigned, because they harmed or may harm a person at risk. Consideration of subsequent reporting to professional registering bodies will also be needed e.g. CQC.

7.9.3. Domestic Abuse and Sexual Violence

Domestic Abuse is defined by the Home Office as:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, and emotional'.

The Provider(s) will recognise the linkages to their service delivery and practice of those they support who are subject to domestic violence, including harm caused to primary victims and to their children or grandchildren or other young relative. It is essential that the Provider(s) ensures the safeguarding lead has oversight of domestic and sexual violence also. This will ensure a clear single point of contact for all safeguarding matters with wider system partners.

The Provider(s) is expected to engage with the Domestic Abuse Partnership and Multi Agency Risk Assessment Conference [MARAC] where the safety of those at high risk is co-ordinated across agencies.

There is a requirement that the Provider(s) uses the CAADA-DASH RIC [Risk Identification Checklist], and refers on to MARAC for those at high risk and /or supports access to specialist support for lower risk victims as appropriate.

The Provider(s) will promote specialist service access for Employees, communities and families through the 24/7 Domestic Abuse Hub so that specialist support can be offered at the earliest indications of abuse.

The Provider(s) will be particularly attentive to the links between domestic abuse, mental ill health and substance misuse and seek to be involved in integrated responses so that families experience co-ordinated interventions and support, particularly where these issues constitute risks to children.

The Provider(s) will always consider the potential risks to children caused by domestic abuse and other adult issues and follow their safeguarding procedures as a priority.

The Provider(s) will promote pathways to sexual abuse support services including the Sexual Assault Referral Centre and the commissioned aftercare Provider. The Provider(s) is expected to be knowledgeable about sexual violence and exploitation and the appropriate referral pathways for children and adults. Specialist support services for sexual violence are commissioned at sub regional level, and include the Sexual Assault Referral Centre (SARC) at St Marys Hospital in Manchester and the Rape and Sexual Abuse Support Centre (RSASC). While support is commissioned at a pan Cheshire level support services are delivered locally in bases accessible by victims.

It is known that those who are abused and those who abuse will also be among the Service User/Resident group and the Provider(s) must take all steps to support Employees in their work with Service Users and Residents. The Provider(s) will also recognise that Employees may be personally affected by domestic abuse and this will be accounted for in their own HR policies.

The Provider(s) practice approach must include support to those who are harmed and accountability for those who harm others including promoting the use of criminal sanctions and voluntary change programmes.

7.9.4. Exceptional Service Exclusion

Provider(s) may at times need to consider whether a Service User may need to be excluded from the service. A professional risk assessment must be undertaken to assess the risk to other Service Users, Employees and or members of the public. This risk assessment should be undertaken on a multi-agency basis to ensure wider safety actions being determined across health, social care and the criminal justice system.

Every effort must be made to maintain and or secure re-engagement of the Service User once the safety actions have been implemented.

Any exclusions, and or safety actions put into place must be reported to the Authorised Officer(s) in a timely manner to allow for their direct involvement and or advice /guidance.

See also Section 4.10 re guidance for giving notice to Residents.

7.10. Prevent and Channel Duties

The Provider(s) must ensure that they adhere to Prevent and Channel duties. The national Let's Talk about it campaign[1] describes Prevent as being about safeguarding people and communities from the threat of terrorism. Prevent is 1 of the 4 elements of CONTEST, the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism. Channel provides support across the country to those who may be vulnerable to being drawn into terrorism. The overall aim of the programme is early intervention and diverting people away from the risk they may face.

[1] Let's Talk about it: Working together to prevent terrorism http://www.ltai.info/what-is-prevent/

Section 8.0

8. Governance Requirements

8.1. Legal compliance

The Provider(s) will ensure that the service is fully compliant with all relevant legislation and regulation. The service will be delivered within the allocated budget. Failure to meet agreed targets would result in the Commissioner requiring a remedial time specific action plan to address the issues of concern. Continued underperformance may lead to contract termination in line with the contract terms and conditions.

8.2. Service sustainability and Business Continuity

The Provider(s) will produce a Sustainable Development / Business Continuity plan prior to the commencement of the contract that is then subsequently reviewed at least annually.

Sustainability and business continuity plans are essential and it is expected that the Provider(s) will report at least annually to the Local Authority on their currency and use.

Should a Provider move into Provider failure the Commissioners will work with the Provider in line with the Council's internal policies and procedures.

8.3. Strategic Governance

The service is expected to maintain an effective and proactive stakeholder network and strategic partnerships, including Clinical, Criminal Justice, and Social Care partners in order to inform improvement and development of the service within the wider system.

8.4. Information Governance

The Provider(s) will comply with the Information Governance (IG) Toolkit https://www.igt.connectingforhealth.nhs.uk/requirementsorganisation.aspx.

This integrates the overlapping obligations to ensure confidentiality, security and accuracy when handling confidential information set out in:

- The Data Protection Act 1998;
- European General Data Protection Rules
- The common law duty of confidentiality;

- The Confidentiality NHS Code of Practice;
- The NHS Care Record Guarantee for England;
- The Social Care Record Guarantee for England;
- The ISO/IEC 27000 series of information security standards;
- The Information Security NHS Code of Practice;
- The Records Management NHS Code of Practice;
- The Freedom of Information Act 2000.

Patient identifiable data (PID) will only be accessed by authorised Employees where the Service User has given explicit consent. Where consent is not given by the individual Service User only anonymised or aggregate data will be accessed.

Patient confidential data (PCD) will only be accessed where it is absolutely necessary to support or facilitate the Service User's care. All PCD will be handled in accordance with the Information Governance (IG) Toolkit https://www.igt.connectingforhealth.nhs.uk/requirementsorganisation.aspx which aims to:

- Ensure that Provider(s) comply with their responsibilities to inform Service Users and Residents of the uses of their information and the agencies it is shared with;
- Protect and keep in the strictest confidence all information;
- Use the confidential information only for the purpose of supporting or facilitating the care of the Service User;
- Notify the Authorised Officer immediately upon learning of any improper disclosure or misuse of any confidential information, login and passwords. Also to take whatever steps are reasonable to halt and otherwise remedy, if possible, any such breach of security. Also to take appropriate steps to regain the confidential information, and to prevent any further disclosures or misuses;
- Ensure that the Provider(s) has a current data protection notification, which is updated on an annual basis;
- Ensure that all Employees are contractually bound by confidentiality agreements and are aware of their responsibilities to adhere to these;
- Appropriate technical and organisational measures will be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data;
- Regular confidentiality audits will be carried out to ensure that security measures remain appropriate and up to date. All audits will be carried out in accordance with the Information Commissioner's Office (ICO) Confidentiality Audit Guidance.

8.5. External Inspections

The Provider(s) will be responsible for registration and meeting the inspection requirements of inspectorates including CQC. Local Health Watch also have enter

and view responsibilities for adult health and social care services and compliance here is also expected.

Appendix 1: Pathways and Processes

The Provider(s) is required to adhere to all pathways and processes as specified by the Council and be aware that the Council reserves the right to change its internal pathways and processes without consultation with Provider's.

Support Plan Amendment Process

When visit durations, visit frequencies, tasks or outcomes need to be reviewed or changed, Provider's are to refer this request to Social Care for authorisation.

For details regarding changes, please refer to the 'Changes in Need and / or Care Delivery' section of the Service Specification.

Safeguarding Referral Process

The Provider(s) are to make safeguarding referrals verbally or securely via email using the following:

In office hours 0300 123 5010
Out of office hours 0300 123 5022

Via email

South Cheshire (for example Crewe, Nantwich, Sandbach, Congleton)
adultteamsouth@cheshireeast.gov.uk

East Cheshire (for example Wilmslow, Macclesfield, Alderley Edge)
eastfpoc@cheshireeast.gov.uk

The Provider(s) should regularly access the Cheshire East Safeguarding Adults Board website to ensure that they are aware of the most current policy and procedures. The Provider(s) must adhere to the safeguarding referral process specified by the Council.
www.stopadultabuse.org.uk

Infection Control

The Provider(s) should refer to the Infection Control process section of the Specification

Missed Visit Reporting Process

Whereby a Provider(s) suspects a missed visit or is aware that a missed visit has occurred, the Provider(s) must refer to the 'Missed Visits' section of the Service Specification.

If a missed visit occurs, the Provider(s) must adhere to the Missed Visit procedure as specified by the Council.

Care Package Reinstatement Process

Please refer to the 'Reinstatements of Care Packages' section of the Service Specification with regards to obligations of the Provider(s) and reinstatement timescales.

If a reinstatement of care is required, the Provider(s) must adhere to the Reinstatement process as specified by the Council.

ECM Accuracy and Checking Process

Provider(s) must adhere to the ECM process as specified by the Council.