

Part B

Provision of Care and Support in Supported Living Accommodation for people with a learning disability or people with statutory mental health needs

General Information and Specification

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

DN572756

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Contents

1	Introduction and Background Information	3
1.2	Lots	5
1.3	Contract Period	6
1.4	Procurement Timetable	6
1.5	Authority Representatives	7
2	Specification.....	8
	36 Ponsford Road, Minehead – Lot 1	8
	Specification	8
	The Paddocks, Bishops Lydeard – Lot 2.....	10
	Specification	10
	The Avenue, Yeovil – Lot 3.....	12
	Specification	12
	Mental Health Stoke-Sub-Hamden Cottages – Yeovil – Lot 4	14
	Specification	14
	Service Specification: For the Provision of accommodation based care and support and housing related support for people with Learning Disabilities and Autism.....	18
	1. INTRODUCTION	19
	2. SERVICE DESCRIPTION – Learning Disabilities and Autism	20
	2.8 SERVICE DESCRIPTION – Learning Disabilities and Autism – Complex Care 24	
	3. SERVICE USER OUTCOMES, QUALITY AND PERFORMANCE MONITORING	27

1 Introduction and Background Information

1.1 Procurement Procedure

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

The Authority requires the information sought in this Selection Questionnaire from Applicants in response to the FTS contract notice identification number **2021/s 000-028458** published on **15th November 2021**.

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

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

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

In the event that six (6) or fewer than six (6) submissions are received, the Council will take into account the above and therefore, may result in less than six (6) Applicants being taken forward to the second (2nd) stage.

To further illustrate this point please refer to the following examples. In both Example 1 and 2 the intention is to arrive at a shortlist of six (6) Applicants. Examples 3 and 4 demonstrate where fewer than six (6) submissions were shortlisted.

Example 1

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

Example 2

Supplier	Score	Status
One	84%	Invited to Tender
Two	83%	Invited to Tender
Three	81%	Invited to Tender
Four	72%	Invited to Tender
Five	71%	Invited to Tender
Six	70%	Invited to Tender
Seven	70%	Invited to Tender
Eight	52%	Down Selected

Example 3

Supplier	Score	Status
One	90%	Invited to Tender
Two	81%	Invited to Tender
Three	74%	Invited to Tender
Four	72%	Invited to Tender
Five	71%	Invited to Tender
Six	40%	Down Selected
Seven	39%	Down Selected
Eight	36%	Down Selected

Example 4

Supplier	Score	Status
One	91%	Invited to Tender

Two	87%	Invited to Tender
Three	81%	Invited to Tender
Four	76%	Invited to Tender
Five	45%	Down Selected

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

1.2 Lots

This procurement opportunity is divided into four (4) lots as specified below:

Lot Number	Area	Title
1	36 Ponsford Road, Minehead, Somerset	Care and Support in Learning Disability Supported Living Accommodation
2	The Paddocks, Bishops Lydeard, Taunton, Somerset	Care and Support in Learning Disability Supported Living Accommodation
3	The Avenue, Yeovil, Somerset	Care and Support in Learning Disability Supported Living Accommodation
4	Stoke-sub-Hamden Cottages, Yeovil	Care and Support in Mental Health Supported Living Accommodation

Applicants may bid for single or multiple Lots.

An information session for prospective bidders is being held via Microsoft Teams on **Tuesday 23rd November at 2pm**. If you wish to attend the information session please send a message via the e-Tendering Portal confirming your name and email address so that you can be sent an invitation.

Attendance at the information session is not compulsory and non-attendance will not disadvantage any Applicants. Presentation slides and any notes from the event will be shared on the portal.

1.3 Contract Period

The Contract being offered is due to commence on:

Lot	Address	Contract Term
Lot 1	36 Ponsford Road	May 2022 – April 2027
Lot 2	The Paddocks	June 2022 – May 2027
Lot 3	The Avenue	TBC
Lot 4	Stoke-sub-Hamden	May 2022 – April 2027

With the option to extend for: two (2) further periods of up to sixty (60) months.

For avoidance of doubt, the maximum duration of this contract(s), including permitted extensions, will be until 2032.

1.4 Procurement Timetable

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

Procurement Stage	Dates
Publication of advertisement	15/11/21
Selection Questionnaire distributed to Applicants	15/11/21
Provider Information Briefing	2pm on 23/11/21
SQ deadline	12:00 on 13/12/21
Evaluation	13/12 – 20/12/21
Applicants notified of SQ decision	21/12/21
ITT distributed to shortlisted Applicants	22/12/21
Clarification questions to be submitted by	08/01/22
Clarification responses to be issued by	12/01/22
Bid Deadline	12:00 on 20/01/22
Evaluation	21 - 31/01/22
Intention to award	04/03/22
Standstill period	04 – 14/03/22
Implementation & Mobilisation	15/03 - 30/4/22
Contract start	01/05/22

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

1.5 Authority Representatives

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

Authority Authorised Representative contact details:	Procurement Representative Contact details:
Name: James Cawley E-mail: jcawley@somerset.gov.uk	Name: Kate Williams E-mail: ktwilliams@somerset.gov.uk

2 Specification

36 Ponsford Road, Minehead – Lot 1

Specification

Introduction

36 Ponsford Road is the collective name of the development of 7 X 1 bedroom Learning Disability Supported Living apartments with communal accommodation. The 7 bed apartments are spread across three floors. There is a small attic space.

It is managed by Inclusion Housing who will offer tenancies to residents. Rent levels will be at exempt housing benefit rates.

36 Ponsford Road is very well located in Minehead, with good links to transport, shopping, leisure and recreational activities.

The Accommodation

The flats are of good size (plus 40m²), with wet rooms in all flats, open plan living-kitchen-dining spaces and bedrooms, flooring is provided and it is probable that white goods will be provided in the kitchens (TBC).

There is a flat for staff (office and rest areas) in the development. A service level agreement will be put into place with care providers. **(See attached Appendix 4)**

The development has ample communal facilities inside and out.

Draft planning layouts for the scheme are attached as **Appendix 1A and 1B**

Care and Support

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

Somerset County Council consider that a good, healthy life can stem from a good, healthy community and relationships and wish for providers to be instrumental in

developing and fostering this community feeling within schemes, either directly or through the use of other organisations.

The care and support for each scheme is broken down into three separate components:

- Core (or background staffing) which could also make up part of people's complete package,
- Assessed (or individual hours) which make up the remainder of individual's care packages
- Night Support (which could be waking, sleep in or a combination of both).

The core hours block will be for 105 hours of care and support, as well as night support to be confirmed once the final mix of needs is known. Early indication highlights that the minimum night support will be 2 sleep in care staff, 365 days per year.

Assessed hours will be determined by the needs of the people who live at the property. Assessed hours are outside the remit of this tender. People who move into the property will choose who provides their assessed hours, which could be through a commissioned service or through a Direct Payment or individual Service Fund. There is an expectation that the core provider will be have the workforce capacity to pick up the bulk of the assessed care, although people will be given the opportunity to choose their provider or providers for their hours, to meet their specific outcomes. (It is anticipated that 90% of the resident will buy their care from the core provider).

Allocation

Allocation to both schemes will be via a joint allocation process; between the landlord (Inclusion Housing), commissioner and, once appointed, the care and support provider. The Authority would want the care provider to be part of the decision making at the earliest possible opportunity. The Authority expects that all people moving in will have complex and multiple care needs. All future void apartments will be via a joint decision process. The process of moving in will be phased from the start of the contract for a period of up to 6-8 weeks, with people moving in flexibly over that time and providers recruiting and ramping up delivery over the same period. The expectation that a jointly agreed mobilisation plan will be in place and worked to over the pre contract and phased opening period.

Ideally people will have a local connection to Minehead, but this can be extended to the whole of Somerset or people returning to the area after being placed outside of the county.

Working Together

Over the duration of the contract, commissioners will seek to work with provider(s) to move from a time based commissioning model of hours and minutes to a personalised, outcomes based system in partnership and at a pace that works for all organisation. Some of this development may mean working in different ways and

working with some trust between parties and people that receive care, possibly through new funding methods, i.e. Pooled budgets, individual service funds or payments by outcomes.

The Paddocks, Bishops Lydeard – Lot 2

Specification

Introduction

The Paddocks is a 8 bungalow scheme, 1 x 2 bed and 7 x 1 bed bungalows. Across a small car park there is a communal area and facilities for care staff, with facility for a sleep in or waking night support. The Paddocks is due for completion May 2022.

The Paddocks will be managed by Live West who will offer tenancies to residents. Rent levels will be at affordable housing rates.

The Accommodation

The bungalows are of good size (plus 50m²), with wet rooms in all flats, open plan living-kitchen-dining spaces and bedrooms, flooring is provided and it is probable that white goods will be provided in the kitchens (TBC). Each bungalow has its own private rear garden and a shared open plan front garden.

There is a flat for staff (office and rest areas) in the development. A service level agreement will be put into place with care providers. **(See attached Appendix 4)**

The development has ample communal facilities inside and out.

Draft layout for the scheme is attached - **Appendix 2A and 2B**

Care and Support

The ethos and aim of the scheme is along the lines of the promotion of independence, progression within the areas that people are able to do so and the expectation that providers will be key partners in doing so. Somerset County Council is changing the way that it delivers services and sees the strength Supported Accommodation in being able to support

People to make good choices about how they choose their care and it is delivered. Somerset County Council wishes to increase the range and breadth of options available to people and support them to stay well and healthy for as long as possible. Somerset County Council consider that a good, healthy life can stem from a good, healthy community and relationships and wish for providers to be instrumental in

developing and fostering this community feeling within schemes, either directly or through the use of other organisations.

The care and support for each scheme is broken down into three separate components:

- Core (or background staffing) which could also make up part of people's complete package,
- Assessed (or individual hours) which make up the remainder of individual's care packages
- Night Support (which could be waking, sleep in or a combination of both).

The core hours block will be for 105 hours of care and support, as well as night support to be confirmed once the final mix of needs is known. Early indication highlights that the minimum night support will be 2 sleep in care staff, 365 days per year.

Assessed hours will be determined by the needs of the people who live at the property. Assessed hours are outside the remit of this tender. People who move into the property will choose who provides their assessed hours, which could be through a commissioned service or through a Direct Payment or individual Service Fund. There is an expectation that the core provider will be have the workforce capacity to pick up the bulk of the assessed care, although people will be given the opportunity to choose their provider or providers for their hours, to meet their specific outcomes. (It is anticipated that 90% of the resident will buy their care from the core provider).

Allocation

Allocation to both schemes will be via a joint allocation process; between the landlord (Live West), commissioner and once appointed care and support provider. The Authority would want the care provider to be part of the decision making at the earliest possible opportunity. The Authority expects that all people moving in will have complex and multiple care needs. All future void apartments will be via a joint decision process. The process of moving in will be phased from the start of the contract for a period of up to 6-8 weeks, with people moving in flexibly over that time and providers recruiting and ramping up delivery over the same period. The expectation that a jointly agreed mobilisation plan will be in place and worked to over the pre contract and phased opening period.

Ideally people will have a local connection to Taunton, but this can be extended to the whole of Somerset or people returning to the area after being placed outside of the county.

Working Together

Over the duration of the contract, commissioners will seek to work with provider(s) to move from a time based commissioning model of hours and minutes to a personalised, outcomes based system in partnership and at a pace that works for all organisation. Some of this development may mean working in different ways and

working with some trust between parties and people that receive care, possibly through new funding methods, i.e. Pooled budgets, individual service funds or payments by outcomes.

The Avenue, Yeovil – Lot 3

Specification

Introduction

The Avenue is the collective name of the development of 5 X 1 bedroom Learning Disability Supported Living bungalows with communal accommodation.

It is managed by Golden Lane Housing who will offer tenancies to residents. Rent levels will be at exempt housing benefit rates.

The Avenue is very well located in Yeovil, with good links to transport, shopping, leisure and recreational activities.

The Accommodation

The flats are of good size (plus 40m²), with wet rooms in all flats, open plan living-kitchen-dining spaces and bedrooms, flooring is provided and it is probable that white goods will be provided in the kitchens (TBC).

There is a flat for staff (office and rest areas) in the development. A service level agreement will be put into place with care providers. **(See attached Appendix 4)**

The development has ample communal facilities inside and out.

A draft layout of the scheme is attached - Appendix 3

Care and Support

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

Somerset County Council consider that a good, healthy life can stem from a good, healthy community and relationships and wish for providers to be instrumental in

developing and fostering this community feeling within schemes, either directly or through the use of other organisations.

The care and support for each scheme is broken down into three separate components:

- Core (or background staffing) which could also make up part of peoples complete package,
- Assessed (or individual hours) which make up the remainder of individual's care packages
- Night Support (which could be waking, sleep in or a combination of both).

The core hours block will be for 105 hours of care and support, as well as night support to be confirmed once the final mix of needs is known. Early indication highlights that the minimum night support will be 2 sleep in care staff, 365 days per year.

Assessed hours will be determined by the needs of the people who live at the property.

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

Allocation

Allocation to both schemes will be via a joint allocation process; between the landlord (Golden Lane), commissioner and once appointed care and support provider. The Authority would want the care provider to be part of the decision making at the earliest possible opportunity. The Authority expects that all people moving in will have complex and multiple care needs. All future void apartments will be via a joint decision process. The process of moving in will be phased from the start of the contract for a period of up to 6-8 weeks, with people moving in flexibly over that time and providers recruiting and ramping up delivery over the same period. The expectation that a jointly agreed mobilisation plan will be in place and worked to over the pre contract and phased opening period.

Ideally people will have a local connection to Minehead, but this can be extended to the whole of Somerset or people returning to the area after being placed outside of the county.

Working Together

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

Mental Health | Stoke-Sub-Hamden Cottages – Yeovil – Lot 4

Specification

INTRODUCTION

The Stoke-Sub-Hamden Cottages will offer single sex accommodation to up to eight men who are living with what are considered 'complex mental health needs' and either a history of difficulty managing everyday living, or the risk of developing these patterns due to poor mental health.

The Accommodation will be managed by Somerset County Council who are subletting from Goldenlane.

A specialist and experienced community based mental health provider will manage the service with the support of and input from Mental Health Inpatient Social Workers, and clinical teams including Community Home Treatment and Assertive Outreach Teams.

Clients will receive up to 2 years (dependent on needs) of outcome focused, practical and emotional support to help them to achieve individual outcomes as well as overarching goals surrounding managing a tenancy, building links in the local community resulting in reduction of care hours and improved personal independence.

THE ACCOMMODATION

Stoke-Sub-Hamden Cottages are three adjacent properties offering eight tenancies. The cottages are fully furnished, quaint and characterful and of good size, with a shared bathroom, living room and kitchen.

There will be a staff office on site, with a bed for optional sleep in if called for.

The service is located just outside of Yeovil, with transport links available during the day to get into the town. The remote location is likely to deter criminal cuckooing behaviour.

Clients will pay their Housing Benefit for their licence to reside agreement with Goldenlane directly to SCC, who will then pay Goldenlane directly.

CARE AND SUPPORT

People with mental health needs can live at the Stoke-Sub-Hamden Cottages for up to two years.

A two-year recovery model, built around the individual.

Year one:

The first year is about newness and rebuilding. The service will aim to support people in the following ways:

- People are supported on the basis of comprehensive assessment, resulting in a structured individual care plan that involves outcome based intensive support. This might also sit alongside active therapy, treatment, or other community based mental health interventions.
- There is an emphasis on goal setting, in a collaborative way that optimizes independence and wellbeing. Goals will be reviewed every four weeks and the care provider will deliver outcome-based support.
- Alongside their bespoke care plans, everyone who lives at the Cottages will be supported to register with the local GP and dentist, to build and strengthen relationships with friends and family and to manage their finances and meal planning.

Year two:

The second year is about paving a way for the future. The service will aim to support people in the following ways:

- Support is given for people to undergo the Tenant Accreditation Scheme. This can help them to better manage their housing and tenancy needs when they move on to a more permanent arrangement. It is recognised across the county and will help people who have previously been refused housing to gain a tenancy.
- People are supported to register on Homefinder and begin to actively bid on homes.

- Once offered onward housing, people are supported to arrange for furniture and to set up their bills. There will be follow up telephone support and the potential for additional care in the community.

Care Packaging:

The care and support for each scheme is broken down into three separate components:

- Core (or background staffing) which could also make up part of people's complete overall package.
- Assessed (or individual hours) which make up the remainder of individual's care packages.
- Night Support (which could be waking, sleep in or a combination of both).

The core hours block will be for 56 hours of care and support (8 hours a day).

Assessed hours will be determined by the needs of each individual who lives at the property. Assessed hours are outside the remit of this tender.

ALLOCATION

Allocation to Stoke-Sub-Hamden Cottages will be via a joint allocation process, overseen by a panel consisting of the SCC Mental Health Commissioner, Adult Social Care Workers and, once appointed, the Care and Support Provider.

The process of moving in will be phased from the start of the contract for a period of up to 6-8 weeks, with people moving in flexibly over that time and providers recruiting and ramping up delivery over the same period. There is the expectation that a jointly agreed mobilisation plan will be in place and worked to over the pre contract and phased opening period.

Applications will be assessed on a case-by-case basis, however the people most likely to benefit from Mental Health Supported Living at the Stoke-Sub-Hamden Cottages include:

- Priority would be given to those awaiting onward housing on the Mental Health Ward Delayed Transfer of Care (DToC) list.
- People who have had numerous admissions to mental health inpatient settings
- People who have struggled to manage and retain a tenancy and or housing
- People living with debts, rent arrears or people with a history of damaging property who would otherwise find it difficult to access housing.
- People who have had multiple care package break downs and who services have struggled to engage with.
- People who would benefit from intensive rehabilitation and mental health support.
- People with mental health as a primary care need (All eligible candidates for this model must have MH needs).
- Working age adults or older adults with functional mental health issues.
- People living with a learning disability as a secondary care need.
- People on the autism spectrum.

- People recovering from alcohol or substance dependency.
- People requiring support to develop skills which would enable them to live more independently in the community.

The people least likely to benefit from Mental Health Supported Living at the Stoke-Sub-Hamden Cottages or who may pose too significant a risk to be considered, include:

- People who are experiencing an acute mental health crisis. This should be managed with a formal admission to hospital or via the Spring Project Step-Up House.
- People actively using drugs and/or other substances.
- People living with alcoholism who are still actively drinking.
- People with a confirmed conviction or those who are under ongoing investigation into alleged sexual or violent offenses.
- People who pose a risk to lone working female staff or other female tenants.
- People with a sustained risk of arson.
- People on DoLS or those requiring 24/7 supervision.
- People requiring more than prompting surrounding their personal care needs.
- People living with dementia.
- People with overnight needs.
- People who required a 24/7 care setting in the longer term.
- People who have tested positive for covid19 and who are in the first seven days of isolation.
- People needing support with medication beyond what can be delivered by the care provider or the home treatment team.
- People with mobility needs which would mean they couldn't climb the stairs.

WORKING TOGETHER

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

There will be a multidisciplinary approach with support and guidance provided by a range of health and social care workers. Any concerned parties will be able to call an MDT meeting where we can agree solutions and new approaches.

Service Specification: For the Provision of accommodation based care and support and housing related support for people with Learning Disabilities and Autism and Mental Health

CONTENTS

	Section	Page
1.	INTRODUCTION	3
2.	SERVICE DESCRIPTION -	4
3.	SERVICE DESCRIPTION – Complex care	
3.	SERVICE USER OUTCOMES, QUALITY AND PERFORMANCE MONITORING	6
4.	KEY PERFORMANCE INDICATORS	18

1. INTRODUCTION

- 1.1 This Service Specification has been developed by Somerset County Council's Adult Social Care Department to promote a consistent approach in the commissioning and provision of accommodation based care and support AND housing related support for people with learning disabilities. It specifies services to be provided to people with learning disabilities living in a supported living service.
- 1.2 This service specification is one of four service user specific service specifications that should be used in conjunction with a generic Working Age Adult service specification:
- People with learning disabilities and autism support needs
 - People with learning disabilities and autism support needs – complex support
 - People with mental health support needs
 - People with physical disabilities, sensory impairment and long term conditions

This service specification is for 3 lots of accommodation based care and support AND housing related support for **people with learning disabilities**. And 1 lot of accommodation based care and support AND housing related support for **people with mental health needs**.

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

- Partnership
- The commissioning approach
- The purpose of the service
- Principles and values of service provision
- Support planning and service start
- Reviews
- Specification of quality, workforce and service delivery standards
- Specification of quality standards in relation to risk management
- Specification of quality standards in relation to health and safety
- Specification of quality standards in relation to housing environment

- Specification in relation to other policies and procedures
 - Service user outcomes, quality and performance monitoring
 - Developing the service
 - The Council's responsibilities
 - Select glossary of terms
- 1.3 The service specification has been developed in the context of a wider programme of work involving a diverse range of stakeholders to ensure that a range of good quality accommodation options with support can be provided for people with learning disabilities at a cost that is sustainable in the long term.
- 1.4 The Service Specification is intended to specify those service elements and good practice issues required of the organisations/persons providing accommodation based care and support AND housing related support for people with learning disabilities (hereafter named 'the specified service').
- 1.5 This service specification will ensure a clear and shared understanding of expectations and quality standards in relation to the provision of the specified service between Commissioners (SCC) and Service Providers.
- 1.6 The standards set out in this Specification are the minimum requirements.

2. SERVICE DESCRIPTION – Learning Disabilities and Autism and Mental Health

- 2.1 This section describes in more detail the tasks with which service providers will support service users, under the requirements of this specification. This will be the approach for the two Supported Living and Disabilities and Autism schemes:
- 36 Ponsford Road, Minehead - commissioned supported living service will include both **core or background** (shared) and night support hours. Core support hours will be shared between all tenants/service users within each supported living service.
 - The Paddocks, Bishops Lydeard, Taunton - commissioned supported living service will include both **core or background** (shared) and night support hours. Core support hours will be shared between all tenants/service users within each supported living service.

- Stoke-Sub-Hamden Cottages - commissioned supported living service will include both **core or background** (shared) and additional allocated support hours. Core support hours will be shared between all tenants/service users within each supported living service.

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

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

2.3 Personal care means:

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

- (i) eating or drinking (including the administration of parenteral nutrition),
- (ii) toileting (including in relation to the process of menstruation),
- (iii) washing or bathing,
- (iv) dressing,
- (v) oral care,
- (vi) the care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist);

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

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

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

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

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

2.5 Housing Related Support

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

Supporting service users with:

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

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

2.6 Practical, social and other support:

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

Supporting service users with:

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

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

2.7 Shared Support

- 2.7.1 Activities where shared support may be appropriate include meal times, social and community activities. Shared support should be planned and

delivered with service users and based on service users shared interests, needs and preferences.

2.8 SERVICE DESCRIPTION – Learning Disabilities and Autism and Mental Health – Complex Care

2.8 This section describes in more detail the tasks with which service providers will support service users, under the requirements of this specification. There will be the approach for the following Supported Living and Disabilities and Autism and Mental Health schemes:

- Commissioned supported living service will include both **core or background** (shared), night support hours and **additional** (personalised) support hours. Core support hours will be shared between all tenants/service users within each supported living service.

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

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

2.3 Personal care means:

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

- (i) eating or drinking (including the administration of parenteral nutrition),
- (ii) toileting (including in relation to the process of menstruation),
- (iii) washing or bathing,
- (iv) dressing,
- (v) oral care,
- (vi) the care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist);

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

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

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

(e) Complex care and support needs may include:

- Support for high risk behaviours that challenge, such as physical aggression, self-harm, and self-neglect
- The need for multi-agency working, including liaison with health professionals and emergency services as required
- The need to respond to referrals at very short notice, to support someone in a crisis
- Family liaison
- Hospital in-reach/step down support for people detained in hospital under the mental health act
- The need to support people in their own homes, which may including joint working with another care provider(s)
- The need for local care providers to work collaboratively, to reduce the likelihood that people with complex care and support needs will experience 'placement breakdowns' and/or inappropriate psychiatric hospital admissions

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

- Cleaning the home, which may include vacuuming, sweeping, washing up, polishing, cleaning floors and windows, bathrooms, kitchens, toilets etc and general tidying, using appropriate domestic equipment and appliances as available
- Making beds and changing linen
- Lighting fires, boilers etc
- Recycling and disposing of household and personal rubbish
- Cleaning areas used or fouled by pets

- Assisting with the consequences of household emergencies, including liaison with local contractors
- Washing clothes or household linens, including fouled linen, drying, necessary ironing, storage and simple mending;

2.5 Housing Related Support

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

Supporting service users with:

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

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

2.6 Practical, social and other support:

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

Supporting service users with:

- Food preparation and hygiene
- Diet, nutrition & hydration
- Maintaining personal hygiene.
- Keeping safe and ensuring the home is free from fire and security risks
- On behalf of the service user, shopping, collecting or applying for benefits, paying bills, prescriptions or other simple errands
- Emotional health
- Self directed support

- Access to advocacy and complaints
- Communication
- Service feedback and involvement
- Signposting to and liaison with other agencies as appropriate
- Family and carer liaison and support
- Access a range of healthy lifestyle activities
- Maintaining social networks and activities and pursuing interests and hobbies
- Establishing contact and positive relationships with family, friends, groups and faith groups
- Assisting a service user to access community based services and social opportunities, including use of local transport
- Accompanying a service user to visit a GP or attend a hospital appointment
- Accessing health and other universal community services
- Mobilisation and transportation
- Accessing employment opportunities
- Accessing learning and training opportunities

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

2.7 Shared Support

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

3. SERVICE USER OUTCOMES, QUALITY AND PERFORMANCE MONITORING

3.1 The quality and performance of the service will be monitored and evaluated using of a range of approaches and tools. This will be

proportionate and suited to the size and type of service provided.
Tools and approaches include:

- Care Management Review/s
- Safeguarding incidents and processes
- Service user Survey/s
- Records of tenant meetings
- Complaints logs
- Somerset County Council Quality Monitoring Audit
- CQC Reports
- Other stakeholder feedback
- Key Performance Indicators
- Use of other recognised outcome evaluation tools, such as Outcome Star

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

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

3.3 The contract for this service will be monitored by Officers of Somerset Adult Social Care and Health - Commissioning, Quality Assurance and Workforce . This will include pre-planned quality audits undertaken by the Authority Quality Monitoring Team.

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

3.5 In addition to individual service user reviews (see section 7 of the generic Working Age Adult specification), there will be an initial six monthly contract review meeting, followed by an annual contract

review meetings. These meetings will consider the following (not exhaustive):

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

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

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

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

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

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

Challenging behaviour is defined as follows:

Behaviour can be described as challenging when it is of such an intensity, frequency or duration as to threaten the quality of life and/or

the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion (Royal College Psychiatry, BPS, RCSLT, 2007).

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

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

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

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

3.10.3 Service Providers must ensure that all staff have the skills and experience to meet complex care needs which must include:

- Relevant training, including:
 - Safe handling of medicines
 - Restrictive physical intervention and breakaway training
 - Positive Behaviour Support
 - Care Act, Mental Capacity Act, Safeguarding, and Deprivation of Liberty Safeguards
 - Autism Spectrum Disorders
 - Risk management
 - Mental health awareness
- Previous experience in supporting people with behaviours that challenge and mental health conditions

- 3.10.4 A current individual service user plan based on positive behavioural support principles should be in place for managing any behaviour's that may challenge the service and this should have a clear date for review
- 3.10.5 The Service Provider's staff are professionally trained and supported in understanding people's emotional and physical needs and are aware of causation and trigger points which result in particular behaviours.
- 3.10.6 If as a last resort physical intervention may be required, Service Providers must have a policy for the use of restrictive practice and staff should be trained by a trainer from an organisation accredited with the British Institute of Learning Disabilities (BILD).
- 3.10.7 If physical intervention is required there should be a policy for the use of restrictive practice and staff should be trained in its implementation.
- 3.10.8 Use of physical restraint should be a rare occurrence. Only the minimum amount of restraint is to be used and restraint is to be discontinued at the earliest possible opportunity. If physical intervention is used there should be a review of the individuals behaviour support plan and health status with a record made of the outcome of such discussion.
- 3.10.9 The Service Provider's staff must understand that restraint in this context means restricting someone's freedom and preventing them doing what they want to do.
- 3.10.10 The Service Provider's Registered Manager or equivalent is accountable and responsible for demonstrating why it has been necessary to use restraint in each such case, and that restraint was used only when all other methods for dealing with the problem had failed.
- 3.10.11 Details of all incidents are recorded in the affected service user or service users file with an indication of the outcome for the individual, including whether there was medical intervention.
- 3.10.12 All physical restraints that occur **without** a supporting positive behaviour support plan or management strategy should be reported to Adult Social Care under the safeguarding procedures with notification to the appropriate authorised SCC officers.

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

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

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

Quality standard	How is this monitored / assessed	Evidence of achieved outcomes
The Service Provider's staff understand the correct and approved ways of managing service users behaviour that may challenge the service and service users experience the positive benefits of these management techniques.	Care Management Review/s Safeguarding incidents and processes Service user Survey/s Records of tenant meetings Complaints logs SCC Quality Monitoring Audit CQC Reports Other stakeholder feedback Key Performance Indicators Use of other recognised outcome evaluation tools, such as the 'Outcomes Star'	Evidence: (to be completed as part of audit)
Support to manage complex and/or challenging behaviours is based on a current risk assessment and agreed positive behavioural support plan for each service user.	As above.	Evidence: (to be completed as part of audit)

Service users are involved in their risk assessments and behavioural support plans.	As above.	Evidence: (to be completed as part of audit)
Support staff have experience, skills and knowledge of positive behavioural support and working in non obtrusive and least restrictive ways.	As above.	Evidence: (to be completed as part of audit)

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

The Mansell Report

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

- Communication difficulties
- History of abuse/negative experiences
- Additional mental health issues
- Sensory impairments
- Autistic Spectrum Condition (ASC)

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

- Person Centred Active Support
- Positive Behaviour Support
- Total Communication
- Support plans
- Specialist training for specific conditions e.g. ASC, Mental Health, sensory support.

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

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

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

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

Good practice tips:

- Start with person centred planning and with the assumption that everyone can benefit from direct payments and personal budgets;
- Develop and use appropriate communication systems where people have little or no verbal communication, taking guidance from families and friends to understand what gestures or sounds may mean;
- Do not assume that behaviours that seem challenging are simply part of a person's disability; we know that these behaviours serve a function for the individual and it is essential to identify what that function is. Often these behaviours are the only way that individuals have of communicating that their needs are not being met and it is essential to address this – ignoring them may put lives at risk;
- Work with risk, constructively recognising that people develop and grow as they are supported to take on more responsibility;
- Start with planning for people with the most complex needs, addressing what additional and improved services and supports are needed so that they can be included with everyone else, and not assigned to separate or segregated services;
- Start with one person at a time in radical change initiatives – a few success stories can break down attitudinal barriers;
- Fully involve families and carers in discussions and decision making from the beginning; and provide access to specialised support and services close to

home where needed, alongside more mainstream support or as part of an inclusive and individualised package.

Service user Outcomes

- 3.11 Individual service user outcomes will be identified in each individuals' Support Plan following an assessment of need and allocation of a Personal Budget (see section 6 of the Generic Work Age Adult specification). Outcomes are agreed between the service user and their representatives, the Care Manager and the Service Provider.
- 3.12 Service user outcomes are likely to fall within one of the four outcome 'domains' set out in 3.13 below. Using a person centred approach, the Service Provider will agree with each service user how and when they will be supported to achieve their individual outcomes, within their Personal Budget.
- 3.13 The specified service will support the delivery of outcomes under the following domains:
1. The service user is supported to maintain their health & well being.
 2. The service user feels part of their community.
 3. The service user is supported to make choices and have more control over their lives.
 4. The service user maximises their independence and feels safe and secure in their environment.
- 3.14 Service Providers will be required to demonstrate and provide evidence of how their services contribute to the achievement of these outcomes as part of the quality monitoring and performance management process and as part of service user reviews and contract review meetings. Commissioners may alert providers with regards to specific areas of focus, or specific evidence requirements, prior to review meetings. A number of measures have been identified to assess performance against each of the outcome domains.
- 3.15 A Key Performance Indicator requires that Service Providers develop and conduct an annual survey of service users to establish their satisfaction with the service. The content and format of the survey will reflect desired outcomes of the service and will be agreed with Commissioners. The results of the survey will be available to Commissioners at an agreed date, together with an action plan for improvement.

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

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

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

Outcome	How is this monitored / assessed	Evidence of achieved outcomes
The service user is able to access ordinary places and participate in the community along side their fellow citizens as equals.	Care Management Review/s Safeguarding incidents and processes Service user Survey/s Records of tenant meetings Complaints logs SCC Quality Monitoring Audit CQC Reports Other stakeholder feedback Key Performance Indicators Use of other recognised outcome evaluation tools, such as the 'Outcomes Star'	Evidence: (to be completed as part of audit)
The service user is enabled to develop community connections with organisations (e.g. Leisure centres, clubs, and societies) that could lead to opportunities for the service user to maintain community participation.	As above.	Evidence: (to be completed as part of audit)
The service user is a valued member of their local community and is able to make a meaningful positive contribution to it.	As above.	Evidence: (to be completed as part of audit)
The service user has considered options around employment and	As above.	Evidence: (to be completed as part of audit)

is able where appropriate to progress along their employment pathway.		
The service user is able to exercise their democratic rights and get involved in local issues of interest to them.	As above.	Evidence: (to be completed as part of audit)
The service user is able to develop and pursue hobbies and interests and maintain and develop personal networks and friendships.	As above.	Evidence: (to be completed as part of audit)
The service user has access to travel training and information and support to use appropriate universal transport services as required.	As above.	Evidence: (to be completed as part of audit)

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

Outcome	How is this monitored / assessed	Evidence of achieved outcomes
Using Total Communication approaches, the service user is empowered to express their views and make informed decisions.	Care Management Review/s Safeguarding incidents and processes Service user Survey/s Records of tenant meetings Complaints logs SCC Quality Monitoring Audit CQC Reports Other stakeholder feedback Key Performance Indicators Use of other recognised outcome evaluation tools,	Evidence: (to be completed as part of audit)

	such as the 'Outcomes Star'	
The service user and, where appropriate, their family is meaningfully involved in the planning and delivery of their support.	As Above.	Evidence: (to be completed as part of audit)
The service user is meaningfully involved in choosing their own support staff.	As Above.	Evidence: (to be completed as part of audit)
The service user is empowered to have control over their finances.	As Above.	Evidence: (to be completed as part of audit)
The service user is are aware of the cost of their service and are involved in deciding how the money is spent on their support.	As Above.	Evidence: (to be completed as part of audit)
The service user is supported to practise their religion and beliefs in accordance with their wishes.	As Above.	Evidence: (to be completed as part of audit)
The service user, where they so wish, is empowered to exercise their democratic rights.	As Above.	Evidence: (to be completed as part of audit)
The service user is able to comment on and contribute to the work of the Learning Disability Partnership Board and any consultations on issues which may affect, concern or interest them.	As Above.	Evidence: (to be completed as part of audit)
The service user has access to independent advocacy services when required	As Above.	Evidence: (to be completed as part of audit)
The service user has access to a complaint & compliments procedure and is supported to use it.	As Above.	Evidence: (to be completed as part of audit)

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

Outcome	How is this monitored / assessed	Evidence of achieved outcomes
The service user is able to live a full, independent life, free from discrimination and harassment and feels safe and secure in their own home and environment.	Care Management Review/s Safeguarding incidents and processes Service user Survey/s Records of tenant meetings Complaints logs SCC Quality Monitoring Audit CQC Reports Other stakeholder feedback Key Performance Indicators Use of other recognised outcome evaluation tools, such as the 'Outcomes Star'	Evidence: (to be completed as part of audit)
The service user is protected from abuse and is supported to protect themselves from abuse.	As above.	Evidence: (to be completed as part of audit)
The service user has access to safeguarding adults, complaints and compliment procedures and is supported to use them.	As above.	Evidence: (to be completed as part of audit)
The service user feels confident in their support staff and is at the centre of their support.	As above.	Evidence: (to be completed as part of audit)
The service user feels supported.	As above.	Evidence: (to be completed as part of audit)
The service user is able to maximise their independence and where possible over time reduce	As above.	Evidence: (to be completed as part of audit)

their dependence on paid support.		
In conjunction with appropriate other services, the service user is able to maintain a tenancy.	As above.	Evidence: (to be completed as part of audit)
The service user is supported to identify inequalities and discrimination and to express their views.	As above.	Evidence: (to be completed as part of audit)
The service user is able to access public transport due to travel training and support.	As above.	Evidence: (to be completed as part of audit)
Service user confidentiality is maintained at all times.	As above.	Evidence: (to be completed as part of audit)

KEY PERFORMANCE INDICATORS

SUMMARY OF KEY PERMANENCE INDICATORS AND DATA REQUIREMENTS					
Key Performance Indicators			Target	Frequency	Source
Service user Outcomes	1	Service user Surveys: Service providers develop a service user satisfaction survey appropriate to their service and share outcomes with commissioners.	100% compliance	At least annually	Provider service user survey
	2	Service user outcomes. Information relating to the delivery of specific service user outcomes is provided on request.	100% compliance with requests	When requested	Provider data
	3	Service users are supported to maximise their independence: The Service Provider produces a case study to illustrate how service users are supported to maximise independence and how staff provide 'just enough support' and no more.	100% compliance with case study request	At least annually	Provider data
	4	Complaints. The Service Provider produces a Complaints and Safeguarding activity summary report, at agreed intervals.	100% compliance with reporting intervals	Quarterly	Provider data (SCC template available)
Support Staff & Management	5	Staff Turnover Levels and Workforce data: The Service Provider provides workforce data including information about staff turnover and is able to provide evidence within agreed timescales.	Staff turnover is less than 15%	At least annually	Provider data (SCC template available)

	6	Induction & Training Common Induction Standards, QCF qualifications and on-going service specific specialist training is provided for all new and existing staff within agreed period. According to and National Minimum Standards (Skills for Care) and fully recorded in staff files.	100%	At least annually	Provider data (SCC template available)
	7	Supervision & Performance Assessment Support staff and management staff receive regular supervision and performance assessment according to Service Providers' supervision and performance management policies.	100% compliance with stated policies	At least annually	Provider data (SCC template available)
Communication with landlord	8	Effective communication with the Landlord regarding housing management to ensure safety and security of the environment.	100% reporting on health and safety concerns / emergency repairs to landlord within 24 hours	Quarterly	Provider data

