Specification for a Homecare and Domestic Support Service

For Care of People at Home

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This document will form part of the Contract for the delivery of home care support services for Stockton on Tees Borough Council.
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Introduction

1 Purpose

1.1 The Primary purpose of this guidance is to specify the elements of a community based care service required to meet the homecare and domestic support needs (hereinafter referred to as homecare services) of Stockton on Tees Borough Council (hereinafter referred to as SBC) assessed clients with unmet care needs, who receive an SBC funded package of care in their own home.

1.2 This document sets out a service specification for the provision of community support for service users aged 18 years and over and children and young people (CYPS) ages 0-18/19 years who are ordinarily resident in Stockton on Tees. It describes the key features of the service and the outcomes required and should be read in conjunction with the Terms and Conditions of the contract.

1.3 This specification describes the services required and the key performance indicators the delivery of service will be measured against.

1.4 SBC reserve the right to change any aspect of this specification during the life of the contract. These changes may well include processes for accepting referrals, reporting and monitoring outcomes and back office administrative systems such as moves to a centralised model of home care call rostering and call monitoring information communication technology (ICT) system in line with SBC preferred solution (CM2000). If we choose to do this we will discuss with you any proposed changes and how they may be implemented. Changing national or local policies and priorities may also necessitate changes to the specification. The views of providers, service users and their carers will be taken into account in any review of the specification and their views will be welcomed at any time during the life of the contract.

2 Aims

2.1 The overall aim is to provide a responsive, high quality person focused home care service for individuals assessed by SBC Social Workers or nominated health professionals as eligible for support and who wish to receive a package of care within their own home and meet the referral and acceptance criteria specified in this Schedule.

2.2 The primary aim of the service is to enhance the quality of life for service users. In the delivery of the service the contracted home care service provider (hereinafter known as the Provider) will work closely with family carers and Social Workers, as well as the Tees PCT /Hartlepool and Stockton Clinical Commissioning Group (hereinafter referred to as Stockton CCG) Community Services such as Community Matrons, the District Nursing Service, General Practitioners and agencies involved in end of life care such as outreach palliative care teams and Macmillan Nursing Service.

2.3 To ensure that service users in receipt of homecare services are continually reviewed with a view to maximising the service user’s independence and achieving each service user’s desired outcomes.
2.4 Delivering reliable, high quality service user focused services, supported by continuous improvement and based on known service user’s expectations.

2.5 Key values in homecare services are fundamental to the way that people need to work and learn together in positive partnership with SBC. The service will promote the values adopted by SBC and our strategic stakeholders with regard to:

a. Privacy: The right of the Service User to be left alone or undisturbed and free from intrusion or public attention to their affairs.

b. Dignity: Recognition of the intrinsic values of people regardless of circumstances by respecting their uniqueness and their personal needs, and treating them with respect and by having a Dignity Champion (as outlined in the DoH Dignity in Care Scheme). The Provider and all staff will treat everyone with respect for their human dignity, privacy and autonomy by appreciating each individual’s richness of diversity and the dignity of that difference, by recognising and respecting the rights of others to have and express opinions and practices different from our own.

c. Independence: The Service User will be encouraged to maintain independence even in circumstances when he/she needs assistance with personal care and support tasks.

d. Choice: The Service User has the opportunity to select independently from a range of options and to influence the nature of the service offered, and the style in which it is provided.

e. Rights: The Service User will have all entitlements associated with being an active citizen and will be aware of their right to comment upon the quality of service provided and rightly to demand to live independently as an equal citizen.

f. Fulfilment: The Service User will be supported in their rights to have control over the quality of their life in their own home and chosen community.

2.6 The above rights must form the basic key values on which the Provider’s staff are inducted into the service and must form the basis of the Provider’s current and any future training.

3 Evidence Base

3.1 This is a time of rapid and radical change in social care. The roles and expectations of social care professionals and organisations that deliver care are subject to change and it is important that organisations value and empower their workforce by including them in the change process.

3.2 The 1948 Assistance Act and relevant sections of the Local Authority and Social Services Act 1970 are the major legal framework that establishes Social Services Departments and their main duties and responsibilities. In addition, the National Health Service and Community Care Act 1990, the Crime and Disorder Act 1998, the Mental Capacity Act 2005 and the Equalities Act 2010 all have an impact on the provision of care.

3.3 The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this. It enables people to plan ahead for a time when they may lose capacity. The Provider has a legal duty to incorporate the Act into the development of its policies and procedures including staff training plans.
3.4 Personalisation and the provision of personal budgets aim to change the power balance and use of resources in social care. Putting people first (HM Government, 2007) proposes social care reform which is ‘co-produced, co-developed and co-evaluated’. It is vital, therefore, that change management and improvement programmes take place in this context with people who use, or may use, services at the heart of development. The knowledge of front-line practitioners will be central to the change process.

3.5 The legacy of “Our Health, Our Care, Our Say: a new direction in community services” (DH 2006) is the continued focus on delivery of outcome based homecare services and taking action that can be used to improve the quality of life for our Service users and to improve the performance of services. What is important is the end result, for example focusing on the number of Service users, who succeed in improving their quality of life in achieving their desired outcomes.

3.6 Key regulations and legislation which underpin this contract which must be adhered to include:

i. The Care Standards Act 2000  
ii. National Minimum Standards for Domiciliary Care  
iii. Mental Capacity Act 2007  
iv. Mental Health Act 2007  
v. The National Service Framework for Older People 2001  
vi. The National Service Framework for Learning Disabilities / Mental Health 2001  
vii. Disability Discrimination Act  
viii. Data Protection Act 1998  
ix. Race Relations Act  
x. Human Rights Act  
xi. Rehabilitation of Offenders Act (Exceptions clause)  
xii. Stockton-on-Tees Safeguarding Adults Policy  
xiii. Independence, Well-being and Choice  
xiv. Our Health, Our Care, Our Say – Putting People First Local Protocol  
xv. Stockton-on-Tees Child Protection Procedures  
xvi. Working together to Safeguard Children  
xvii. The Children Act 2004  
xviii. Every Child Matters: Change for Children Guidance  
xix. National Service Framework for Children, Young People and Maternity Services; in particular Standards 1 – 10  
xx. Article 19 of the UN convention on the Rights of the Child  
xxi. National Framework for Continuing Health Care  
xxii. Care Quality Commission (Registration) Regulations 2009  
xxiii. Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, specifically: Regulations 9, 14, 24  
xxiv. Autism Act 2009  
xxv. Section 149 of the Equality Act 2010 (the public sector duty), and The Equality Act 2010 (Specific Duties) Regulations 2011  
xxvi. Valuing People Now (2009)

3.7 This is not an exhaustive list of legislation and the Provider will be responsible to ensure that they adhere to any other legislative requirements or amendments in place or introduced during the life of this contract.
Strategy

4 General Overview

4.1 The Provider shall provide a reliable, cost effective, service user focused home care services of high quality for SBC home care service users who receive care in their own homes. The Provider will ensure that the Service will reflect the ethos and standards outlined in the following SBC, CQC and Department of Health policy documents:

- Older People’s Strategy;
- Vision for Adults;
- CQC Outcomes Framework;
- Standards for Better Health;
- NSF for Older People;
- Nursing Agency Regulations and The Essential Standards;
- Mental Health Strategy;
- Valuing People Now;
- National dementia Strategy; and
- The End of Life Care Strategy.

4.2 Service users can exercise their right to choose any registered home care Provider outside of the Council’s Preferred Providers list where it meets an assessed need. However, SBC will proactively promote that the service user chooses from the Stockton Contracted Preferred Providers list within a given area as a positive way of promoting the service users control and choice while safeguarding adults and children.

5 Objectives

5.1 The Provider must ensure that the Service meets the following objectives:

- To enhance the quality of life for SBC home care service users and to maximise long term social and health outcomes wherever possible;
- To deliver high quality care maintaining service user’s dignity and respecting people’s individual physical and cultural needs;
- Active care management of service user aimed to reduce unscheduled acute admissions and improve co-ordination of community services; and
- To meet all policy standards and legislation relating to these groups of service users.

6 SBC’s vision and strategic aims

6.1 SBC key objectives for 2012-15 (outlined in the Council Plan) are:

- Adult’s Services: Our vision is that older people in Stockton-on-Tees grow older with dignity and maintain a high quality and independent lifestyle. This includes ensuring older adults are at the heart of community leadership and development exercising real choice and control;
b. **Health and Wellbeing:** Our vision is for a healthier borough where all residents are able to take control of their own physical and mental health and well-being, though living healthy and active lifestyles, supported by accessible and integrated health and care facilities; and

c. **Stronger Communities:** Our vision is for a stronger and more cohesive society where there is a common sense of belonging for all communities and one where the diversity of people’s backgrounds is appreciated and positively valued, where there is strong community involvement in public life and where there is a strong and vibrant community and voluntary sector.

6.2 By signing up to this contract and associated specification and “partnership principles” SBC and the Provider are making a commitment to:

a. Maximise control and choice for the service user and their carers;
b. Jointly consult the views of our service users;
c. Share relevant information, expertise and plans to avoid duplication wherever possible, thereby reducing any red tape;
d. Seek to avoid conflict and deal with matters at a local level, where possible;
e. Develop a service that is flexible enough to reflect the service user’s changing needs; and
f. To respond proactively and work towards meeting recognised changes in local demographic and economic demands in the market, through the continuous review of local policy.

7 **Service User / Client**

7.1 The contract of service, not only delivers Home care services to vulnerable adults but also to children and young people. In many cases this means supporting the parent of a child or young person as detailed in their plan of care and support.

7.2 For the purpose of the contract and Service Specification, in some instances, the definition of ‘service user’ may include the parent or carer, if the service is being provided to a child or young person. This will apply if the child is of such an age, or with such a physical or mental disability, that they are independently unable to give appropriate and informed consent or to make competent decisions regarding the delivery of the service and their personal care. In such situations the parent or carer will determine, with the provider how the care and support will be provided, wherever possible the child or young person should be included in any decisions regarding their care or support. Where it is not possible to include a child or young person in these decisions, due to the complexity of their presenting need and ability to consent; records of this decision are completed and communicated to the relevant SBC care managers.

7.3 Service user care groups covered by these services include:

a. Older People (OP), including those with Dementia (55 and over);
b. Adults with Physical and Sensory Impairment (PSI) (18-64);
c. Adults with Mental Health problems (MH) (18-64);
d. Adults with Learning Disabilities (ALD) (18-64); and

e. Children and Young People (0-18/19years).
8 Service User / Client Diversity

8.1 No person or group of persons being referred to the Provider or currently receiving a service from the Provider or working for the Provider will be treated less favourably than any other person or group of persons because of their gender, gender identity, sexual orientation, marital status, responsibilities for dependants, race, colour, nationality, ethnic origin, religion/belief, political beliefs, age, class, disability or unrelated spent criminal convictions. The Provider is required to ensure they deliver the service in a manner that respects the cultural needs of the service user and the staff they employ.

8.2 SBC expects the Provider to be aware of the multi-cultural and equality issues regards to social, cultural and religious needs.

8.3 SBC requires that service users are consulted on all matters concerning their care, treatment and general welfare and where appropriate, options should be offered and explained.

8.4 Where the service user expresses a preference for a particular gender and ethnicity of care worker, the Provider will ensure where possible a person of the same gender and ethnicity delivers the planned care.

8.5 The Provider and its employees will be expected to ensure they deliver the service in a manner that respects the cultural needs of the service user (and the staff the Provider employs). The Provider’s employees will be fully aware of and responsive to any requirements associated with the service user’s diet, food preparation, toileting, washing, hair care, dressing, cultural and spiritual needs (such as fasting days and other days of special significance) and any customs, values and beliefs associated with celebration, illness and death.

8.6 SBC expects all service users to be supported in leading fulfilling lives, in which their personal aspirations and abilities are acknowledged. The Provider will ensure that the Service User’s individual spiritual and emotional needs are identified, accepted and receive a sensitive and professional response from all care workers and Management.

8.7 Particular attention may be required to assist the service user both with the feelings of grief and with regard to their loss of abilities and / or bereavement, and also any fears and anxieties for the future.

8.8 Where a service user wishes to maintain religious or spiritual worship, assistance to contact the appropriate church/religious adviser should be offered and pro-activity supported.

8.9 SBC and the Provider must focus on supporting the health and welfare of service users and its workforce, regardless of an individual’s protected characteristics as defined by Equality and Human Rights commission (EHRC). It is important that the Provider recognises and understands the importance of embracing diversity, eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the act and promoting the positive differences in all people by adopting clear policy’s and principles.

8.10 The Provider, all employees of, and contractors to SBC, who provide home care services including domestic support services will adopt the following core values:
a. The Provider will have a commitment to promote the Equality Act 2010, the Management of Diversity and comply with the Equality Act 2010 and articles in the European Convention of Human Rights Act (HRA);

b. The Provider, care workers and service users should be aware of the Equality and Diversity Policy and related procedures;

c. The Provider should be aware of the scope for discrimination, harassment and victimisation in the granting of contracts of employment, and contracts of service. Care workers and service users must follow established procedures when involved with such issues, to prevent either direct or indirect discrimination from occurring;

d. The Provider will monitor the ethnic origin, race, gender, faith / belief, age, sexual orientation and disability profile of service users and its employees and report this information to SBC, as part of the SBC, Quality Assessment Framework, with supported evidence at intervals determined by SBC. The aim is to ensure that SBC and the Provider reflect in the service delivery, the local communities in which we jointly serve, including harder to reach groups of people;

e. In the provision of all its services and the employment of care workers, the Provider will seek to ensure equal and fair treatment of all persons and report to the SBC when this has not been achieved;

f. No person or group of persons being referred to the Provider or currently receiving a service from the Provider or working for the Provider will be treated less favourably than any other person or group of persons because of their gender, sexual orientation, marital status, responsibilities for dependants, race, colour, nationality, ethnic origin, religion/belief, political beliefs, age, class, disability or unrelated spent criminal convictions;

g. The Provider has a responsibility to take into account, the delivery of service when responding reasonably and sensitively to requests from employees and service users arising from their cultural, religious and / or personal values and beliefs;

h. The review, monitoring and development of policies and procedures will form part of SBC’s Quality Assessment Framework and the Provider is expected to demonstrate ‘due regards’ with supported evidence in each new policy and complete a full Equality Impact Assessment (EIA) regarding each new policy. Assessment reports should be accessible to SBC on request as part of a Quality Audit; and

i. SBC may request from the Provider information regarding the “profile” of staff and service users cultural diversity, as part of SBC’s reporting responsibilities linked to its reporting functions under Equality Act 2010, Equality Impact Assessment (EIA), Care Quality Commission (CQC) and Adult Social Care Combined Activity Return (ASC-CAR), including the Adult Social Care Outcomes Framework (ASCOF).

8.11 SBC expects all service users to be supported in leading fulfilling lives, in which their personal aspirations and abilities are acknowledged. The Provider will ensure that the service user’s individual spiritual, cultural and emotional needs are identified, accepted and receive a sensitive and professional response from all care workers and Management. Particular attention may be required to assist the service user both with the feelings of grief and with regard to their loss of abilities and / or bereavement, and also any fears and anxieties for the future.

8.12 Where a service user wishes to maintain religious worship, assistance to contact the appropriate church/religious adviser should be offered and pro-activity supported.

8.13 Care workers must not impose their own values, religious beliefs or practices on the Service User, including political or parental views.
8.14 Care workers and management must receive the appropriate training through induction and within on-going training programmes on promoting equality and in embracing diversity, and in understanding how to promote and support the service user’s emotional well-being. This will be monitored as part of a quality audit.

9 Service User / Client Dignity

9.1 SBC recognises that many people with various levels of disability and other protected characteristics may become housebound and that Homecare services provide an important opportunity for social contact and the promotion of social inclusion.

9.2 The Provider will ensure that conversation with service users is a normal part of a care worker’s duties. Such conversation should focus on the interests of the service user and desired outcomes that they wish to plan with the care worker.

9.3 The Provider will ensure the service user is asked how they wish to be addressed, and that care worker’s observes their wishes in this respect.

9.4 The Provider will ensure that all care workers are aware of the different methods of communicating with service users who have a sensory impairment and use them as appropriate. People needing hearing aids or sensory equipment must be offered any necessary assistance to ensure that the aid is available. Direct Payments can be offered for sensory equipment where Service users have been assessed.

9.5 Where the Provider becomes aware that a service user may benefit from specialised equipment to cope with their impairment e.g. audio books or visual doorbells, the Care Coordinator should be notified of this need so an assessment of need can take place.

9.6 The Provider will ensure that service users are offered assistance by care workers to maintain their contact with family and friends and the wider communities in which they live. This may take the form of helping with writing letters, assisting with understanding information and making telephone calls, passing messages to neighbours and family where the service user needs support.

9.7 The service Provider will promote active citizenship. People need to be re-engaged as “active citizens”, and enabled to take informed decisions about their lives, communities and workplaces.

10 Essential Provider Requirements

10.1 It is a legal requirement that the provider will be registered with the Care Quality Commission (CQC) as a Domiciliary Homecare Agency for Stockton on Tees and will maintain registration throughout the duration of the contract. Therefore, the regulations required for registration, (and their associated standards), and the monitoring of the achievement of those regulations and standards, are not duplicated in this specification. The Provider is, however, expected to meet all the outcomes framework (see http://www.cqc.org.uk/) and SBC will contract manage, risk assess and make contractual decisions on the basis of evidence it and other agencies identify against the CQC regulations.
10.2 The Essential Standards for Domiciliary Care provide the “criteria” and essential standards for the provision of homecare Services, which is the benchmark for the Care Quality Commission (CQC) to determine whether the Provider is providing care and support to the required standards of care.

10.3 The Care Provider will maintain a registered office within the borough of Stockton on Tees throughout the duration of the contract.

10.4 The Provider will be available seven (7) days per week, twenty-four (24) hours per day, and three hundred and sixty five (365) days per year. It is the Provider’s responsibility to ensure adequate staffing levels of appropriately trained staff are available within these times agreed with the Service User including weekends and bank holidays.

10.5 SBC expects services to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, and Care Quality Commission (Registration) Regulation 2009, and the Care Standards Act 2000, complying with all relevant regulations, the Essential Standards and best practice guidelines.

10.6 Notify SBC of any CQC inspections visits or concerns or actions.

10.7 Must provide SBC with a copy of any draft or final reports, actions or notices and action plans submitted.

10.8 Services provided will reflect the aspirations of the Dignity in Care agenda.

10.9 Where Providers are working alongside other agencies to deliver care packages, they will work in partnership with the other provider(s) to ensure the services are provided in accordance with the service user’s support plan, in order to maximise gains for the individual.

10.10 Providers will participate in all local meetings, including Provider forums as required.

10.11 SBC intends to implement electronic monitoring and rostering of service delivery; the Provider will be expected to implement their own cal rostering and monitoring propriety system and work with SBC to deliver methods of electronic monitoring that are compatible with SBC’s systems (CM2000) and requirements both now and in the future.

10.12 SBC, in partnership with service users and the Provider, must work towards an outcome based approach to the purchase and provision of service.

10.13 All services will reflect the Personalisation agenda and will be arranged to meet the specific needs of each individual service user.

10.14 The Service will be delivered to the assessed need of service users living across Stockton. SBC can authorise a more specialised package with the agreement of the Provider, through the development of a specialised agreement. This may be for services that are not fully covered within the contract but would still fall within homecare Services for Social Care and which would not impact upon the Providers Registration Requirements with CQC except where the Provider has agreed to vary that registration.
10.15 Where the Provider proposes a new model of service in response to a recognised local need or gap in service, then SBC accreditation process will apply. All contracts having exceeded the standard EU cost threshold will be subject to tendering.


10.17 The Provider will enable the service user to maintain responsibility for their medication and where unable to do this, be protected by robust Medication Administration Policies that include Medication Risk Management. The Provider will incorporate into its Policy and Best Practice, the principles of the North East of England Domiciliary Care Safe Handling, Management and Administration of Medication - Model of Good Practice.

10.18 The Provider will work in partnership with other local Providers across the Borough in consulting with service users through the development of local focus groups, in delivering joint training ideas, in conducting quality surveys and in developing joint policy and local protocols, so to ensure the service user is not over consulted.

10.19 The Provider will have Contingency Plans for difficult periods of the year such as winter, public holidays and for all periods of high staff absence, so to ensure service reliability and continuity of care is continually being maintained. The Provider will submit their winter / flu Contingency Plan to SBC every September and their Heat wave plan every March.

10.20 The neighbouring nominated Provider will act as part of any contingency arrangement in supporting the Provider as planned by SBC in the event an emergency situation occurs or a suspension is applied to the Provider.

10.21 The Provider will deliver a flexible, consistent and reliable service in a way that meets the outcomes identified in the service user’s care and / or living plan and where, person centred approaches are clearly adopted and agreed with the service user.

10.22 The Provider’s employees will deliver services with due regard for the service users safety and for their own, working within the Provider’s Lone Working and Health and Safety Policies for reporting risks and hazards that may place the care worker, wider public or the service user at risk. All identified risks and hazards should be reported to SBC Contracts Manager, so to ensure information can be recorded on SBC employee risk register.

10.23 The auditing of the above standards of service will form part of SBC unannounced and announced Quality Assessment Framework, conducted by SBC’s Commissioning Manager. SBC links into the Stockton CCG Pharmacy Service for advice and support on matters of best practice regarding the safe handling of medication.

10.24 Quality Standards Framework (QSF). The Council is committed to introducing a wider quality framework during the life of this contract to recognise good care and support offered through the Provider and allows the Council to focus on continuously improving quality. The Provider will be expected to work with SBC and other stakeholders to develop and implement this within the lifetime of this contract.
10.25 SBC wishes to work in partnership with providers in delivering a high quality comprehensive community support service to its service users. By signing up to a partnership approach SBC and Providers are making a commitment to:

- a. Have a contract that is flexible enough to reflect changing needs, priorities, strategy and lessons learnt, and which has service user and carer participation at the centre;
- b. Share key objectives;
- c. Work towards achieving key outcomes;
- d. Communicate with each other clearly and regularly;
- e. Be open and honest with each other;
- f. Share relevant information, expertise and plans;
- g. Avoid duplication wherever possible;
- h. Monitor the performance of all parties;
- i. Seek to avoid conflicts but, where they arise, to resolve them quickly at a local level wherever possible;
- j. Seek continuous improvement by working together to get the most out of the resources available by finding better, more efficient ways of working;
- k. Share the potential risks involved in service development; and
- l. Promote a partnership approach at all levels in the organisations.

11 Scope

11.1 SBC homecare services applies to a package of care that is arranged and funded wholly or in part by SBC for people aged 18 years and older, who are assessed and meet the nationally determined Fair Access to Care Services (FACs) Criteria at the current funded levels in Stockton on Tees.

11.2 The service will provide:

- a. A flexible service delivery model;
- b. Service users being enabled to control the service they receive;
- c. Service users having realistic and available choices;
- d. Consistency in the scheduling of services and these being provided at the times the service user expects or requires;
- e. Consistency in quality provision;
- f. Services being flexible and responding to daily fluctuating demands and accommodating carers making more than the planned visit (pop backs) if the service user so desire; and
- g. Regular (at least every six months) recorded consultation meetings between the provider and service user regarding the care received from the provider.

11.3 Services for adults covered by this specification:

- a. Home Care Community Support;
- b. Family Support (including domiciliary care); and
- c. Use of Assistive Technology.

11.4 Service user care groups covered by these services include:
a. Older People (OP), including those with Dementia
b. Adults with Physical and Sensory Impairment (PSI)
c. Adults with Mental Health problems (MH)
d. Adults with Learning Disabilities (ALD)
e. Children and Young People (0-18/19 years).

11.5 Ongoing eligibility is subject to regular review and assessment by SBC Social Workers or nominated health professionals. Service users who meet SBC FACs criteria will require high quality care delivered by well trained staff that can provide a flexible and reliable service.

11.6 Care packages may involve long term care or short term interventions and are tailored to meet individual need, in line with the Personalisation Agenda. The Provider will be required to:

a. Provide cover seven days a week with care staff able to cover day rota shifts from 7am to 11pm. This will include sleepovers and waking nights as required;
b. Ensure all service users are case managed and have an individual care and support plan; and
c. Ensure individual care is subject to ongoing review and quality management.

11.7 Significant changes to the support plan that result in additional cost must be notified to the Social Worker who will review and make decisions as to any change in agreed package of care.

11.8 Were the administration of controlled drugs forms part of the care and support plan this should be clearly documented and risk assessed by the social worker in conjunction with the service user and the provider to ensure the process of ordering and collection of both prescriptions and medication, storage and safe prompt, administration, audit and record keeping are managed within current legislation and guidance. This risk assessment should cover any risks within the process, including presenting risks within the service users home to support the provider in the delivery of this highly complex tasks (see section 32).

11.9 The service required for individual service users will not always be prescribed in terms of task requirements, or timescales. A care and support plan will identify a range of desired outcomes for the service user, which will be agreed with them, the care provider and SBC. Services will be flexible to provide for a variety of cultural or religious needs. Services will need to develop, adapt and change to meet emerging needs. SBC will work in partnership with providers to meet these future challenges.

11.10 While the detail of what service users want will change, as technologies develop and become more widely used, the basic principles of service users having control and choice over high quality services will remain. The introduction of new technologies to monitor the safety of service users in their own home and the introduction of electronic monitoring for all home care delivered in the borough, will contribute to SBC and its contracted partners being able to respond flexibly to future developments in the social care market.

11.11 The Provider will work in partnership with the following professionals and their organisations to deliver homecare services:

a. Hospital discharge liaison teams;
b. Adult Strategy Team;
c. Social Workers;
d. Continuing Healthcare Team;
e. Tees, Esk and Wear Valley (TEWV) staff;
f. Specialist nurses such as diabetes, respiratory, tissue viability, continence advisors;
g. General Practitioners;
h. Allied health professionals such as Physiotherapists, speech and language therapists, podiatrists;
i. Voluntary sector
j. Ambulance/patient transport services.
k. Care Call and Assistive Technology and Telecare Services

12 Responsibilities of Care Management/Brokerage

12.1 SBC’s care management/brokerage is responsible for:

a. Undertaking a Community Care Assessment and review using SBC’s eligibility criteria;
b. Undertaking a Carer’s Assessment and review where there are identified carers;
c. Promoting and facilitating self directed support via a personal budget / direct payment where possible, along with identification of a suitable money management option;
d. Agreeing and drawing up a care plan/support plan in consultation with the service user and family/carer (where the service user consents), identifying the outcomes to be achieved for the individual service user – and including specific arrangements and accountability procedures for accessing a service users funds;
e. Updating and providing copies to the Provider of the care plan/support plan, risk assessment and individual Service Order (ISO) with significant changes (for example, changes in medication level);
f. Undertaking and providing copies to the Provider of a comprehensive risk assessment (including all background and history that is relevant to care, including mental health needs where appropriate);
g. Notifying the provider of any changes in the service user’s/support plan or service such as hospital admission, move to residential care or extra care housing;
h. Giving notice to the Provider within 24 hours, or as soon as care management/brokerage become aware of them, of any amendments, alterations, postponement or changes to the service user package of care (including notification of when a service user dies);
i. Giving at least 14 days notice to the Provider of cancellation of the service;
j. Ensuring that all data is entered on the Council’s database in a timely manner;
k. Ensuring the provider has all the relevant referral information required to assess the referral and the financial authorisation for that service before it is scheduled to start where possible; and
l. SBC shall pay the price for the service to the Provider, as agreed in the pricing schedule or as agreed within any specialised spot contract provision.

NOTE: ONLY ACTUAL DELIVERED CARE AND OR SUPPORT TIME IS PAID (As specified in the payment schedule. See section 53).

13 Responsibilities of the Provider

13.1 The Provider is responsible for:

a. Confirming to SBC care management within 24 hours of receiving a referral whether the referral is accepted or not, and if accepted that the services will begin on the date and time agreed with SBC care management and the service user. In the unlikely event that the
referral is declined the Provider must detail the reasons why, identify what needs to be addressed in order for the referral to be accepted and ensure that a manager is available to liaise with the referrer and work toward putting in place such measures as will allow the referral to be accepted;

b. Providing the service in accordance with the service user’s support plan /risk assessment and ISO and for delivering the care in a safe, efficient, reliable, and professional manner;

c. Complete an initial care and support plan including risk assessments prior to a package starting or within 14 days in a rapid response set up or during a period were the provider may be working in contingency arrangements which have been notified to SBC;

d. Review and confirm the initial care and support plan and risk assessments to both the service user and SBC at the end of the 6 week trial period during the formal review;

e. Following the initial trial period, the Provider will ensure the support and care plan is current with evidence of regular review;

f. Working in an enabling way that allows service users to increase or maintain their level of independence, and move to a reduction in home care support where appropriate;

g. Ensuring that key staff attend service review meetings convened by SBC care management. Any costs incurred in meeting this requirement will be met by the provider;

h. In the event of a rapid response referral (ref: section 44.3(a)), having the capacity to undertake an assessment and commence service within 48 hours of the referral every day of the year. The Provider will contact SBC immediately on receipt of an emergency referral to confirm by telephone that staff are available, a risk assessment can be undertaken and the service can commence at the time/date specified by care management. Where a full risk assessment cannot be carried out, initial visits to be carried out by staff trained to undertake risk assessments themselves and competent to provide care;

i. The Provider will ensure care workers are appropriately trained and competent in identifying the signs of loneliness and in recognizing when the service user may be at their most vulnerable of becoming lonely and socially isolated have procedures to refer and support people in these cases.

j. Undertaking a moving and handling risk assessment for each service user;

k. Ensuring the local registered office is open and staffed between the hours of 7.00am and 6.30pm;

l. Ensuring that a 24-hour telephone and face to face contact is available to provide advice, information and support to care workers and service users Including On Call arrangements for outside of office hours. This 24 hour service will be staffed by a suitably qualified and experienced supervisor / manager with access to all information in relation to the contract and specification, service users and care workers necessary to ensure the provision of home care staff and service at short notice;

m. Providing immediate notification to SBC / Stockton CCG care management/AST of:
   I. Any failure to provide the service;
   II. Any Calls made over 60 minutes late (ref: section 47);
   III. Any deterioration in the service user’s health or well-being;
   IV. Any improvement in the service user’s circumstances;
   V. Any serious accidents or incidents involving the service user or the care worker;
   VI. The death of a service user;
   VII. Any other changes in the service resulting from a change in circumstances such as hospital admission or other emergency; and
   VIII. The absence of the Registered or Service Manager for over any given 7 day period and suitable cover arrangements.

n. Ensuring a record of communications is provided and maintained within each service user’s home and using it to keep an ongoing record of the care provided, any financial transactions
and including regular service user feedback on the service. Ensuring that home carers have adequate and appropriate English language and literacy skills to undertake this duty and record clear, legible, concise and relevant records re medical legislation;
o. Ensuring that all financial transactions are carried out and accurately recorded in accordance with the specific requirements identified in the service user’s care and support risk plan.
p. Working in partnership with other specialist staff and teams such as the Mental Health Care of Older People team, Occupational Therapists, and the Telecare Service, as necessary and reporting on progress to operational meetings;
q. Complying with any other reasonable requirements of SBC in relation to service provision;
r. Complying with all the Council’s requirements regarding electronic call rostering and monitoring of all calls;
s. Ensuring all calls are rostered accurately and that sufficient travel time is built into all staff call rosters to deliver the care specified in the individual service order (ISO);
t. Ensure that, where possible, care worker teams are established for clients and they remain in place to ensure continuity of care workers and support to service users;
u. Responding in a timely manner to complaint enquiries from SBC; and
v. Ensuring a range of payment facilities are offered and available to support those service users who may wish to pay directly for all or part of their care package.
14 Call Schedules

14.1 The service will be available between the hours of 7.00am and 11.00pm, to all service users who have been assessed by SBC as eligible for the service. The office should be manned from 7am till 6.30pm Monday to Friday. The Provider’s “out of office” times are 6.30pm to 7am weekdays. Appropriately qualified and experienced out of office duty staff should cover from 6.30pm to 7am and from 6.30pm Friday to 7am on the following Monday for weekend cover.

14.2 Operational times are as follows: -

<table>
<thead>
<tr>
<th>Call</th>
<th>Call time starts</th>
<th>Call time end</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>From 7.00am</td>
<td>To be arranged with Provider and Service user</td>
</tr>
<tr>
<td>Lunch</td>
<td>From 11.30am. To be arranged with Provider and Service user</td>
<td>To be arranged with Provider and Service user</td>
</tr>
<tr>
<td>Tea</td>
<td>From 4.00pm. To be arranged with Provider and Service user</td>
<td>To be arranged with Provider and Service user</td>
</tr>
<tr>
<td>Evening</td>
<td>To be arranged with Provider and Service user</td>
<td>Up to 11.00pm</td>
</tr>
<tr>
<td>Sleep Over</td>
<td>11pm</td>
<td>7am</td>
</tr>
<tr>
<td>Waking Night Per Night shift</td>
<td>11pm</td>
<td>7am</td>
</tr>
</tbody>
</table>

14.3 All care workers should be leaving their last shift at 11pm, except where an emergency situation has occurred and the care worker is following the Provider’s Emergency Protocol and therefore they cannot leave the service user until emergency services have arrived.

14.4 It is the Provider’s responsibility to ensure adequate staffing levels are available within these times agreed with the Service user including weekends and bank holidays.

14.5 Key Personal care tasks may involve direct assistance with or regular encouragement to perform tasks:

- Training in self-care skills;
- Assisting the service user to get up or go to bed;
- Washing, bathing, hair care, hand and fingernail care, foot care (but not any aspect of foot care which may require a state registered chiropodist);
- Management of urine bags etc;
- Dressing and undressing;
- Toileting, including necessary cleaning and safe disposal of waste/continence pads;
- Shaving, application of make-up, including dentures;
- Assistance to eat and drink, including associated kitchen cleaning and hygiene;
e. food or drink preparation;
f. Medication has been prompted or administered and records maintained in accordance with agreed protocols.
g. Preparing the service user for the night, making the home safe and secure before leaving;
h. Supporting and facilitating the service user’s access to social, vocational and recreational activities as stipulated in the support plan;
i. Helping individuals to make their way to places and to assist in road safety and learning routes;
j. Assistance to attend day care, hospital appointments, accessing social activities etc; and
k. Shopping and handling their own money, including accompanying the service user to the shops.

14.6 During some care procedures two carers will be required and this will be specified in the care and support plan. This is to prevent injury to both the carer and the service user. It is essential that where two carers are required to carry out care, that both carers arrive at the service user’s home in time to work together. The first carer to arrive will not begin duties assessed as needing two care workers until the second care workers in on site.

14.7 There will be occasions through assessment needs when competence based care tasks and End of Life Care is required in a person’s own home. Care workers will deliver competence based tasks and End of Life Care as agreed and supported by the care plan established by the health professional responsible for the service user including contributing to the support of family / carers. There should be staff trained to deliver this service under the direction and training of professionals from North Tees Hospital FT (NTH) and Stockton CCG. The care workers, following training and assessment of competence by a trained health professional and / or District Nurse may, undertake and support key tasks as part of a service user’s support plan, including:

a. Administration of eye medication;
b. Application of skin treatment;
c. Oral care;
d. Percutaneous endoscopic gastrostomy (Peg) feeds;
e. Percutaneous and indwelling Catheter Care;
f. Stoma Care;
g. Hand/foot care;
h. Administering medication via a nebuliser;
i. Changing dressings; and
j. Take and record vital signs. E.g. temperatures, and obtain samples for testing as required (e.g. urine samples).

14.8 Domestic support services including cleaning the home, which may include vacuuming, sweeping, washing up, polishing, cleaning floors and windows, cleaning bathrooms, kitchens, toilets etc and general tidying, using appropriate domestic equipment and appliances as available to:

a. Make beds and change linen;
b. Light fires, boilers etc;
c. Dispose of household and personal rubbish;
d. Assist with the consequences of household emergencies including liaison with local contractors;
e. Shopping Service and
f. Laundry services (except where an incontinence laundry service is provided).

14.9 The Provider is expected to have in place a domestic support service policy and procedure, which will clearly link into the Provider’s Health and Safety and Moving and Handling Policies. The care worker will need to identify when a service user’s needs have changed and where they are finding cleaning tasks difficult, this needs discussion with the service user or representative, so to instigate a re-assessment of need. After the Care Co-ordinator has completed an assessment of need, the support plan will detail what service the service user needs i.e. the domestic, laundry or shopping service, this may include elements of all three.

14.10 If the service user is assessed as requiring domestic, laundry or shopping services, this will be charged at the agreed rate as detailed in the pricing schedule, irrespective of whether the customer has assessed needs or is receiving personal care.

14.11 All service users needing to access a domestic support service only will be offered a Direct Payment first, so they can purchase their own cleaning service or cleaner. The Provider must make service users aware of this option and refer service users back to SBC.

14.12 For regular domestic support services the service user will provide all the equipment and cleaning materials required for the cleaning task. Where the service user wishes their home to be a more eco friendly environment the Provider will assist in making recommendations regarding eco friendly cleaning products.

<table>
<thead>
<tr>
<th>Living Room, hall way, landing and Bedroom</th>
<th>Bathroom and / or Toilet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum cleaning /brushing floors</td>
<td>Cleaning and Disinfecting sinks, toilet and bath or shower</td>
</tr>
<tr>
<td>Dusting and Polishing of ornaments / pictures</td>
<td>Mopping / drying floor</td>
</tr>
<tr>
<td>Brushing Floors (Solid Pine Floors)</td>
<td>Brushing</td>
</tr>
<tr>
<td>Tidying Clothes / Drawers</td>
<td>Polishing Mirrors</td>
</tr>
<tr>
<td>Polishing glass / mirrors</td>
<td></td>
</tr>
<tr>
<td>Fluffing up of cushion covers</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kitchen</th>
<th>Stairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning and Disinfecting sink and work surfaces</td>
<td>Lightly brush each step</td>
</tr>
<tr>
<td>Cleaning of fridge, freezer</td>
<td>Run a damp cloth down the stairs rails</td>
</tr>
<tr>
<td>Cleaning and tidying of food storage cupboards</td>
<td>Wipe stair rail</td>
</tr>
<tr>
<td>Cleaning and tidying of pots and pans cupboards</td>
<td></td>
</tr>
<tr>
<td>Cleaning of cooker and / or microwave</td>
<td></td>
</tr>
<tr>
<td>Cleaning, Mopping / drying of floor</td>
<td></td>
</tr>
<tr>
<td>Brushing</td>
<td></td>
</tr>
<tr>
<td>Cleaning and Polishing tiles</td>
<td></td>
</tr>
<tr>
<td>Empty and Clean bin</td>
<td></td>
</tr>
<tr>
<td>Washing , putting away of pots , pans , crockery and cutlery etc</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14.13 The cleaning service is deemed to be light cleaning service, care workers are not permitted to lift, move or drag any items of furniture. All staff will be suitably trained in Moving and Handling Procedures.

14.14 SBC expects that any shopping or collection of items is from shops or services within a reasonable distance and location to the customer, any and all exceptions to this guidance must be assessed and reviewed by the social worker. Where transport is required the cost of this shall be borne by the service user, any such charges must be agreed with the service user in advance and documented in appropriate care and support plans and risk assessments.

14.15 The Provider is responsible for any damage to the service user’s belongings while carrying out the above domestic support tasks.

14.16 The Provider is expected to complete a domestic check list with the service user that the service user can sign when the work is completed. The checklist should detail the domestic service to the service user’s specific home requirements.

14.17 The above list above is not exhaustive and service users may wish to include tasks not on this list, either regularly or on an ‘as and when’ basis. The Provider is expected to encourage service users to make clear their own unmet needs identified in their Support Plan, and agree how they will be met. It is critical that the service should not be rushed and that care and attention is afforded to each service user. The call schedule at 14.20 is a guide to what tasks and support can and should be delivered in the times allocated. This is not an exhaustive list, and where appropriate, the Provider will liaise with the social worker to agree appropriate call schedules to meet the identified needs.

14.18 The performance and quality measurements in sections 48 - 53 and the outcomes at sections 54 - 61 which they link to will form part of the Service Provider’s training and induction plan for all employees and will form part of SBC Quality Assessment Framework.
14.19 Specific call schedules expected to be achieved within the contract are:

<table>
<thead>
<tr>
<th>Call Type</th>
<th>Objective</th>
<th>Key Elements – The carer will:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assistive Technology</strong></td>
<td><strong>Safety, welfare and wellbeing monitoring and support service 24/7.</strong></td>
<td>Prior to the agreement of homecare and support services, all service users must receive assessment and support for appropriate telecare and care call support.</td>
</tr>
<tr>
<td><strong>Welfare Call</strong></td>
<td><strong>Safety, welfare and wellbeing monitoring and support visit with no personal care.</strong></td>
<td></td>
</tr>
</tbody>
</table>
| **Welfare & Care Call** | **Safety, welfare and wellbeing monitoring and support visit with limited personal care.** | 1a Check and confirm the service user is safe, comfortable and secure in their own home;  
1b Update the daily record sheet with accurate, clear and reliable information on the client’s health, welfare and views / concerns;  
1c Assist with prompting and administration of medication at levels 1, 2, and 3;  
1d Prepare and ensure the service user has taken and has access to drinks;  
1e Continuously engage with the service user during the call through appropriate caring and sensitive conversation. This includes understanding and respecting how the service user wishes to be addressed, and  
1f Ensure the service user feels comfortable and safe before leaving. |
| **Breakfast Call** | **Safety, welfare and wellbeing monitoring and support visit with moderate personal care.** | 3a Complete all tasks 1a – f; in clause 14.20;  
3b Support to service users out of bed, with washing, dressing and support with the toilet to ensure they are prepared and presentable for the day;  
3c Prepare breakfast;  
3d Ensure the house is tidy following their support (bathroom is clean, pots used that morning are tidy, bins empty, etc); and  
3e Support the service user to access support for the day (e.g. calling a taxi). |
<table>
<thead>
<tr>
<th>Call Type</th>
<th>Breakfast Call</th>
<th>Duration (minimum)</th>
<th>Lunch / Tea Call</th>
<th>Duration (minimum)</th>
<th>Evening Call</th>
<th>Duration (minimum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective</td>
<td>Safety, welfare and wellbeing monitoring and support visit with significant personal care.</td>
<td>60 minutes</td>
<td>Nutritional call to enable service users to stay healthy by eating a daily balanced meal. (Nutrition plays an important role in maintaining a service user’s physical health and mental well being).</td>
<td>30 – 60 minutes</td>
<td>Safety and wellbeing call to support the service user should feel relaxed and will enjoy a social chat with the care worker about the day’s events. It represents a key service in ensuring the service user is safe and comfortable before retiring to bed. It is a critical time for the care worker to evaluate and engage with the service user in conversation on how they are feeling, that could lead to appropriate and timely medical interventions, in response to any changes in health and support the service user when they may feel most vulnerable and where the service user relies greatly on a timely response from the Care worker (Care worker)</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Key Elements – The carer will:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Complete all tasks 1a – f, 2b and 3a –e in clause 14.20;</td>
<td></td>
<td>5a</td>
<td>Complete all tasks 1a – f, 2b and 3a –e in clause 14.20;</td>
<td></td>
<td>5a</td>
</tr>
<tr>
<td>4b</td>
<td>Support the service user to have a bath or shower as preferred;</td>
<td></td>
<td>5b</td>
<td>Prepare a meal of the service user’s choice or light snack as agreed;</td>
<td></td>
<td>5b</td>
</tr>
<tr>
<td>4c</td>
<td>Support the service user in eating / drinking as required;</td>
<td></td>
<td>5c</td>
<td>Ensure all the lunch pots are washed and placed away; and</td>
<td></td>
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</tr>
<tr>
<td>4d</td>
<td>Prepare an appropriate lunch of the service user choice;</td>
<td></td>
<td>5d</td>
<td>Assist and support the service user to the toilet.</td>
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<tr>
<td>4e</td>
<td>Support the service user by assisting in purchasing light groceries from the local shops as appropriate; and</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4f</td>
<td>Support the service user with their assessed mobility needs (following a risk assessment).</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Call Type</td>
<td>Evening Call</td>
<td>Duration (minimum)</td>
<td>60 minutes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Objective</td>
<td>Safety and wellbeing call to support the client should feel relaxed and will enjoy a social chat with the care worker about the day’s events. It represents a key service in ensuring the service user is safe and comfortable before retiring to bed. It is a critical time for the care worker to evaluate and engage with the service user in conversation on how they are feeling, that could lead to appropriate and timely medical interventions, in response to any changes in health and support the client when they may feel most vulnerable and where the service user relies greatly on a timely response from the Care worker.</td>
<td></td>
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<tr>
<td>Key Elements – The carer will:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Complete all tasks 1a – e, 2a –e, 3b-c and 4b-d, and 5a and b, as per clause 14.20 and;</td>
<td></td>
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<tr>
<td>6b</td>
<td>Assist the service user to bed safely which may include the use of hoisting equipment</td>
<td></td>
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</tr>
<tr>
<td>6c</td>
<td>Assist in the service user’s mobility transfer needs by the use of appropriate risk assessed equipment</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Call Type</th>
<th>Additional Specialist Support for LD and complex needs</th>
<th>Duration (minimum)</th>
<th>Additional time as agreed in the Support Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective</td>
<td>Additional support above and beyond the tasks/support identified in 1a – 6c in clause 14.20 above which require care staff who are trained to a higher level enabling them to carry out a wider range and/or more complex personal care tasks.</td>
<td></td>
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<tr>
<td>Key Elements – The carer will:</td>
<td></td>
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<tr>
<td>7a</td>
<td>All tasks 1a – e, 2a –e, 3b-c and 4b-d; 6a-c; and support the service user in developing their skills/confidence and knowledge;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Support for Daily Living: which will include working to a clear plan of support to achieve personal development by assisting in managing income and budgeting; Developing travel skills; Developing social skills;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Support to improve key domestic skills: which will include working to a clear plan of support to achieve domestic skills development cooking/ cleaning/ basic DIY;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d</td>
<td>Promotion and Choice of Independence: which will include working to a clear plan of support to achieve support for people to exercise control in all areas of their lives i.e. social and leisure activities, work and education;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7e</td>
<td>Encouraging a Healthy Lifestyle: which will include working to a clear plan of support to achieve Support for the individuals to have a healthy, balanced diet; exercise; access to community health services; proper management of medication; promotion of self-awareness of medical conditions.</td>
<td></td>
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<tr>
<td>7f</td>
<td>Support for Relationships: which will include working to a clear plan of support to achieve support to improve knowledge and understanding about friendships, sexual health and Personal safety/ security.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7g</td>
<td>Promotion of Social Inclusion: which will include working to a clear plan of support to achieve Support to participate in non-segregated activities, support to participate in community affairs and to ensure inclusion on the electoral register and encouraging/supporting engagement in training &amp; education/work experience/ volunteering/ work opportunities.</td>
<td></td>
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</tr>
</tbody>
</table>
15 Information Packs

15.1 Providers will provide a service user guide, comprising basic information as below, and will ensure that this is available to the service user. The information pack will be in an accessible format e.g. large print, appropriate language, photographs, audio tape, Braille, Easy Read, video etc and in plain language and will be made available to service users and their carers. It will include:

a. Statement of purpose: aims of the service, philosophy of care and support, who the service is for, including the range and level of support services provided, cultural and social needs catered for and support for carers;
b. Contact details for the service including telephone numbers for the service and its managers (including out of hours and emergency contact numbers);
c. Service provision: the type of service, facilities, and range of activities;
d. A statement of service user’s rights to self-determination;
e. A statement regarding the consequences of unacceptable behaviour;
f. The procedures/contingency arrangements in place in the event of emergency temporary closure, service reduction or permanent closure;
g. Safeguarding information, including procedures followed;
h. The process of quality assurance;

A brochure about the organisation and the services to be delivered to Stockton’s Service users and any new potential Service users wanting to purchase their services more directly through a Direct Payments or on a private arrangement. SBC’s / Stockton CCG Complaints address and contact number should be included in this information;
i. Information regarding where a copy of the most recent CQC and/or other relevant inspection reports or information can be obtained; and
j. Details of payment options should they pay all or part of their care direct to the provider; and
k. Complaints procedure.

15.2 Information should be accessible and available in a number of formats on request and will detail how the service user can access the Provider’s, Care Quality Commission and SBC’s Complaint and Compliments Procedures. The provider will ensure that the service user guide is dated, reviewed annually and updated as necessary.

16 Care and Support Plans

16.1 The provider will draw up a combined individual care and support plan in line with agreed outcomes and how these are to be achieved, (to be reviewed as necessary in line with the customers changing need , but not less than annually (ref: CQC essential standards at section 10.1) which has been fully developed and discussed with the service user, their carer, and any other professional (as appropriate) and is based wholly on the current , most recent information detailed within the social work/ SBC assessment of need /care plan/risk assessment and ISO . The Care and Support plan will take into account the service user’s aspirations and personal goals, needs, choices and preferences in relation to the way in which support is provided and their own chosen lifestyle.
16.2 The care and support plan will refer to means of empowering, facilitating choice, regaining or acquiring skills and/or maintaining existing skills. The care and support plan will clearly define the service to be provided, show how the service will be delivered to meet the assessed need and risk assessment to, promote independence and support service users to live a fulfilled life, making the most of their capacity and potential. This will include (but is not limited to) the following and key elements outlined in the essential standards of care (ref: Section 10.1):

a. How the service user wishes to be addressed;
b. Outcomes to be achieved and what the service user will be able to do as a result of the service provided;
c. Any specialist equipment needed;
d. What actions will be taken, by when and by whom, to ensure the outcomes are achieved;
e. The date when the Care and Support plan will be reviewed by the Provider with the service user;
f. How health and/or social needs will be met;
g. How any personal care will be provided, and by whom;
h. How cultural and spiritual needs will be met;
i. How social and community engagement needs will be facilitated;
j. How any special communication needs will be met;
k. Arrangements for taking medication;
l. How any special dietary needs/preferences will be met;
m. The next of kin and emergency contact numbers;
n. A risk assessment;
o. The service user’s named key worker;
p. Who should be involved in care reviews;
q. Key contact details e.g. district nurse etc; and
r. Advance directives, where appropriate.

16.3 A copy of the plan will be forwarded to the appropriate Care Manager within 5 (five) working days of receipt of the referral. Any changes to the plan must be communicated to the relevant people involved in the delivery of the plan. The Plan will be continually reviewed by the Provider based on need but as a minimum guide every 3 months or more regularly if needed. During the first 6 weeks of a new referral being received by the Provider, there may be a need for more frequent reassessments and modifications to the interim care and support plan to meet the service user’s needs. The Provider will ensure the modified service user care and support plan is available and will be shared if requested with the appropriate Care Manager. The provider shall ensure all care plans are completed and in place.

16.4 SBC / Stockton CCG shall review the are arrangement within 3 (three) months of the initial package being agreed with the Provider and at least annually thereafter or when the Provider or customer has requested a review, following a significant change in the service users circumstances.

16.5 Where the service users needs have clearly changed, the service Provider will be required to establish in agreement with the service user and Care Manager or a Stockton CCG member new outcomes and an agreed budget allocation will be set against that the adjusted plan.

16.6 The Provider will ensure care workers are suitably skilled and trained in Person Centred Planning (PCP) that includes:
a. A clear understanding of the purpose and benefits of the planning;
b. To equip all care workers with the skills and knowledge to answer service user’s questions about outcomes based planning;
c. To enable all care workers to adopt a pro-active approach towards conducting reviews; and
d. To develop all care workers’ skills and abilities to produce effective Life Plans.

16.7 Care and support plans should be produced in a suitable format giving due regard to the individual service user’s communication needs and preferences, such as pictorial, brail, diary format, photo image book, memory book, essential life plan, a ‘dreams and aspirations’ poster if relevant. All plans must be outcomes based and must have a clear approach to measuring the service user’s level of achievement against the pre-set outcomes.

17 Communication and Recording

17.1 The provider will ensure that the service provided is compatible with the service user’s care and support plan produced by SBC utilising the amount of funding that has been allocated. The Provider will ensure the service user will have a current and valid weekly call schedule in their home at all times. The Provider will ensure the weekly call schedule issued to service users covers all scheduled calls: it is unacceptable to issue weekly call schedules to service users with unallocated calls other than in occasional and ad hoc occasions (ref: Section 47).

17.2 The provider will have in place a means of recording action taken to meet objectives and outcomes and staff will record the acquisition of new skills and the achievement of goals by the service user.

17.3 The Support plan will be available in a language and format chosen by the service user that the service user can understand.

17.4 Where a review/reassessment of the service user’s needs by SBC indicates their priority or need has increased or decreased SBC, may increase, decrease or withdraw services by advising the Provider of the required change.

17.5 Records will be secure, up to date and in good order and constructed, maintained and used in accordance with the Data Protection Act 1998, and other statutory requirements and are kept for the requisite length of time.

17.6 Personal data may also be required to be supplied to SBC for analysis purposes in order for SBC to fulfil its statutory duties and statistical reporting requirements. The supply of this information by the provider and its staff falls within one or more proper purposes in schedule 2 (and schedule 3) of the Data Protection Act 1998.

17.7 Access to staff records including supervision and appraisal may be required and must be made available to officers of the council during investigations, audits and contract monitoring visits.

17.8 Support workers will record the date and time of every visit, the support provided and any significant occurrence. Records will be factual, legible, signed and dated, and counter signed by the service user in agreement, and kept in a safe place. This will be reflected in the Provider’s record keeping policy.

17.9 Records will include:
a. assistance with or administration of medication;
b. care and support provided;
c. financial support and transactions undertaken;
d. details of changes in the service user’s circumstances, care and support needs, health condition etc;
e. any accident to the service user and/or support worker;
f. any other untoward incidents;
g. activities undertaken and any particular achievements; and
h. Any information that will assist the next support worker to ensure consistency in the service provision.

17.10 Changes in need will be reported to SBC at the earliest opportunity.

17.11 Service users will be informed about what is written and will have access to it unless it has been determined by the SBC support and care risk plan that this may be in any way detrimental to the customer or their are risks and issues around the protection of confidentiality. Records will be kept in the services user’s home for a minimum period of one month after which they will be removed and retained by the provider. Records will be available to SBC and/or service user on request. Service users will be encouraged to have records kept in their home. Where a service user does not agree, the social worker and provider will have agreed and in place other methods of maintaining such records record this refusal on the personal file held by the provider.

17.12 The Provider must skill match and use care workers who can meet the specific health social care, cultural and/or religious needs of service users as identified in the support plan. All specialist services will be demonstrably based on current good practice, relevant to the agency, and reflect relevant specialist and clinical guidance and legislation. The Provider will confirm if it can guarantee to meet particular religious/cultural needs of a service user. These will include some or all of the needs outlined below:

a. Precisely which ethnic or religious needs can be met;
b. Preparation and provision of food in accordance with religious/cultural customs;
c. Access to facilities to observe religious practices (when appropriate) and awareness of particular spiritual requirements, such as days of special significance, fasting and prayer;
d. Make all reasonable efforts to having available/recruit care workers who can speak and understand the service user’s main language and dialect;
e. Make all reasonable efforts to provide information in the service user’s main language and explain using any methods possible
f. Always conducting care practices in a culturally and religiously sensitive way;
g. Always offering culturally appropriate social activities, outside religious resources and recreational activities in the service user’s main language;
h. Always providing acceptable personal hygiene and toileting arrangements; and
i. Taking account of customs associated with illness and death.

18 Behaviour that challenges

18.1 Some service users present behaviour that challenges. The Provider will have policies, procedures, risk assessments and staff training in place which are understood by all staff with regard to this. Staff will be made aware of these as part of their induction.
18.2 Where service users may present behaviour that challenges it is essential that a joint risk assessment is led and undertaken by SBC and / or health where applicable and were appropriate risk management tools such as a Samurai may be used. The Provider will, in all cases, evaluate the potential for harm to service users, staff and the general public linked to the delivery of the care and support plan. This should be completed and reviewed in partnership with other agencies involved including were the service user receives services from multiple agencies so a set of clear, consistent protocols are set in place to ensure consistency of response to the management of such behaviour, taking into account information in the service user’s support plan.

18.3 Service users, their carers and SBC are provided with information by the provider about how the Provider intends to manage behaviour that challenges.

18.4 The Provider will ensure its care workers are trained and have the necessary skills and understanding of service users’ emotional and physical needs. They will be aware of warning signs and “trigger” points which result in particular behaviour. Staff will have skills in anticipating, diverting or diffusing challenging incidents. Staff will have appropriate listening skills and be familiar with strategies which enable them to minimise challenging behaviour.

18.5 Staff will work with professionals by maintaining accurate records seek analyse and attempt to understand the reasons for a service user’s behaviour that challenges and respond appropriately.

18.6 Staff will be trained and supported by appropriately skilled professional staff when responding to behaviours that challenge, e.g. psychologists.
People

19 Duty of Care & Safety

19.1 Care workers receive information of a confidential nature in a variety of forms – oral, written, overhearing conversations, drawing conclusions from events. All care workers are under a duty of care to ensure that personal information remains confidential. Care workers should not attempt to acquire information that they do not need to know. If they accidentally come across confidential information, they should notify their line manager to ensure that the adherence to the confidentiality procedures is enforced.

19.2 The Health and Safety at Work Act 1974 obliges employers and employees to protect themselves from foreseeable violence and/or intimidation. The Provider has a duty of care to its care workers to ensure that they are protected as far as possible from situations where they may be put at risk, e.g. threats of physical / sexual assault. Discharging this duty may involve staff ‘needing to know’ confidential information. All Care workers are subsequently under a duty of care themselves to ensure that the personal information, which they are made aware of, remains confidential. They must only disclose it to a third party on a ‘need to know’ basis.

19.3 Informed judgments often rely on the supply of information in confidence to SBC by Service users and other organisations or individuals involved in service provision. All parties must be satisfied that their confidence will be respected and that the information supplied by them to SBC, will not be disclosed without their permission.

19.4 SBC will make available to the Provider all necessary information to ensure that the agreed support within an agreed Support Plan can be provided. In the spirit of mutual trust between SBC, service user and the Provider, the following principles will apply:-

a. ALL personal information must be treated as confidential;

b. Information is to be used only for the purpose for which it was given; and

c. Information received will not be passed to a third party without the agreement of the client and care coordinator.

19.5 The Provider will be expected to adopt a policy of confidentiality in respect of personal information and ensure that suitable mechanisms are in place to uphold confidentiality. See SBC confidentiality policy.

19.6 Should a breach of confidentiality by either party occur, the other party may withhold further information until it is satisfied that suitable arrangements have been made to prevent a recurrence.

19.7 The success of a confidentiality policy depends on every employee accepting their personal responsibility to keep to the established procedures. It is not possible to provide guidance to cover every potential situation, so the Provider will ensure its care staff understand and agree to work within their Confidentiality Policy.

The Crime and Disorder Act 1998 promotes multi-agency partnership working to develop and implement crime reduction strategies which will effectively combat social disorder. SBC work in
partnership with Community Safety, Section 115 of the Crime and Disorder Act 1998 which establishes the power of the Provider to disclose information to SBC so long as the disclosure is necessary or expedient for the purpose of the Crime and Disorder Act, i.e. for the prevention, detection and reduction of crime. The Data Protection Act 1998 reiterates the 1984 Act in that it allows for disclosure of personal information where the disclosure is for the purposes of the prevention and detection of crime, or the apprehension or prosecution of offenders; and where failure to disclose would prejudice those objectives.

20 Safe Recruitment and Criminal Records Bureau (CRB)

20.1 The Provider will have in place policies and processes which will ensure safe recruitment of care workers who will not put service users at risk of harm through their actions or inactions. This includes staff that they recruit directly through their own recruitment activities and those they inherit through new contracts and TUPE.

20.2 All new care workers may not be confirmed in post until a satisfactory criminal records check obtained form the Criminal Records Bureau (CRB) through its disclosure service, an ISA Adult First check which confirms the applicant/staff member is not barred and two satisfactory and suitable references (one of which must be from their most recent employer) have been obtained. Care workers may not work with service users (who, by the nature of the service, are vulnerable) until the checks have been obtained and are assessed by the Provider as satisfactory. Fully detailed evidence of these checks, and risk assessments must will be held on file and made available to SBC if required.

20.3 Both Standard and Enhanced Disclosure information can be extremely sensitive and personal, therefore CRB have published a Code of Practice and employers’ guidance for recipients of Disclosures to ensure they are handled fairly and used properly.

20.4 Organisations which use Disclosure as part of safer recruitment need to be registered with the CRB or use the services of an umbrella body such as WCVA Criminal Records Unit. The CRB acts as a 'one-stop-shop' and has access to information held on the Police National Computer and by local police forces, as well as the ISA Barred Lists.

20.5 The ISA Vetting and Barring Scheme will work alongside the current system of CRB checks and it is mandatory for organisations working with vulnerable adults undertaking regulated activity to apply for Enhanced Disclosure’s to obtain a full criminal history for an individual. This may be important to assess the full suitability for a particular position

20.6 Where the Provider identifies an existing staff member or new starter with cautions and convictions identified on a CRB, a risk assessment will be completed by the Provider as to their suitability and appropriateness for working as a care worker. The Provider will confirm (in line with DoH guidance) to SBC in writing details of all cases where this situation arises and their proposal to managing cautions and convictions that may place the service user at risk. A meeting will be held with SBC Contracts Manager (at SBC discretion) in order to review the appropriateness of the care worker(s) and to establish whether the Provider can manage the risk. This will depend on the nature of the caution, conviction, and the length of conviction / caution as described in the Rehabilitation of Offender act; HR advice will be sought depending
on the complexity of the situation. SBC will retain the right to refuse to allow what is judged to be an inappropriate match of care worker and service user.

20.7 The term direct supervision in the context of this contract is one where care worker directly being supported by another i.e. the person who is waiting for a full satisfactory CRB check will not work on their own with any vulnerable adult, until their CRB check is satisfactory completed. Two staff will carry out any lone working arrangements and care visits within this time and this will be reflected in policies and procedures.

20.8 The Provider will be expected to fund CRBs for all staff (including new starters) and have a programme of reviewing CRBs for all staff. Good practice indicates that this should be every 3 years.

20.9 The Provider must demonstrate that they have checked the applicant/staff member is legally entitled to work in the United Kingdom

20.10 The Provider must be able to demonstrate and evidence were appropriate that staff are currently registered with the relevant professional regulator and/or professional bodies ,and only use a protected professional title where their qualification and registration allows them to do so.

20.11 The Provider must be able to demonstrate and evidence that staff are aware of the relevant codes of practice and professional I conduct which apply to them in their role.

20.12 The Provider must be able to demonstrate and evidence that they have put reasonable checks in place to ensure staff are mentally and physically fit to carry out their role. This may include a plan of support including reasonable adjustments were necessary. Ensuring that staff are not placed at risk and do not place others including service users at risk.

21 The Management of Staff

21.1 The Provider’s recruitment and selection policy will be robust and reflect current best practice in relation to advertising, interviewing and appointing appropriate people. The relevant documents (including training certificates and qualifications) should be originals and should be recorded and verified.

21.2 Care workers will be afforded equal opportunities in employment irrespective of their gender, sexual orientation, gender identification, marital status, responsibilities for dependants, race, colour, nationality, ethnic origin, religion/belief or political beliefs, age, class, disability or unrelated spent criminal convictions.

21.3 The Provider must ensure through its recruitment and selection policy that care workers are required to inform the Registered Manager in writing of any secondary employment. There is also a requirement to monitor working hours under the Working Time Regulations 1998 to ensure that care worker working time does not exceed 48 hours per week. The Provider will ensure that if the care worker chooses to opt-out of the regulations, they can do so by signing an agreement stating this.
21.4 The Provider will clearly specify that all care workers and management appointed to the Provider will be subject to a probationary period. During the period of probation the Registered Manager will hold informal interim reviews.

21.5 The period of notice required to terminate an employee’s appointment will be clearly defined in the Statement of Terms and Conditions of Employment. The statutory minimum periods of notice to be given by an employer are covered by the Employment Protection (Consolidation) Act 1978 as amended by the Employment Protection Act 1982 and the Employment Rights Act 1996.

21.6 The Provider will ensure through its application process that two satisfactory references are sort (one of which must be their last employer). Where a break in employment history has been identified reasons for this break must be recorded. Where this is the care worker’s first job then two character references will be required. References from friends and family will not be acceptable but references from a professional source would be preferred, i.e. Doctors, Dentist, Police, Teachers, Church, Civil Servant, Engineers, Nurse, Social Worker and Councillor.

21.7 Application forms must include: that by the nature of the vulnerable service user group this contract is exempt from the Rehabilitation of Offenders Act. Therefore all cautions, spent convictions and none spent convictions must be disclosed on the application form or within the interview stage; this must be clearly communicated to all staff before employment. Job adverts inviting applicants will specify that the service is exempt from the above act.

21.8 The Provider must ensure that care worker and management employment terms and conditions place a duty of care on them to report when their circumstances have changed, failure to do so will result in the Provider taking disciplinary action.

21.9 In circumstances where a care worker has received a caution or conviction after employment, the Provider must inform SBC. A review of the caution or conviction will be weighed against the nature of the vulnerable service user group and the care workers role. Where the identified risk is deemed to be high, given the service user group and lone working arrangement; and if the Provider cannot safely risk manage the situation, the care worker’s employment may be at risk. Failure to disclose this information on the application form may result in an applicant being unsuccessful.

21.10 Spent convictions and cautions may be grounds for refusing someone employment or dismissing him or her if the job is within the excepted classes of employment and professions. These include employment involving supervision or contact with children, young persons and older vulnerable people.

21.11 The Provider will provide sufficient, appropriately supervised, qualified, trained and competent care workers to meet the contract and service specification and total number of service users and hours commissioned and delivered. It is the duty of the Provider to ensure that a sufficient reserve of appropriately qualified, trained and competent care workers, managers and back office staff are available to provide the services to meet the service specification standard during holidays, sickness or absence for any reason.

21.12 SBC expects that all care workers will be managed and supervised by a competent Registered Manager in accordance with CQC, fit for purpose requirements. Clear defined roles and
reporting systems between the proprietor / owner and registered manager should be clearly defined to all staff.

21.13 The Provider must ensure that care workers have access to appropriate support at all times when on duty for advice and assistance. An open door policy should be adopted with clear communication and reporting channels with regular support time planned with all Care workers.

21.14 The Provider will have written procedures to ensure the effective handling of disciplinary and grievance matters and that all care workers are fully familiar with them.

21.15 The Provider will ensure they have in place prior to the commencement and throughout the life of this contract an appropriate office base registered with CQC within the Stockton on Tees Borough which is easily accessible by care workers, service users and visitors and fit for the purpose of supervision and some elements of training were required to be provided on site.

21.16 The Provider must ensure that a senior member of staff interviews potential care workers, and they have undergone all appropriate checks.

21.17 Care workers should not undertake any lone working duties before all checks (including CRB) have been fully completed, the Provider satisfied and documented.

21.18 Care workers should have a contract of employment signed by both parties specifying conditions of service, including sick pay, holiday pay, agreed hours of work, whether work is guaranteed and a written job description prior to commencement.

21.19 The Provider is expected to adopt, through the development of policy, the best practice guidance on Harassment and Bullying.

21.20 SBC places a duty on the Provider to report to SBC any staff who have undergone disciplinary where their actions have placed, or could have placed a service user at risk.

**22 Staff Break Time**

22.1 SBC expects all care workers to make their own arrangements for their refreshments when undertaking care or support within the terms of this service specification.

22.2 The Provider will ensure that care workers only take refreshment whilst in the home of a service user at the invitation of the service user, except where the service user’s needs of support at mealtime includes the support worker having lunch with the service user as part of their social support (and recorded in their Support Plan).

22.3 When taking breaks staff must have due regard for the safety of the service users and relevant staffing levels and the Provider must reflect this arrangement within the staffs terms of employment.
23 Professional Practices

23.1 Under no circumstances must the care worker take any other person to the service user’s home i.e. family or children. Under no circumstances must pets be taken to the service user home.

23.2 Under no circumstances must a care worker remove any item(s) from the service users home, or dispose of any article without the service user’s specific consent including unused food etc., except where out-of-date or spoilt food presents a health risk.

23.3 Under no circumstances must staff lend or borrow money or articles belonging to the service user.

23.4 The Provider will have in place a robust policy and procedure for the reporting and recording all verbal communications from service users / carers / care manager, to the office.

23.5 The Provider will ensure this is reflected in and is clearly communicated through their Company policies and disciplinary procedures.

24 Training

Promoting a rich and diverse learning environment incorporating continuous improvement and development that is both adaptable to continually changing environments and sustainable / resilient in the business context of Home Care services is essential. Professional development needs to be expressed in terms of learning that is useful, relevant and enriching, involving activities and approaches that will support the learning process. To ensure the ongoing development of all staff, collaborative partnerships with between the Provider, SBC and other stakeholders are essential so that the professional development effort is sustainable for the future.

24.1 Induction: The Provider will ensure that staff employed all levels complete suitable training commensurate with their role. Care workers must be prepared for the tasks that they undertake by starting with induction training linked to the expressed standards of the Provider and the nationally recognised common induction standards (CIS) and endorsed by the sector (ref: http://www.skillsforcare.org.uk/cis/) and Learning Disability Award Framework (LDAF). The Provider will put in place an induction programme that complies with the Care Standards Act 2000 and National Minimum Standards relating to the Service users needs and in having the right IT services and professional facilities to deliver such training, either through their own organisation or through accessing their local education services. Staff must be afforded the right development and career opportunities based on their abilities and competencies and in being given the right support to complete training which does not impact their own personal circumstances and work life balance.

24.2 The Provider and the care worker, on the completion of Induction including the Common Induction Programme should sign an induction checklist, both feeling confident in the new competence gained through the induction. The induction should include (as a minimum):

a. All mandatory requirements for the role of care and support worker;
b. Including specific awareness training related to the Service User group;
c. Orientation to the company, staffing structure, documentation, lines of reporting;

d. Familiarisation with policies and procedures particularly those in relation to their day to
day work and communication/reporting mechanisms;

e. Introduction to customers; and

f. Familiarisation with all care and support plans used.

24.3 Staff are not permitted to lone work or support any service users regarding finance until the
induction period including supporting service users with their finances is satisfactorily
completed.

24.4 Mandatory Training: Training will encompass practical instruction and enhanced knowledge and
skills covering Sensory Loss, Mental Health, Physical Disabilities, complex needs, Learning
Difficulties and Dementia Care. Staff inductions will cover all mandatory training for the role
and will be planned over sufficient time (3 Months). On going monitoring of staff competency
will form further development and will link in to: (a) and (b)

24.5 Continuous Professional Development (CPD): An annual review of CPD should be undertaken
by the registered manager as part of each care practitioner’s annual appraisal. Record keeping
by the manager of the observation of working practice and competence should be used
alongside the overall workforce plan and individual learning and development plans, to identify
and record the further skills and qualifications needed by practitioners and how they are to be
met and link into : (a) and (b)

   a. **The Provider’s workforce Development plan and training matrix/Proprietary System.**

      The Provider will have a Workforce Development Plan linked to a current training
      matrix/electronic proprietary system which includes the expected training and competences
      for care staff and actual completed training and skills development, and dates and details of all
      training staff have completed with due dates for refreshers highlighted to aid planning.
      The Provider should communicate to all staff its yearly training plan. This should be available
      for review by SBC at any time during the contract

   b. **A care worker’s individual Personal Development and training plan.** The Provider will
      ensure that all staff have personal development plans which include/training needs which
      reflect the workers role, responsibilities and needs of the service users they work with. No
      care worker will be permitted to support a service user whose assessed needs exceed the
      actual completed training and assessed level of competence of the care worker. Training
      should be re-visited in response to staff competencies.

24.6 The specific minimum training SBC will expect the Provider to deliver to support high quality and
competent care staff in accordance with the expectations of skills for care and with particular
attention to minimum standards for CWC outcomes 14, 24 and 25 (see link below) and all
details in this specification as follows:

   (http://www.skillsforcare.org.uk/qualifications_and_training/adviceonmeetingCQCregulations/s
   kills_for_Care_materials_to_help_with_meeting_CQC_inspection_outcomes.aspx)

Table 24.6 (a) All Staff
### Must be completed prior to Lone Working

| I. | Corporate Induction; |
| II. | Policies Procedures documentation, recording and reporting; |
| III. | Local orientation; and |
| IV. | Skills for Care Common Induction Standards (which may include some aspects of awareness or certificated Mandatory training. |

**Some aspects of CIS may be completed within 3 months a risk assessed by Provider**

### Mandatory Training

| V. | Corporate Induction (including **Skills for Care CIS**); |
| VI. | Safer People Handling |
| VII. | Infection Control; |
| VIII. | Medication, Safe Handling (up to level 3); |
| IX. | Safeguarding Adults Awareness – SBC /KWANGO e-learning; |
| X. | Health & Safety and Emergency First Aid (as risk assessed to the care worker’s role); |
| XI. | Food Hygiene Level 2 Certificate; |
| XII. | Nutrition and hydration; |
| XIII. | Mental Capacity Act – SBC /KWANGO e-learning; |
| XIV. | DOLS; |
| XV. | Fire Awareness and safety; |
| XVI. | Child Protection |
| XVII. | Equality and Diversity (including Equalities Act 2010) |
| XVIII. | Recording and Reporting |
| XIX. | Restraint (practice, risks and links to safeguarding) |

### Refresher Training to maintain competence and skills

| XX. | Fire Awareness – 6 monthly |
| XXI. | Medication administration practice observation - minimum annually in the workplace/service user’s home. |
| XXII. | Infection Control observation – minimum annually in the workplace/service users home. |
| XXIII. | Safeguarding Adults – 12 to 18 months |
| XXIV. | Medication refresher – 12 to 18 months |
| XXV. | Safer people Handling – within every 12 to 18 months |
| XXVI. | Mental Capacity Act – 12 to 18 months |
| XXVII. | Food Hygiene Level 2 Certificate – within every 3 year period |
| XXVIII. | Emergency Aid – within every 3 year period |
| XXIX. | Child Protection – 2-yearly |
| XXX. | Competence& Practice observation &supervision – 3 monthly |
### Stockton on Tees Borough Council Service Specification:
#### Homecare & Domestic Support Services

| To hold or commence within 6 months of appointment | XXXI. Level 2 Diploma in Health and Social Care or Level 2 NVQ Health and Social Care if appropriate.  
| | XXXII. Numeracy and Literacy  
| | NVQ’s will be recognised as legitimate qualifications |
| To complete or commence within 6 months of appointment. Specialist training should be based on recognised models. | XXXIII. Level 2 Infection Control (to be included in Level 2 Diploma);  
| | XXXIV. End of Life Care, Liverpool Pathways etc (as appropriate);  
| | XXXV. Dementia Awareness, Sterling model etc (as appropriate); and  
| | XXXVI. Autism, NAS, etc (as appropriate). |
| Must be completed prior to working with service users who require medication | XXXVII. HSC 3047 Level 3 unit – Support use of medication in social care settings (to be included in Level 2 Diploma);  
| | XXXVIII. Literacy Level 2; and  
| | XXXIX. Numeracy Level 1.  
| | NVQ’s will be recognised as legitimate qualifications. |

### For staff who have frequent or intensive contact with people with autism
- XL. Autism Intermediate; and  
- XLI. Autism Advanced.

### For staff that have contact with people with behaviour that challenges (including service users with a Learning Disability, mental health and dementia).
- XLII. Verbal non-verbal argumentative communication systems  
- XLIII. “Suitable” qualification in LD (diploma level/intermediate/advanced levels);  
- XLIV. Minimum 2 years’ work experience in specialist care for people with LD;  
- XLV. Case management knowledge;  
- XLVI. Understanding of/experience of Behaviour that Challenges;  
- XLVII. Advanced care planning and recording including Person-Centred Planning to ensure delivery of high-quality person-centred care;  
- XLVIII. Understanding/working knowledge of legislation/policy relevant to people with LD i.e. VPN; and  
- XLIX. Awareness of co-morbidity issues e.g. LD/dementia, LD & MH Problems, drug and alcohol.
Competence Based Tasks, were workers will / may apply tasks under the direction of health professionals and supported by the care plan established by the health professional responsible for the service.

L. Administration of eye medication;
LI. Application of skin treatment;
LII. Oral care;
LIII. Percutaneous endoscopic gastrostomy (Peg) feeds;
LIV. Percutaneous and indwelling 'Catheter Care';
LV. Stoma Care;
LVI. Hand/foot care;
LVII. Administering medication via a nebuliser;
LVIII. Changing dressings; and
LIX. Take and record vital signs. E.g. temperatures, and obtain samples for testing as required (e.g. urine samples).

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<tr>
<th>Table 24.6 (b) Senior Care assistants / Care Co-ordinators</th>
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<td>To hold or commence within 6 months of appointment</td>
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<td>NVQ's will be recognised as legitimate qualifications.</td>
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<tr>
<td>I. As above plus</td>
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<td>II. Level 3 Diploma in Health and Social Care or pre existing Level 3 NVQ in Health and Social Care or Promoting Independence</td>
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<th>Table 24.6 (c) Deputy Managers</th>
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<td>To hold or commence within 6 months of appointment</td>
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<td><strong>NVQ’s will be recognised as legitimate qualifications.</strong></td>
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**Table 24.6 (d) Registered and or Service Managers**

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<th>To hold or commence within 6 months of appointment</th>
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<tr>
<td><strong>NVQ’s will be recognised as legitimate qualifications.</strong></td>
<td>I. Level 4 Health and Social Care</td>
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<td>II. Level 4 Registered Managers Award/Leadership and Management in Care Services (for existing holders) or</td>
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<td>III. Level 5 Diploma in Leadership for Care Services (for those new into post)</td>
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<td>IV. Level 5 Managing Medication Systems</td>
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<td>V. Managing performance of people through change</td>
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<td>VI. Managing attendance and well-being</td>
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<td>VII. Recruitment and Selection</td>
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<td>VIII. Supervision Skills</td>
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<td>IX. Appraisal Skills</td>
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<td>X. Complaints</td>
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<td>XI. Managing diversity</td>
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**24.7 Continuing Professional Development:** The Provider will support appropriate staff to attend any additional training, information days and forums that have been arranged by SBC and other
stakeholders. The Provider is also encouraged to work in partnership with other local agencies in the development of joint training ventures.

24.8 The Provider will be expected to access SBC / Stockton CCG training programs and forums as appropriate. The Provider will be expected to ensure all care workers and appropriate staff undertake CPD and continue to develop their skills, knowledge and experience to ensure current and future service users receive the highest quality care and are supported as detailed in their care and support plan. As a minimum, this should include all development detailed at 24.6(a) v-X1X and 24.8(a):

<table>
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<tr>
<th>Table 24.8 (a) Continuing Professional Development</th>
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<tr>
<td>Diplomas, Smaller Awards and Certificates for continued professional development. These qualifications allow the provider to personalise training Adopting a flexible, 'mix and match' approach to meeting the different development needs of the workforce. As defined in each staff members personal development plan</td>
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Qualifications and Credit Framework -CQF

I. Award (1-12 credits)
II. Certificate (13-36 credits)
III. Diploma (above 36 credits) - not linked to the 14-19 Diploma.

24.9 All staff will (where possible) undertake an exit interview that will detail the specific reasons for them leaving. Exit forms are used for purpose of performance management and in improving any staff management concerns.

25 Training and Development in Adults and Child Protection

25.1 The safeguarding of the service user is paramount when responding to suspected or actual allegations of abuse and this should be reflected in the Provider’s development of staff and disciplinary procedures, when suspending an employee. Staff that work with vulnerable adults and children will be given appropriate training, support and supervision. They should be given guidance on when and to whom they should disclose information, in order to protect vulnerable service users.
25.2 The Provider will be required to sign up to both the Stockton-on-Tees and Tees Wide Adult Protection Protocol for reporting and recording information.

25.3 The Service Provider will be expected to access and utilise SBC’s Safeguarding of Adults E-Learning Program. The evidencing of achievement through certificates will form part of SBC’s quality audit and performance reporting process. This tool should be used alongside other forms of training such as:

   a. Appropriate elements of Level 2 Diploma in Health and Social Care or Level 2 NVQ Health and Social Care relating to the Protection of Adults and Children (see tables 24.6 a-d):
   b. No Secrets Workbook;
   c. On-going supervision and support;
   d. Specialised Training; and
   e. SBC Training and Information Forums.

26 Authenticity of Training

26.1 The Provider will be expected to evidence all staff and management training through the recording of staff training schedules and authentic accredited certificates. Reliability of information is important and individual training schedules should be signed by that staff member to verify that they have undertaken such training.

26.2 These records will be subject to periodic inspection by SBC as part of contract management and investigations under complaints and safeguarding.

27 Uniforms, Protective Clothing, Training and Travel

27.1 The Provider will ensure care workers have uniforms and that these are worn by staff when working in the community in the service user’s homes at all times.

27.2 The Provider will fund the cost of uniforms and protective clothing, training and travel as part of this agreement. The care worker is not expected to subsidise these elements of the service.

27.3 The only exception to this will be for those carers who are working with children or young people and appropriate people receiving enhanced LD, MH and complex needs support in the community, in which case it may be more appropriate for the carer not to wear uniforms for reasons of anonymity or when supporting a service user in an enablement programme. In such instances this must be agreed with the service user and Social Worker and documented in the Care and Support Plan.

27.4 The Provider is required to ensure that adequate and appropriate protective clothing is provided and accessible to all care workers at all times including disposable aprons and gloves.

28 Staff Identification

28.1 Care workers should dress appropriately (see section 27) and must always carry personal identification (which includes a photograph, name and signature of the care worker, the issue
and expiry date, the name of the Provider and a telephone number, which can be used to verify this information).

28.2 Care workers should show their ID card every time when arriving at the agreed time at the service users own home or when delivering care and working in various community settings outlined in their care and support plan.

28.3 Compliance with section 28 will be subject to periodic inspection by SBC as part of contract monitoring management and investigations under complaints and safeguarding.

29 Disciplinary Policy

29.1 The Provider will have in place Disciplinary Policy and Procedure for dealing with staff misconduct and any under performance, which will protect the care worker and service user, while an investigation takes place.

29.2 SBC will request that staff are suspended without prejudice if deemed appropriate while any investigation takes place, to ensure the staff or service users are not placed at greater risk.

30 Substance Misuse Policy

30.1 The Provider will ensure that care workers do not smoke or consume alcohol or take illegal drugs whilst working on duty. This will be reflected in the Provider’s policy and procedures.

30.2 The provider will ensure that care workers do not not arrive for work, or work under the influence of alcohol or drugs. This will be reflected in the Provider’s policy and procedures.

30.3 The provider must have a no smoking policy in place which details the risks and procedures for the management of smoking in the workplace including the homes of service users. Providers will ensure that both service users and staff are fully aware and complaint with all aspects of the policy. This should include guidance and timelines which ensure that the service user and family do not smoke while the care worker carries out their duties as detailed on (The DoH None Smoking Guide) http://www.smokefreeengland.co.uk

30.4 SBC appreciate that this is the service user’s own home but the service user has to recognise that their home does become the care worker’s working environment and they have the right to be protected from passive smoking.

31 Staff Support

31.1 The Provider will ensure that:

a. The Provider’s staff will receive appropriate supervision (ref: CQC essential standards at Section 10.1) on an appropriate frequency (including professional supervision where appropriate) but at least 6 times per year;

b. Assessment of staff professional (including clinical where appropriate) competence will be regularly reviewed;
c. That staff receive any specific training necessary to meet the individual needs of the service users;
d. Staff will be supported and developed;
e. Staff will have a yearly Individual Performance Review (appraisal); and
f. Individual development plans will be updated regularly (at least annually) at agreed intervals.
Processes

32 Medication

32.1 This section outlines the roles, responsibilities and procedures for assisting service users with prescribed medication in the community. It provides standards to be adopted and adhered to when assisting with medication which forms part of a service user’s Support Plan.

32.2 The Council is committed to the basic principle that service users should be able to exercise maximum personal responsibility over their own lives and decisions, as appropriate to their capacity. The overall aim of this specification, therefore, is to promote independence through encouraging service users to manage their own medicines as far as they are able, and to administer them in accordance with the advice of their own doctor.

32.3 It defines who can provide assistance with medicines, what assistance they can provide and in what circumstances. As a result it aims to provide a safe framework for care staff to work within when assisting service users with medication. It also outlines the documentation which should be used and records which should be kept.

32.4 However, it is acknowledged that it is not possible to anticipate every eventuality and that in unusual circumstances the specific needs of a service user needing assistance with medicines may fall outside of these specifications. In these cases advice will be sought from appropriate health professionals.

32.5 The National Service Framework for Older People (NSF) acknowledges the contribution of care workers to the daily living activities of older people living in their own homes and the considerable support they provide in medicine taking. The NSF also acknowledges that ongoing education and training is essential for care workers in assisting with medication.

32.6 The Provider will comply with:

a. The Health & Social Care Act 2008 (Regulated Activities) Regulations 2010;
b. The Mental Capacity Act 2005;
c. The Mental Capacity Act Code of Practice 2007;
d. Care Quality Commission’s Essential Standards for Quality & Safety (March 2010) - Outcome 9: Management of Medicines;
e. The Handling of Medicines in Social Care” by the Royal Pharmaceutical Society of Great Britain (2007); and

32.7 The Provider must provide care that is in accordance with the Health and Safety at Work Act 1974 which imposes a general duty on employers to ensure, so far as is reasonably practicable, the health, safety and welfare of employees and others which includes service users and any others who may be affected by the activities. This duty extends to all aspects of the provision of care, including the storage, administration and disposal of medicines.

32.8 Specifically, the Providers that comply with outcome 9 will:
a. Handle medicines safely, securely and appropriately;
b. Ensure that medicines are prescribed and given by people safely; and
c. Follow published guidance about how to use medicines safely.

32.9 The Provider must:

a. Provide service users with care, treatment and support from staff who ensure they make a record of any medication taken or reminded by the person using the service where this is part of the care and support plan;
b. Have clear and current policies and procedures and staff training in place which all staff are trained and familiar with and underpin all elements of this specification and legal / regulatory requirements; and
c. Ensure all staff follow clear procedures, that are monitored and reviewed by the Provider, that explain their role with regards to helping people take their medicines and what they should do if the person using services is unable, or refuses, to take their medicines.

32.10 All tasks involving medicines are also regulated by the Medicines Act 1968 and subsidiary regulations made under that Act. The Provider must ensure their procedures comply with these regulations:

a. According to the Medicines Act 1968, medicines can be administered by a third party, e.g. a suitably trained care worker, to the person that they were intended for when this is strictly in accordance with the directions that the prescriber has given; and
b. In law there is no difference between prompting and administering tablets. Any care worker selecting medication on behalf of a patient, who is unable to self-select, is administering that medication, regardless of the packaging.

32.11 Care workers must receive appropriate training and formal assessment of their competency, undertaken in order to enable them to become competent in the handling and administration of medication. To fulfil this requirement SBC expects the Provider to train staff to the standard set out by the North East Regional Development of Skills best practice document “The Strategy and Good Practice for the Handling, Management and Administration of Medication in Health and Social Care within the Community (2011).

General principles

32.12 Everyone involved in the care of a service user is responsible for ensuring that his or her medication is managed appropriately where the service user is not self-medicating. However the primary responsibility for the prescription and medication review rests with the prescriber in consultation with other members of the primary care team and his/her patient.

32.13 Medicines prescribed by a Doctor/Nurse/Pharmacist prescriber and dispensed by a Pharmacist become the property of the person to whom they have been prescribed. Whoever administers medication must make sure that it is administered according to the prescriber’s written instructions and recorded. It will be dependent on the level of assistance required as to where this should be documented. The service user’s MAR chart should be used to record Level 3 support.
32.14 The service will be delivered in a way that enables self-determination and independence. Administration of medication will be delivered in a way that respects the dignity, privacy, cultural and religious beliefs of the service user.

32.15 Care workers will only provide help with taking medication, or administer medication, with the informed consent of the service user or their suitably approved representative who may give consent on the service users’ behalf. Consent will be recorded on the Support Plan.

32.16 Care workers will only provide help with taking medication, or administer medication when it is recorded on the care and support plan and only when they have been trained and it is within their competence, within the parameters and circumstances set out in this specification, and when assistance with medication is part of a SBC funded ‘package of care’.

32.17 Appropriately qualified care workers (level 3) WILL NOT offer any assistance with medication unless a risk assessment has been carried out, the level of support required is clearly documented and a Support Plan is in place and accessible within the service user’s home.

32.18 Care workers should aim to ensure that service users receive appropriate help and encouragement to manage their own medication, but where this is not safe, to ensure that they receive a suitable level of support and assistance with their medication as indicated in the Support Plan.

32.19 Support Workers must only assist with the administration of medication following authorisation/instruction by their line manager, and where the authorisation of the service user has been obtained or where the Care Coordinator has completed an assessment identifying it is in the best interests of the service user to receive assistance.

32.20 Recording should include the prompting of medication (Notes) as well as the standard recording requirements of administration (MAR) as described in Royal Pharmaceutical Society of Great Britain document, “The Safe Handling of Medication in Social Care (2007)” and those described by “Strategy & Good Practice Guide for the Safe Handling, Management and Administration of Medication in Health & Social Care within the Community”.

Roles & Responsibilities of the Provider

32.21 The Provider will ensure a duty of care to service users (taking reasonable care to avoid acts or omissions which may place at risk or cause harm to service users). They are responsible for ensuring that care staff act in ways which are within the law and consistent with their policy & procedures.

32.22 The Provider will ensure care workers are provided with information, instructions and competency based training which enables them to competently carry out their duties as described in this specification. Training must be updated regularly to ensure competency.

32.23 The Provider will have policies and procedures that clearly define the types and level of support that can be provided by care workers in line with this specification, North East Regional Development of Skills best practice document “The Strategy and Good Practice for the Handling, Management and Administration of Medication in Health and Social Care within the Community (2011). This defines what support may be offered with different types of medication.
32.24 The Provider will be able to demonstrate that all care workers who are required to prompt or administer the service user’s prescribed medication receive the appropriate training. These procedures must be included in the Service Provider’s Medication Policy and meet the Requirements of the North East Guide for the Safe Handling of the Administration of Medication.

32.25 The Provider will have in place as a minimum, policies, procedures & guidance for:

a. Clear guidance for care workers on issues in 32.14;
b. Clear guidance for care workers on management of medicines including controlled drugs, when required, homely remedies and variable dose medication;
c. Clear guidance for “medicines for later”;
d. Clear guidance for service users refusing medication;
e. Covert administration of medication;
f. Clear customer’s medication profiles;
g. Formal approach to recording consent and family involvement;
h. Details and methods of internal and external audits and regular review, including a named manager taking responsibility;
i. A clear risk assessment process regarding Medication;
j. Information regarding the customer’s ability and capacity to understand and acknowledge their medication and level of support required;
k. What level of training care workers should receive in relation to this area of work;
l. Details of safe recording systems;
m. Details of safe storage of medication;
n. Management of change in service users medication;
o. What communication protocols need to be in place when there is an identified change in a customer’s medication;
p. Guidance / systems of control and disposal of surplus medication;
q. Clear guidance as to how to record and check medication; and
r. Clear protocol for responding to errors.

32.26 The Provider will ensure care workers are competent to carry out tasks as specified in the care and support plan through competency based training, supervision and monitoring.

32.27 The Provider will ensure care workers are not undertaking inappropriate tasks.

32.28 The Provider will ensure MAR charts are provided and used in all instances of medication administration.

32.29 To liaise with care management to ensure that the Support Plan accurately describes the support the care worker is being asked to provide.

32.30 The Provider will ensure that records are held of the name of the General Practitioner (GP) with whom the service user is registered and are aware that whenever a service user requests assistance to obtain medical attention, or appears unwell or is unable to make such a request, that the GP and next-of-kin should be contacted without delay.

32.31 The Provider will ensure that care workers have access to the name of the Community Pharmacist / Dispensing Doctor whom the service user or their representative has identified to provide dispensed medicines (this must be recorded in the care and support plan).
32.32 The Provider will ensure appropriate MAR charts are completed for the recording of medication assistance. An example MAR chart is available “The Strategy and Good Practice for the Handling, Management and Administration of Medication in Health and Social Care within the Community (2011).

32.33 The Provider will monitor the quality of completed MAR chart and take any appropriate action.

32.34 The Provider will ensure appropriate storage of MAR charts for a minimum of three years.

32.35 The Provider will consult the service user’s GP and community pharmacist when support with medicines has been agreed with service user or changes are proposed.

32.36 The Provider will ensure that the Risk Assessment, service user support plan, Medication Profile and a Medicines Administration Record Chart (MAR Chart) is accessible in the service user’s home.

32.37 The Provider will ensure a review of the Risk Assessment and Care Plan is requested with all relevant parties at any time there is a change in the service user’s circumstances or if the carers report any problems.

32.38 The Provider will support the safe and receipted transfer of service users and their medication from one provision to another utilising effective communication between the care managers, medical staff and community pharmacists.

32.39 The Provider will must keep a record of the initials and signatures of all care workers. A record of the printed names, signatures and initials of all care workers must be kept. This is extremely important when care workers are initialling MAR charts.

Roles and Responsibilities of the care worker

32.40 The Provider’s care worker will follow the Providers policies and procedure when undertaking and recording medication prompting and administration.

32.41 The Provider’s care worker will ensure completion and maintenance of the MAR chart and other relevant paperwork required to ensure the safe handling and administration of medication.

32.42 The Provider’s care worker will always work to enhance the independence of the service user.

32.43 The Provider’s care worker will only assist with the administration of medication when appropriate training has been received and where the service user has given authorisation. Care Providers have a duty to assess the competence of their Support Workers to assist with medication.

32.44 The Provider’s care worker will notify their line manager where they are being asked to provide assistance with medication which deviates from guidance or where they feel insufficiently competent.
32.45 The Provider’s care worker will not provide advice regarding medication. They must seek clarification and guidance from their line manager if queries arise.

32.46 The Provider’s care worker will, if in doubt, not give medication and seek advice immediately. Care workers must feel confident to carry out these tasks correctly and safely. To ensure this, care workers must not carry out any tasks that have not been authorised by their line manager and/or stated in the service user’s personal plan of care.

32.47 The Provider’s care worker will liaise with service users nominated community pharmacy and general practitioner in line with agreed level of support.

**Role of the Community Pharmacist**

32.48 The service user’s Community Pharmacist will be able to provide general advice on medicines such as when they should be used, how to take them, how to dispose of them, side effects, interactions and over the counter medicines. The Pharmacist can be contacted for advice by the service user or on behalf of the service user by family or carers where appropriate.

32.49 A service user’s Community Pharmacist may be able to provide solutions to help the service user manage their own medicines. The Pharmacist has the expertise to decide the best solution and eligibility of individual patients. Any information that can be provided to the Pharmacist regarding the patient’s needs and abilities will help in finding a potential solution. Examples include the provision of large print labels, reminder charts, containers that are easier to open etc. Pharmacies may also collect and deliver prescriptions.

32.50 Provision of compliance aids is only available via community pharmacy where this has been assessed by the supplying pharmacist and has been determined as an appropriate adjustment for the individual patient. This includes an assessment of pharmaceutical suitability of removal of medicines from original licensed packaging.

**Risk Management**

32.51 Assistance with medication will only be provided when there is no other means of the service user managing their own medication, either through self medication or support from family and friends. All options must be explored in the first instance; including a Disability Discrimination Act (DDA) assessment to identify alternative methods of supporting a service user manage their medication where appropriate. Where it has been established that a service user requires support with medicine management as part of a package of social care, in order to minimise the risk:

a. A risk assessment will be carried out initially by the Provider who will identify the level of support required. Thereafter, the Provider will monitor the support required;
b. Medication training and competence training will be provided to staff appropriate to their grade;
c. The Health and Safety at Work Act 1974 imposes a general duty on employers to ensure, as far as is reasonably practicable, the health, safety and welfare of employees and others which includes service users and any others affected by what is done;
d. Care workers must not carry out any invasive, clinical or nursing procedures, such as administering injections, enemas or pessaries;
e. Support Plan must be accessible in the service users home; and
f. Completion of the Incident Form and investigation which will identify an incident will require
   the provider to carry out a risk assessment to eliminate or minimise the risk in future.

Levels of Medication Support

32.52 The Provider will ensure that training is provided and competency assessed for all care workers
   providing any level of support and that records of this training are kept. A care worker must not
   undertake any related tasks that they do not feel adequately competent to undertake and
   should inform their line manager of their concerns.

32.53 Assistance with medication will only be provided where the service user has been assessed via a
   social care assessment, and the exact nature and level (as defined below 32.57(a-c)) of the
   assistance specified on the Support Plan. Assistance with medication will only be provided
   where the service user has been assessed as being unable to administer their own medication
   (in full or in part) and there is no informal carer or other appropriate person to do so and
   additional social/personal care needs have been identified. In all cases, a DDA assessment must
   be undertaken to ensure medication is provided in the most suitable way to allow a service user
   to self administer.

32.54 Assistance with medication will only be provided with the consent of the service user, obtained
   when the Support Plan is established or reviewed. Where informed consent cannot be given, or
   the service user is unable to express their views, advice will be sought from their carer, or any
   other significant person.

32.55 If necessary, an independent advocate will be used to ensure the best interests of the service
   user. In all cases the individual’s general well being and belief before they became unable to
   express their views, must be taken into account as well as their physical health. No-one can give
   consent to treatment on behalf of another adult, but generally health professionals and their
   colleagues are normally allowed to provide treatment which they believe to be in the best
   interests of the person, having taken into account the advice from significant persons and
   carers.

32.56 If a service user cannot give consent because of health reasons e.g. dementia, then the current
   recommendations for treating adults with incapacity must be followed. These recommendations
   are subject to change. However, at the time of publishing these guidelines (2012) the
   recommendations found in the Mental Capacity Act (2005) and the Mental Capacity Act “Code
   of Practice (2007)” should be adhered to.

32.57 The different levels of support should be considered as a continuum, accepting that service
   users may move up and down the levels depending on their health status and/or functional
   ability at the time.
### 32.57(a) Level 1: The Service user requires no assistance with medication

Service users take full responsibility for their own medicines and require no assistance with medication from the Care worker. It is important to remember that the ability of the service user may change and that the care worker is often the only person who will be aware of these changes. If the care worker identifies any changes in the ability of a service user to manage his/ her own medicines, this should be reported to the Care worker’s line manager as soon as possible.

<table>
<thead>
<tr>
<th>Care workers Can / must</th>
<th>Care workers will not</th>
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<tbody>
<tr>
<td>a. Monitor level of independence/capability is maintained &amp; inform line manager of any relevant change.</td>
<td>d. Influence the way in which the service user obtains their supply of medication.</td>
</tr>
<tr>
<td>b. Monitor the effects of medication.</td>
<td>e. Order/collect/dispose of medications unless the service user has specifically asked them to.</td>
</tr>
<tr>
<td>c. In an emergency / crisis situation, a care worker can assist with medication but should record and immediately report this to the Provider for review.</td>
<td>f. Specify which medications should be taken at any one time.</td>
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<tr>
<td></td>
<td>g. Identify to the service user which medication should be taken.</td>
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<td></td>
<td>h. Provide support in any way.</td>
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### 32.597b) Level 2: The Service user retains responsibility for their medicines but may need some additional directed assistance.

These service users are responsible for managing their own medicines but may need help with one, or more of all the tasks detailed below, and will be noted in the care and support plan. Any requests for further help must be reported as soon as possible to the care worker’s line manager and, if in a true emergency, extra help has been given, this must also be reported. In addition to the task listed as Level 1. All staff supporting service users assessed at level 2 will be trained to level 3.

<table>
<thead>
<tr>
<th>Care workers Can / must</th>
<th>Care workers will not</th>
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<tbody>
<tr>
<td>Level 1 plus</td>
<td>h. Assist in any way that is not clearly a visual or verbal prompt or documented in the Support Plan and written consent obtained.</td>
</tr>
<tr>
<td>a. Inform line manager of requests for further help than is documented in the Support Plan.</td>
<td>i. Assist with medications out of sight of the service user.</td>
</tr>
<tr>
<td>b. Report concerns or inabilities about the service user’s ability to self administer medication (including multi dosage) and mistakes as soon as possible.</td>
<td>j. Fill compliance aids.</td>
</tr>
<tr>
<td>c. Where the service user chooses to leave medication “for Later”, the care worker must record this and report it to the Provider if they have any concerns.</td>
<td>k. Offer advice or recommendations regarding medication.</td>
</tr>
<tr>
<td>d. Visual check where possible and remind the person to take their medication.</td>
<td>l. Take direction from service user’s family or friends regarding medications / ordering / collection.</td>
</tr>
<tr>
<td>e. Remind and explain the purpose of the medication and how it will assist in their health and wellbeing.</td>
<td>m. Must not administer medication / injections.</td>
</tr>
<tr>
<td>f. Asking whether they have remembered to take their medication.</td>
<td>n. Force or coerce the service user to take medication.</td>
</tr>
<tr>
<td>g. In an emergency / crisis situation, a care worker can administer medication but should record and immediately report this</td>
<td>o. Undertake any medication task that they do not feel adequately competent to undertake.</td>
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</tbody>
</table>
32.57(c) Level 3: The service user relies on the care worker to manage his/ her medicines.

Service users at Level 3 have been assessed as being unable to manage their own medicines and as requiring the care worker to be responsible for their medication which may include collection, administration, recording and monitoring. However, it is important to maintain the service user’s dignity and independence at all times, and so where possible the service user should be encouraged to engage with the care worker in the process of medication administration, such as giving explanations of the procedure and encouraging the service user to manipulate packaging where they are still able. In such situations, the care worker remains responsible for selecting and administering the appropriate medications as per the instruction on the medication label and as per the MAR chart. All staff supporting service users assessed at level 3 will be trained to level 3. In addition to those tasks listed in level 1 and 2 the:

<table>
<thead>
<tr>
<th>Care workers Can / must</th>
<th>Care workers will not</th>
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<tr>
<td>Level 1 &amp; 2 plus.</td>
<td></td>
</tr>
<tr>
<td>a. Select and Administer medication. This might include removing medication from original packaging or from a sealed compliance aid; Pouring out a dosage of medicine and giving them to the service user to take.</td>
<td>i. Assist in any way that is not clearly documented in the care and support plan and written consent obtained.</td>
</tr>
<tr>
<td>b. Visual check to ensure the medication is correct for the service user is in date and shows no sign of being tampered with.</td>
<td>j. Use compliance aids not filled by a pharmacist.</td>
</tr>
<tr>
<td>c. Check the medication requirements on original/dosette packaging (in brackets should correspond to MAR chart) and accurately record administration (including codes for non administration) and other information as appropriate (including time of assistance and signature).</td>
<td>k. Do any invasive or specialist tasks without specialist competence based training (e.g. PEG).</td>
</tr>
<tr>
<td>d. Remind and explain the purpose of the medication and how it will assist in their health and wellbeing.</td>
<td>l. Offer advice or recommendations regarding medication.</td>
</tr>
<tr>
<td>e. Ensure safe storage of Medication.</td>
<td>m. Force or coerce the Service User to take medications.</td>
</tr>
<tr>
<td>f. Record Seek advice from the social worker / the Provider where the service user refuses medication.</td>
<td>n. Administer medications covertly.</td>
</tr>
<tr>
<td>g. Report mistakes as soon as possible to SBC, the Provider and CQC.</td>
<td>o. Replace refused medication into its original container.</td>
</tr>
<tr>
<td>h. Only undertake tasks that they feel adequately competent to undertake.</td>
<td>p. Give any medication that is not recorded on the MAR chart.</td>
</tr>
<tr>
<td>i. Amend/alter the MAR chart in any way except under direct instruction of a pharmacist and / or GP.</td>
<td>q. Remove and / or take medication belonging to the service user without direct instruction from a senior or professional person.</td>
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**Shared Care**

32.58 If more than one Provider (and / or the role is shared with a relative or informal carer or other significant person) is responsible for assisting the service user with medication, then the person setting up the care package must designate a Lead Provider (usually the Provider giving most support with medication). This Provider will be responsible for ensuring new MAR Charts are in place, and storing completed MAR charts. Care workers from both providers will use the same
MAR chart when assisting with medication. The Provider will be responsible for the actions of their own care staff.

### Incident Reporting

32.59 Errors must not be ignored and a culture that allows staff to report incidents without the fear of an unjustifiable level of recrimination must be encouraged. All incidents should be reported through SBC’s incident reporting process (appendix 3) and into safeguarding should the criteria be met.

### Storage of medicines

32.60 Care workers supporting service users at Level 3 must ensure that medicines are stored in a suitable place, as defined in the care and support plan to allow safe administration of medicines in accordance with the procedure. It is not always necessary for this to be a lockable box, and this should be risk assessed on an individual basis.

32.61 In some cases it may be appropriate to store medicines in a place where the service user or visitors to the customers home cannot gain access to them. This will usually take the form of a lockable box/safe. In this situation the location of the medicines should be documented in the Care and Support Plan and have written consent from the service user or family member to store their medicines in this way.

### 33 Safeguarding Adults and Children

33.1 The Provider must have all appropriate policies and procedures relating to safeguarding, to protect and ensure the safety of all clients in their care. The Provider’s Adult and Child Protection Procedures must clearly link to Stockton’s local reporting protocols for recognising, responding, reporting and recording suspected or actual abuse.

33.2 These must be based on and meet the requirements of both current legislation, CQC Essential standards, guidance for quality and safety national guidance (No Secrets 2000) and current Teeswide Adult Safeguarding Policies and Procedures including Safeguarding Vulnerable Adults Inter Agency Policy (Teeswide) 4 November 2010 Rev 1: and the Independent Safeguarding Authority (http://www.stockton.gov.uk/resources/socialcare/safeguardingadultssupportinginfo/Teeswide_safeguardi.pdf). Please also see http://www.isa.homeoffice.gov.uk/.

33.3 It is the responsibility of the Provider to ensure their safeguarding policies and practices and associated staff training are subject to a process of continual review to ensure they reflect any changes in current emerging and future legislation whilst reflecting best practice guidance and local authority requirements.

33.4 The Provider must be fully aware of the Public Interest Disclosure Act and will have the appropriate Whistle Blowing Policy in place.

33.5 The Registered /Service Manager must ensure suitable arrangements are in place to ensure all service users are safeguarded against the risk of abuse by:
a. Taking reasonable steps to identify the possible abuse and prevent it before it occurs; and
b. Respond appropriately to any allegations of abuse.

33.6 Where any form of control or restraint is used in the carrying on of regulated activity, the person shall have suitable arrangements to protect service users from the restraint being:
   a. Unlawful; or
   b. Otherwise excessive.

33.7 The Provider is expected to attend all safeguarding meetings when arranged by SBC and they are contractually expected to provide the right information relating the either staffing personal and or service user information relating to the risk in the form of written reports.

33.8 The Independent Safeguarding Authority’s (ISA) role is to help prevent unsuitable people from working with children and vulnerable adults. Providers must ensure their policies; procedures and practice reflect ISA guidance and requirements.

33.9 The Providers must adhere to the above and ensure that during the recruitment process all staff are checked against the Criminal Record Bureau and ISA vetting and barring lists. The provider will ensure that all staff have undertaken training appropriate for their professional role and receive any additional training necessary to care for specific service user as specified in the service users support plan.

33.10 Providers have a duty to ensure they make referrals to the ISA when they have any concerns that an employee even if they have resigned or left their employment has caused harm or poses a future risk of harm to children or vulnerable adults. In these circumstances the employer must make a referral to the ISA. Following an assessment of the evidence, the information may then be sent as a referral to the ISA for consideration.

34 Geographic coverage/boundaries

34.1 The Services will be provided in the geographic boundaries of SBC and applies only to service users who have been through a community care assessment and assessed as eligible for home care services by SBC.

35 Risk Management

35.1 The Provider ensures that service users are supported to manage their own risk where possible and kept safe within a framework of recorded risk assessment compiled with the service user and/or their representative. The Provider, following completion of appropriate and specific training, must deem their staff conducting risk assessments competent.

35.2 The Provider will have policies and procedures for the management of risk; these will be evidenced in systems and practice in place. Appropriate SBC and health professionals will provide a comprehensive risk assessment for service users who lack capacity or where there are significant risks that the Provider needs to be aware of. The Provider must record and implement all practical control measures to minimise risk to the service user.
35.3 The Provider is required to complete a full risk assessment prior to the commencement of the service user Care and Support Plan. Within this assessment, the Provider is required to undertake and document any situation that may develop causing risk to their care worker or service user; such risk should be evaluated by experienced and trained staff members and, where necessary, reported to the SBC or other stakeholders responsible for the Care and Support Plan. Service users are offered the opportunity to accept and assume a certain degree of risk and this procedure is clearly recorded and, where necessary, signed off appropriately by SBC.

35.4 Situations may arise where a service user’s environmental, physical, mental or social conditions may result in a risk to themselves or other members of the community's health or safety (e.g. leaving the gas taps turned on or having a home with inadequate heating). Each service user’s Support Plan should identify any such situation and contain an agreed response to that emergency situation based on the identified risk. The Provider’s risk assessment must be reviewed regularly to ensure that the service user’s changing needs are adequately addressed.

35.5 Where changes in risk are identified, these must be communicated to the service user, and/or their representative and SBC and other stakeholders. The solution agreed should be the least invasive and offers the service user maximum independence and control, and should always consider the use of assistive technology.

35.6 People have a right to take decisions about their lives. There is a balance to be found between participation in everyday activities, the duty of care to both workers and service users and SBC’s legal responsibilities to managing risk. Where a Support Plan and package of care has one of more objectives of assist in the reduction of support hours; an approach to positive risk taking / developing independence must be adopted by the Provider. It is impossible ever to fully eliminate risk. It is however possible to minimise and prepare for risk by preventative action. The Provider must have a clear policy and process for risk assessments which embrace this, reflects underpinning guidance and legislation and provides a structured approach to the management of risk, which forms part of ongoing service provision for adults in Stockton on Tees.

35.7 There are no specific legal duties on the Provider in relation to lone working. However, the Provider is under a general duty under Section 2 of the Health and Safety at Work Act to maintain safe working arrangements and under Regulation 3 of the Management of Health and Safety at Work Regulations to carry out a risk assessment of the hazards to which their employees are exposed. The Provider is expected to have a suitable Lone Working Policy that includes how the care worker will be contacted. Where risks may challenge the delivery of the service and the care staff involved, the Provider will complete the appropriate risk management plan.

35.8 Where the risk is assessed as high the service provider is expected to provide the appropriate communications with the lone worker especially when continuing supervision is required. The lone worker should be equipped with a means of two-way communication, a pager or a personal alarm or company phone; this is at no expense to the staff member.

35.9 The Provider is expected to comply with the requirements of appropriate care pathways (e.g. trips and Falls, fragility facture and end of life). The Provider is expected to send all care staff on the free training as part of the mandatory training requirement.
36 Financial Risk

36.1 The provider, or staff employed by the provider must never under any circumstances act as appointee for any customer. Where it has been identified through a social work assessment that the customer is not able to take responsibility for the management of their own finances. This role should be undertaken in the first instance by the most appropriate relatives. Where this is not possible or they relatives choose not to then SBC “Client Property and Financial Affairs” will take on this role.

36.2 The default position for managing finances will always be that it remains the service user’s responsibility. The Provider should not undertake any tasks in relation to supporting or managing a service user’s finance, which is not identified through the service users needs assessment or agreed in the Care and Support Plan agreed with the social worker.

36.3 Where there are any concerns in relation the service users ability to safely manage their own finances this must be recorded and reported to the social worker as soon as possible.

36.4 As with the service users risk (section 35), any support required will be clearly identified by the provider within the Care and support plan which reflects the assessment of the customers needs.

36.5 If the support plan does identify some direct assistance required, this will need appropriate risk assessments as outlined at section 36 above. Any care worker undertaking tasks relating to service user’s finances must have been through appropriate and rigorous financial and safeguarding training and CRB/ISA clearance.

36.6 The Provider will have appropriate policies and procedures and staff training in place to ensure that care workers follow strict guidelines for the safe handling money which also protect the service user from abuse. Covering as a minimum:

- Guidance on the access to property and finances including key holding;
- The handling of small amounts of cash;
- The storage, access to service users money/valuables;
- The requirement to keep clear receipts and accurately ledgers for all transactions;
- The acceptance of gifts, bequests, and beneficiary of a will etc, to ensure workers do not benefit from the estate of a service user;
- The provider or any employee must never directly access on behalf of a service user - accounts, by bank card/book, post office card/book/pensions/allowances;
- The provider or any employee must never know or have access to pin numbers or security information in relation to any service user accounts;
- The Provider will not retain any cash/cards/books/ valuables/money or financial documents relating to bonds, lands etc within their registered office; and
i. Staff must only provide assistance to service users to take them to the bank/cash machine/post office they must never act on their behalf

36.7 The Provider is required to have these guidelines documented and signed by the care worker to certify that they both understand and abide by these procedures and standards, including the GSCC codes of practice.

36.8 Where SBC Property and Financial Affairs act on behalf of a service user, the Provider and their staff must reflect their financial procedures in terms of the collection and support with money.

36.9 If care workers are required to collect money from SBC they will be required to sign a triplicate receipt, they will be given the bottom copy, which may also have a handover receipt on the bottom which must then be signed /authorised by the customer or who ever the cash is handed to.

37 Access to customers property and safe management of keys

37.1 Key safety procedures including the use of key safes and key holding arrangements should only apply were service users have been assessed by social workers as unable to maintain their own safety and were family support is limited.

37.2 Only were no other alternative safe method is available should the Provider take responsibility for a service users keys and this must be recorded in the SBC assessments and risk management plan.

37.3 Were possible the social work assessment should avoid the requirement for Providers to hold keys on behalf of an individual, and it is expected that the use of key safes and any other current or emerging alternative methods or technology is promoted wherever possible.

37.4 Wherever possible and safe to do so, SBC working in conjunction with the Provider must promote the service user’s independence. Where a service user is assessed as having the ability to give consent and is placing themselves and others at risk, then a joint risk assessment must be in place to reflect this situation and giving due consideration to the service user’s needs.

37.5 Were Key safes are identified as a requirement this should be considered as part of a full assessment of the service user’s needs undertaken by care management and the relevant family members who are involved in caring for the service user. If a service user requires this service then they must be responsible for the funding of external key safes and matters relating to issues such as fire safety of their own home remain the responsibility of the service user. The Provider must communicate this arrangement through a signed agreement (which could be the Care and Support Plan).

37.6 The Provider will have a robust policy and procedure in place clearly demonstrating how the organisation identifies and keeps to the minimum the number of care workers who have access to keys/key safes and to service users’ homes.

37.7 Any key safes or key holding arrangements must involve the consent of the service user or representative who should also be provided with a written copy of this agreement detailing
the arrangement (This could be contained with then Care and Support Plan). It must specify the security arrangements for the key and or key safe codes, who should have access to the key and key safe codes and in what circumstances the key/key safe can be used, which could be for all calls or just in planned or emergency situations were access can not be gained.

37.8 The Provider must ensure that they have adequate procedures to monitor the use of service users’ keys within their control including the written agreement of service user/carers/family. The Provider’s key safety procedure must incorporate the service user’s capacity to give consent and their overall safety.

37.9 Where a service user is assessed as not having the ability to give consent and is physically or mentally disabled, a multi-disciplinary review of the care and support plan will be arranged to explore safe options where appropriate, and make a best interests decision in conjunction with or on behalf of the service user.

37.10 The Provider must ensure that all keys are accounted for and that all staff leaving the company have handed all keys back. Where staff fail to return keys then the agreement must include that the police may be contacted. The Provider will take responsibility for any loss of keys in their care and is ultimately responsible for the safe return of keys where staff leave their employment. The staff or service user will notify the provider at their main office if a key is lost and the Provider will be responsible for replacing the lost key, and offering to pay for change of locks, where it has been established the key has been lost by one of their current or recent employees.

37.11 No key should never be left under garden objects or other external objects as a way of keeping the key safe.

37.12 When a Service user is no longer receiving the home care service, it is the responsibility of the Provider to return the key(s) to the service user or social worker. The return of the key(s) must be recorded with appropriate signature(s).

37.13 On Occasion depending on the geographical location of the service user’s home staff may be required to pass the key carer to carer in such instances a handover/receipt book should be in place.

37.14 Were Key safes are in place care workers/staff must always return the key immediately to the key safe from which it was taken and must never pass the code directly on to other care workers/staff. It is the responsibility of key office personnel to issue and record to whom the code is given to and this should only be limited to staff working directly with the service user.

37.15 Were there are any concerns relating to the safety of the service user in terms of access to the key and key safe codes care workers must report this to the provider who must review this risk with social work, service user and relatives to ensure due consideration is given to the changing of the code.

37.16 Were it has been assessed that a service user is unable to be responsible for the safe keeping of the code Providers take responsibility for the safekeeping of code this should be recorded on the service users assessed needs and within the Care and Support plan the provider must were any risk to the security and safety of the service user and their property has been
identified change the code and inform all care workers and relevant agencies working with the service user of the new code with immediate effect.

37.17 Providers will have in place a current and robust policy and procedure which all staff are familiar with covering a “no access call” were carers have been unable to gain entry to provide the required service. This policy should cover links and contact numbers to relatives, Care Call, and emergency services.

38 The Prevention and control of infection

38.1 The Provider will have in place, robust infection prevention and control procedures, that covers all the following areas:

a. Hand Hygiene;
b. Management of Blood and Body Fluid Spillages;
c. Occupational Exposure Management, including Sharps;
d. Management of Care Equipment;
e. Control of the Environment;
f. Safe Management of Linen;
g. Personal Protective Equipment; and
h. Safe Disposal of Waste.

39 Transporting the Service User

39.1 The Provider must ensure that all vehicles used to transport service users (including the service users were used) are suitably insured and appropriate checks are conducted on a regular basis. Annual checks includes the care worker’s driving licence details, MOT, Tax, appropriate business insurance, car V5 and car safety check are required, with copies of all documentations kept on the care workers file.

39.2 If the cost of travel is related to the service user’s social care assessment of need, and it has been agreed that SBC will fund this then costs and methods of claiming the cost is included in the overall care and support plan.

39.3 If the cost of travel is related to the service user’s choice through recreation or the social care assessment identifies that the customer is responsible for funding transportation then the service user will pay for the cost of travel for the care worker. The Provider will ensure appropriate risk assessments have been completed when carers are expected to use:

a. Either their own vehicle;
b. The service users own vehicle;
c. Taxis/private vehicle hire; or
d. Public transport.

40 Location(s) of Service Delivery

40.1 The Services will be provided in a community setting, usually within the service user’s own home, or the home of a family carer.
41 Days/Hours of operation

41.1 The Provider will ensure that the homecare service can be provided 24 hours a day (7am – 11pm including sleepovers and waking nights were required), seven days a week in accordance with the approved individual service user’s care and support plan.

42 Referral criteria & sources

42.1 Only service users who meet SBC’s agreed FACs criteria are eligible for support.

42.2 Social Workers will assess and determine which service users require the home care services service or the enhanced home care service. This will be based on an assessment, in addition to generic acceptance criteria, of additional factors including behaviour that challenges/requirement for intensive support/exceptional needs.

43 Referral route

43.1 Referrals to the service will be made and accepted in accordance with the following arrangements.

   a. People who are referred for social care services will be assessed to see if they are eligible for SBC support. Currently SBC provide funded service to people who have substantial and critical needs. Through a Fair Access to Care Services (FACs) assessment they will complete a Personal Needs Questionnaire (PNQ) with support of their Social worker;

   b. The PNQ assessment will determine the sum of money they will be given, via a Personal Budget, to buy the support that they need. If the person does not want to handle the money they can appoint someone else to do it for them or ask SBC to do it;

   c. The person will then develop a Care and Support Plan, with help if they want it and need it. The Care and Support Plan will show how they will spend their budget in order to meet their assessed needs. The care and support plan will identify what they want to achieve - the outcomes - and the care or support they need to realise them;

   d. The person will then use their Personal Budget to pay people or agencies to provide support that helps them achieve the outcomes they want. The arrangements can be made for them, by SBC (where they would go through the Provider) or they can manage the money themselves (where they would choose a provider themselves). The fundamental principle is that they are in control, making the choices and decisions. SBC must sign off the Support Plan to agree that the way the person wishes to meet their outcomes is acceptable; and

   e. If a service user chooses not to manage their own Personal Budget they will, nevertheless, still require control over their support. The Provider, therefore, will have mechanisms that make them directly accountable to each of their service users for the delivery and quality of support being given, and for the person’s allocated funding.

43.2 The referral will include:

   a. An Individual Service Order (ISO) detailing the degree of flexibility of planned care hours, confirm the start date for the service, and any special requirements that the service user
has – including specific arrangements and accountability procedures for accessing of a service users funds;

b. A copy of the statement of need, the Care and Support Plan and associated risk assessments;

c. The Provider will be required to begin within 5 calendar days of referral; and

d. Where the Provider is unable to meet the needs identified in the support plan, the Provider should notify the social worker in writing as soon as possible (see 13.1(a)) to allow for the referral to be reallocated to another provider.

43.3 Records and Reports

a. Service user records will be held in the individual’s home and will be completed by care workers; and

b. Access to the service user records will be limited to the Provider and the SBC staff upon request. Service user and their care information can be shared with other NHS providers of care in accordance with SBC policy on confidentiality and information governance. The service users themselves have the right of full access to all records held by the Provider about them and should make provision to supply this information in an accessible format upon request (for example electronic records printed).

44 Response time and prioritisation

44.1 The Provider must adopt a flexible approach to meeting referrals from SBC and other stakeholders to ensure a seamless transition of care.

44.2 The Provider will acknowledge receipt of a referral by e-mail to the referrer and confirm whether they are able and willing to take the referral by returning the signed ISO. It is anticipated that the Provider will be able to provide an appropriate package of care to meet the needs of all SBC service users at home under the terms of this contract. However exceptional circumstances may arise whereby the Provider is unable to meet the needs of a service user. In this case the Provider must alert the social worker as soon as possible in order to clarify why they are unable to meet the identified needs and discuss the situation.

44.3 The provider will:

a. Have sufficient capacity in its daily rota to respond to rapid response referrals as determined by Social Workers to support at people who are at risk of a hospital admission, admission to long term residential care or where their existing care package has irrevocably broken down. In these cases, the Provider will have up to forty-eight hours (48 hours) to deliver this rapid response service from the point the social worker agrees the requirements and communicates these (including the individual service order (ISO)) via fax / e mail;

b. For service users who are on the end of life care pathway, these needs should be a priority for the Provider and care may need to be organised and delivered within 24 - 48 hours of referral being received;

c. Where a new service user referral is made under normal circumstances, the package must be ready to start within 5 calendar days (including weekends) of a referral being received by the Provider; therefore, a full assessment must be completed within this timescale. A care support plan and risk assessment must be completed and documented within a maximum of 5 calendar days following the completion of the assessment;
d. Where a client is already known to the Provider and has been admitted to hospital and discharged within 72 hours (with no significant changes to their unmet needs), these packages should be restarted immediately following notification of the discharge date/time and there should be no break in care. The Provider is expected to ensure it maintains sufficient rota cover to support this eventuality; and

e. Where a client is already known to the Provider but has spent longer than 72 hours in hospital, the package must be ready to start within 48hrs (including weekends) of the Provider being notified on the discharge date / time. Therefore, a full review of the care plan and risk assessment must be completed within this timescale. All care plans and assessments must be updated and documented within a maximum of 5 calendar days following the completion of the assessment.

### 45 Review

45.1 The Provider has the responsibility to (ref: CQC essential standards Section 10.1):

a. Ensure that care and support plans are implemented, flexible and regularly reviewed for their effectiveness. The Provider’s care plans will be amended if found to be ineffective and kept up to date in recognition of the changing needs of the service user;

b. Support SBC and the service user in reviewing care as part of an SBC care and support plan review; and

c. Notify SBC when the Provider identifies a significant change in a service user’s needs. With the service user consent, the Provider will make a referral to SBC Care Management Team, so a review can be arranged with the service user, SBC and the Provider where appropriate.

### 46 Call Rostering and Monitoring

46.1 It will be a requirement of the contract for the Providers of home care support on behalf of SBC to implement a system that electronically monitors the provision of care to all service users. The purpose of introducing electronic home care monitoring is to help raise the standard of home care. SBC will be using CM2000 to manage it own services and the analyse activity from the Provider’s own propriety call rostering and monitoring system(s) (hereinafter referred to as the system).

46.2 The system adopted by the Provider will be able to interface with SBC’s CM2000 system and deliver accurate, reliable and timely data extracts as outlined at the minimum specification at appendix 1. The system adopted by the Provider will be available and fully functional for the entirety of this contract and will not be unavailable for more than 2 consecutive days and / or 5 days in a 12 month period.

46.3 All visits commissioned by SBC must be recorded electronically and in real time by the Provider. The Provider’s system must be able to generate alerts and should be monitored throughout the service delivery, in real time, to ensure any issues are highlighted early for immediate attention.

46.4 The system adopted by the Provider needs to be able to roster call appropriately (with reasonable time built in for care worker travel), generate electronic timesheets and invoices and it must also be able to produce tailored reports to identify that the service requirements set out in the specification and as required by SBC are being met (see Performance dashboard at appendix 2).
46.5 The system shall comply with the requirements of the Data Protection Act 1998 and other laws governing the use and storage of electronic information. It must also provide an audit trail for time sheet entries, when the entries were created and who created them.

46.6 The system specification and requirements are based on the information identified at the present time: the system used by the Provider now and in the future must be flexible and easily upgraded or modified to cope with future demands.

46.7 The System used by the Provider must comply with the following minimum requirements:

a. The system must be able to record the start time, end time and duration of every visit carried out by each care worker, when working in a domiciliary setting, in real time.

b. The system must be able to produce weekly electronic timesheets for each service user in excel version 97, 2000, XP or 2007 and must not be sent in a protected format, a copy must be kept for your own records. Timesheets must only be submitted for visits that have actually taken place for services purchased directly through SBC and must not include ILF, direct payments and private clients. Timesheets must be available weekly in the following format:

   i. CareDirector Number;
   ii. Date of visit;
   iii. Time due in – from your work schedule (rota);
   iv. Time due out – from your work schedule (rota);
   v. Actual time in (recorded by care worker);
   vi. Actual time out (recorded by care worker);
   vii. Duration of visit;
   viii. Subtotal of actual hours per week for each service user (excluding cancelled visits) and cumulatively over the invoicing period (schedule supplied);
   ix. Comments; and
   x. Visits requiring more than one care worker must be identified in the comments column.

c. The system must be able to generate a summary invoice for all services directly purchased through SBC (not including ILF, direct payments or private clients), split for each service and must be protected from amendment. Supporting back up information must also be submitted for each service user being invoiced for, in excel version 97, 2000, XP, Vista or 2007 and must be sent in a protected format. The invoice and back up information must be submitted electronically to Home Care Bookings Mailbox and a copy must be kept for your own records.

   i. CareDirector number;
   ii. Date of visit;
   iii. Name of care worker;
   iv. Time due in – from your work schedule (rota);
   v. Time due out – from your work schedule (rota);
   vi. Actual time in (recorded by care worker);
   vii. Actual time out (recorded by care worker);
   viii. Duration of visit;
   ix. Rate charged for visit (In-line with Stockton rates);
   x. Actual price of visit;
xi. Subtotal of actual hours per week (or cumulatively over a 4 week period) for each service user, including any suspensions being charged for, no access or cancelled visits (with length of notice given);

xii. Subtotal of cost per week for each service user;

xiii. Total of actual hours for all service users;

xiv. Total of cost for all service users;

xv. Comment to explain failures to provide electronic monitoring information; and

xvi. Variations in services provided to those commissioned.

This information must be submitted electronically to SBC within a maximum of two weeks from the end of the agreed period in which the last service was provided.

d. The system must be able to provide real time alerts for service users or visits you consider to be critical, either by telephone, mobile, SMS text or a screen alert for any delayed or time critical visits. Alerts should be monitored by providers during service hours.

e. For services when there is no access to a telephone then the actual time in and out and actual duration must be entered by the provider as a manual override, together with reasons in the comments column. Paper timesheets showing actual start and finish times must still be submitted for all service users who will not allow care workers access to their telephones and they must be signed by the service user. The actual times of visits must still be logged through a manual override process on the electronic monitoring system with an explanation in the comments column. Timesheets would still be required to deal with any disputes arising from service users and their bills.

f. Visits that are cancelled by the service user must be shown on the backup sheet with the reason for cancellation and the length of notice given in the comments column.

g. Manual overrides must only be used for visits that have actually taken place. Any visits that are being charged for but have not been delivered, such as hospital suspensions must not be entered as a manual override.

46.8 From October 2012 the Provider’s performance will be measured in the following areas:

a. Number of complete visits recorded electronically (both in and out);

b. Number of manual overrides / exceptions for home based care;

c. Number of visits that were missed and no care was provided;

d. Consistency of care by minimising the number of care workers providing care to each service user;

e. Commissioned hours/visits V’s Scheduled hours/visits V’s Delivered hours/visits per service user per week/month or otherwise specified period (not including ILF, direct debits and private clients);

f. Number of visits missed, (See section 47) together with reasons and the actions taken; and

g. Number of manual overrides/exceptions per week/month or specified period with names of service users and care workers.
Performance

47 “Missed & Late Call” Performance

47.1 Failure to deliver the service is called a “missed call”; this means the Provider has failed to ensure that the service was delivered at the time agreed with the service user. It is not a means to measure late calls or delays in delivering the service; it is where a service user did not receive any service and therefore was placed at risk. The seriousness of any missed call must be weighed against the risk that the Provider has placed a vulnerable service user in, having not delivered the service.

47.2 A late call is where the care worker arrives outside the tolerances agreed and must also be recorded and built into the alerts through the call monitoring systems used by the Providers.

<table>
<thead>
<tr>
<th>Table 47.2(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issue</strong></td>
</tr>
<tr>
<td>Calls “on time”</td>
</tr>
<tr>
<td>Calls “late”</td>
</tr>
<tr>
<td>Calls “early”</td>
</tr>
<tr>
<td>Calls “missed”</td>
</tr>
</tbody>
</table>
schedule for that period. | Action 47.4 and 47.5. Missed call logged and reported to SBC monthly identifying those calls missed and those call missed where a care worker did attend that call outside the 30 minute timescale.

“short” calls | Calls completed >15 minutes before the planned completion time where the care worker has arrived on time (i.e. not early) and the service user has not agreed for a call to end early and recorded / signed this in the daily visit chart. | Service user should record in the visit report if they were happy with the short call. Consistent short calls (i.e. happens regularly over a 2 week period) should be reported to SBC. Short call logged and reported to SBC monthly.

47.3 The Service Provider will work towards maintaining or improving the core performance target of ensuring a minimum of 95% of all arrivals per week should be at the time agreed or within tolerance set out in table 47.2(a) with the service user, within the service user’s Support Plan. The Provider will evidence this through their call monitoring and rostering system in place.

47.4 The Provider is expected to adopt a ZERO TOLERANCE to missed calls and to discipline staff accordingly where they have failed their duty to protect the service user and must inform SBC of all instances of a missed call in writing within 24 hours of it happening. This should be supported by a full investigation by the provider where appropriate and action taken to rectify the situation and a copy made available to SBC. Missed calls will be assessed as a breach of contract.

47.5 The Provider will formally write to the service user outlining the situation leading to the missed call and to assure the Service User of the improvements that have been made as a result of their investigation.

47.6 Continuous failure WHICH INDICATES AN UNRELIABLE SERVICE is measured against the quality of the overall contract and may lead to the contract being terminated WITHOUT NOTICE, if not resolved. SBC records in detail such events and monitors any suspected trends over a period of time, which may be used when considering the future of a contract.

47.7 Where CQC has identified performance gaps and these are highlighted within the Inspection report, the Provider will have appropriate action plans in place and have communicated then with SBC. SBC Contracts Manager will be able to request and be provided with copies of these plans.
48 “Outcomes” Performance

48.1 To assure performance, identify issues and enable sharing of best-practice SBC will expect:

a. Regular (i.e. at least annually) service user surveys carried out by the Provider;
b. Regular reviews/re-assessments to establish achievement of agreed outcomes;
c. Measurement of the effectiveness of home care service in supporting reablement and prevention;
d. Measurement of the consistency in carers and punctuality;
e. Concerns, complaints and compliments;
f. Monitoring CQC inspection reports and information arising from them;
g. Outcomes of Safeguarding investigations;
h. Monitoring of the time taken from referral to commencement of service;
i. Monitoring and compliance meetings with the Provider in relation to the standards stipulated;
j. Requiring information from the Provider’s own quality assurance system;
k. Monitoring visits carried out by SBC; and
l. The Provider allowing SBC the right of reasonable access to any of its care workers, subject to their agreement and any representation required.

48.2 Statistical information required will include-

a. The number of support plans increasing and decreasing in volume of provision from the request of the provider;
b. The number of packages of care accepted and timescales from a request for service to delivery;
c. Breakdown of the ethnicity of service users;
d. Breakdown of the ethnicity of the Providers workforce;
e. Breakdown of the ages of service users;
f. Nature and level of disability of service users;
g. The number of Personal Budget holders (cash or virtual budget holders); and
h. Number of ‘flexible hours’ packages.

48.3 Much of this information will be collected automatically via the electronic monitoring system. This list is not exhaustive. Please see the Performance Dashboard at Appendix2.

48.4 SBC will seek evidence, through monitoring the service, that the delivery of services is focused on flexible care and the outcomes in this specification. Examples of what evidence will be required to support this includes:

a. Training records of care workers to demonstrate they have attended sessions on: an enabling approach to service delivery; moving and handling and use of related aids; dignity and respect; understanding the impact of disability, mental frailty and impairment; Safeguarding, incorporating SBC’s policy; an outcomes based focus to service delivery through induction and ongoing training programmes; the principles of Dignity in Care; the use and operation of electronic monitoring; effective recording of Service users’ daily circumstances; being responsive to service user’s daily changing circumstances;
b. Medication training, incorporating the council’s medication policy requirements;
c. Compliance with SBC’s requirements for current and future electronic monitoring reporting;

d. Continued knowledge gathering and information sharing with service users regarding issues and relevant opportunities in their local contracted area; and

e. Joint working with local statutory and non statutory providers in Stockton on Tees.

48.5 SBC will specify the functionality of an electronic monitoring system that the Provider will be required to use continuously (see appendix 1). Sub-contracted providers will also be required to use a system with this functionality. SBC is currently commissioning a new Electronic Care Monitoring Solution (CM2000) for its in house and discharge support services. The outputs required of providers in respect of this will be based on the features and functions of the system. This will include an ability by the provider to report information to SBC on items including but not limited to:-

a. Visit duration and adherence to planned, commissioned and actual visit schedules;

b. Care worker allocation to the service user;

c. Raising an ‘alarm’ with the Provider immediately where a Service User’s visit does not start within the agreed timeframe;

d. Identification of high risk time critical calls;

e. Payment to providers;

f. Invoice generation; and

g. Generation of reporting suites.

48.6 Providers will be required to have a rostering and call monitoring system that interface with SBC’s CM2000. This will include submission of visit schedule data at regular intervals (at least 4 weekly).

48.7 SBC will use information from home care visits to reconcile invoices from the Provider, support operational delivery of care and support the general commissioning and contracting of home care delivery. Electronic Monitoring will be used to inform the overall review of the effectiveness of the Service.

48.8 The technology underpinning electronic monitoring will continue to develop over time. SBC expects that when new product development or improvements become available that the Provider will embrace these to improve the delivery of this specification.

48.9 The proposed Key Performance Indicator in respect of the Electronic Monitoring system compliance is as follows:

a. The number of visits recorded by the Provider’s call monitoring system for both the ECM systems electronic logging into and logging out of service users’ homes will be >90%;

b. The provider will be permitted to manually enter a maximum of 10% of their visits in any week. Exceeding this figure without prior approval from an authorised officer of SBC will be deemed as a default under the contract; and

c. In cases where a service user refuses the use of their telephone or other system for electronic verification of attendance, the Provider will report the problem to SBC who will endeavour to support the Provider in resolving the issue with the service user. Should the problem persist the Provider will consider alternative methods of recording visits using the alternative technology available.

48.10 In addition, SBC will monitor and expect:
a. Regular care workers should be established with all service users. Changes to rostered care staff and service users will be kept to a minimum to ensure continuity of care and support is maintained with the service user as far as possible and practical to do so;

b. Alternative care workers should only be provided where absolutely necessary. Planned changes must be notified to the service user giving a minimum of three (3) days notice and robust systems should be in place in order for this to be effective. The service user should receive written notification when the carer is going to change. A record of all changes should be kept for quality evaluation monitoring and be reported into SBC on a monthly basis;

c. The care worker to arrive within the agreed time and provide the full amount of time specified in the service users Support Plan. The care worker will record the time through an Electronic Call Monitoring System. Where it has been agreed to use a paper-based system, this will require a signature from the service user on the care worker’s time sheet;

d. If any care worker is expected to be more than 30 minutes late to the agreed time, any other service user who may affected that day (where alternative arrangements can not be made) should be notified of the anticipated time of arrival. The Provider will record such events. The level of service user vulnerability and their needs should be taken into account when considering the impact of a late arrival and issues where they cannot be contacted by telephone or have communication difficulties;

e. The Provider must be able to demonstrate that a robust planning mechanism is established to ensure continuity of service, where regular carers are absent due to sickness or through peak times of holiday. The quality of service should remain high throughout this time and the Provider should ensure that the management of staff sickness and holiday is appropriately planned and recorded, throughout the year. This should be written into the Provider’s Staffing Contingency Plan;

f. The service user will not be denied a service without a review meeting, at which the SBC care manager must be present. In exceptional circumstances, e.g. where there is an agreed risk of violence to the care worker, this must be notified to the SBC Care Manager immediately without delay;

g. The care workers are visitors to the service user’s home and as such can be refused entry or be asked to leave by the service user at any time. Such requests must be complied with and where a service user refuses entry or rejects a care worker the Provider is required to investigate the reason and provide an alternative care worker. Where alternative arrangements are not accepted and all possible alternatives are rejected, the SBC Care Manager should be notified immediately. All information regarding any investigation must be recorded and be made available for review by SBC.

49 Access to Incident Reporting and Complaints

49.1 The Provider is responsible for ensuring that all service users and staff are aware of the routes through which they can complain and supported to air their views and concerns. SBC promotes a problem solving incident reporting process, which allows Service users, providers, external parties and carers to report when an incident occurs that requires a quick resolution. A copy of the incident reporting protocol is at appendix 3.

49.2 Where a complaint or incident is reported to the provider or SBC, the Provider will undertake a thorough and professional investigation though using suitably senior and experienced staff. They are expected to conclude their investigation in the time agreed with the service user from as detailed in the Complaint Plan and to return it to SBC, attaching any letter of apology / details of changes or improvements for matters that has been upheld (see appendix 4).
49.3 The Provider will complete and return their monthly Incident/Complaints Report to SBC highlighting the relevant service improvements made against each incident and or complaint.

49.4 Note: Where identified “trends” of poor quality over a period of time have evidenced an unreliable Home Care service through the reporting of incidents and / or complaints, the contract is a risk of termination. The suspension of referrals protocol can be invoked by either Provider or SBC, so as to investigate a particular performance concern. The final decision when to apply and remove a suspension of referrals remains with SBC. See appendix 5 for a copy of the suspension protocol.

50 Service User Consultation

50.1 It is vital that SBC feels assured and confident that the service user is receiving the highest quality of care and support from the Provider. It is vital that consultation exercises are promoted effectively to increase awareness and encourage participation, and also to demonstrate to SBC that the Provider and council is listening to people’s views. Feedback is an integral part of any exercise and should be incorporated into the Providers planning stages. Promoting both the consultation and the results should form part of the consultation planning process. The Provider is expected to consult with the Service users its serves in the following ways:

   a. Annual quality questionnaires/surveys;
   b. Annual/quarterly service user and family representative focus groups;
   c. Exit interviews/forms;
   d. Forums/Information sharing events or local conferences;
   e. Stakeholders groups/meetings; and
   f. Company service user newsletter.

50.2 Results of all service user consultation will be shared with SBC in good time and will form part of the contractual assessment of the services bring provided.

51 Staff Consultation

51.1 SBC also recognises that consulting with care staff is also a critical part in ensuring that the service is continually improving and that it truly reflects the needs of service users. The Provider is expected to consult with all staff at all levels of the service by:

   a. Staff team meetings;
   b. Managers meetings;
   c. Registered Managers meetings with Operational Management;
   d. Staff supervision;
   e. Staff away days and training events;
   f. Staff questionnaires/surveys;
   g. Staff exit interviews/forms;
   h. Staff newsletter; and
   i. Staff ideas scheme.
51.2 Results of all staff consultation will be shared with SBC in good time and will form part of the contractual assessment of the services being provided.

52 Invoicing & payment

52.1 The provider will submit invoices and electronic call data in accordance with SBC’s payments and billing timetable for recording on its payment system. The data will be used to validate monies owed to the Provider, service user bills and for monitoring and statistical reporting purposes.

52.2 The provider is responsible for investigating and successfully importing any electronically submitted data rejected by SBC’s system, within the timetable referred to.

52.3 Payments will be made as per the schedules identified below at 52.3(a & b), although the Provider will be expected to ensure recording and reporting is delivered to the nearest second.

<table>
<thead>
<tr>
<th>Table 52.3(a)</th>
<th>ISO Commissioned call time</th>
<th>Duration of actual call</th>
<th>Payment made by SBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 minutes</td>
<td>Calls less than 11 minutes</td>
<td></td>
<td>No payment made</td>
</tr>
<tr>
<td>15 minutes</td>
<td>12-18 minutes</td>
<td></td>
<td>15 minutes</td>
</tr>
<tr>
<td>20 minutes</td>
<td>19-22 minutes</td>
<td></td>
<td>20 minutes</td>
</tr>
<tr>
<td>30 minutes</td>
<td>22-36 minutes</td>
<td></td>
<td>30 minutes</td>
</tr>
<tr>
<td>45 minutes</td>
<td>37-51 minutes</td>
<td></td>
<td>45 minutes</td>
</tr>
<tr>
<td>60 minutes</td>
<td>52 – 69 minutes</td>
<td></td>
<td>60 minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 52.3(b)</th>
<th>ISO Commissioned call time</th>
<th>Percentage payment made</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 minutes</td>
<td>30% of the commissioned hourly rate</td>
<td></td>
</tr>
<tr>
<td>20 minutes</td>
<td>30% of the commissioned hourly rate</td>
<td></td>
</tr>
<tr>
<td>30 minutes</td>
<td>50% of the commissioned hourly rate</td>
<td></td>
</tr>
<tr>
<td>45 minutes</td>
<td>75% of the commissioned hourly rate</td>
<td></td>
</tr>
<tr>
<td>60 minutes</td>
<td>100% of the commissioned hourly rate and pro rata after that.</td>
<td></td>
</tr>
</tbody>
</table>

52.4 The agreed service will be commissioned on a service user Individual Service Order Form (ISO) by the service user’s care manager following a financial assessment and agreement of the service user’s financial contributions, where appropriate. An exception will be made in cases of urgent need, when the financial assessment and agreement will be obtained retrospectively.

52.5 The ISO will detail the specific service to be delivered to the service user, the Provider’s name, the start date and termination date, and indication of urgency of first visit will be stated. This order must be signed on behalf of SBC and the Provider before the commencement of the service. In addition to this, where there has been an alteration in the support plan the alteration should be implemented on receipt of an ISO from SBC care manager.

52.6 The care manager should consult with the Provider to ensure the change of need can be suitably met by the time specified.
52.7 A response from the Provider should be given to SBC in writing for all ISOs, within 24 hours of receipt from the care manager. The only exception to this requirement may be orders placed after 4.30 p.m. on Fridays where the Provider may not be able to respond until the next working day.
Outcomes

53 What we mean by ‘outcome-focused’

53.1 An outcome is the impact or end result of something. Outcome-focused services aim to achieve the goals, aspirations or priorities of the individuals they serve. The way the service is delivered is designed to be right for the person, and to achieve identified outcomes of care. Outcome-focused services, therefore, are fundamentally person-centred in approach, recognising that each individual is unique and will have different requirements.

53.2 SBC has identified a range of outcomes to be achieved in the delivery of the home care services. While not relevant to each individual package of care, those relating to and identified with the service user and documented in their support plan, will be the basis on which the effectiveness of the service will be determined.

54 Outcome 1. Improved Health and Well-being

54.1 The service user maintains good physical and mental health for as long as possible and feels satisfied arrangements are in place to access treatment and support in managing long term conditions. Through self-determination, clients maintain well-being, by feeling in control of their lives.

54.2 Required outcomes. The service user:

- Receives services that reflect their daily changing circumstances and whenever possible is encouraged to undertake physical activities appropriate to their circumstances and abilities;
- is able to maintain good health through receiving medication as prescribed and set out in their care plan;
- Feels confident that care workers are aware of their special dietary and nutritional needs; and
- Feels the service has assisted in them regaining confidence.

54.3 To achieve these outcomes the Provider must:

- Provide support and encouragement for service users by maintaining service user independence;
- Operate training for carers to engage service users in meaningful physical activities and managing long term conditions;
- Enable service users to administer their own medication unless there are reasons why they should not do so, and assist service users to take medications where they cannot initiate this themselves;
- Liaise with and engage in joint working with health services and other relevant organisations that can meet the needs of individual service users; and
- Liaise with the CIAT and Reablement professionals at handover to ensure that the gains made in the reablement service are understood by staff providing on-going care and can be maintained. Where a service user has complex care needs this handover may need to be include a joint visit.
55  Outcome 2. Improved Quality of Life

55.1  The service user is centrally involved in the decision making process concerning the level of support they receive and is encouraged to access leisure, social activities to maximise independence and mental well-being.

55.2  Required outcomes. The service user:

- Maintains maximum independence in their own home and local community and is involved in day to day decisions about the care or level of support offered;
- Performs useful and meaningful activities with whatever assistance is required;
- Is given the opportunity to follow their cultural and/or spiritual beliefs; and
- Is able to maintain social and familial relationships.

55.3  To achieve these outcomes the Provider must:

- Enable the service user to be as independent as possible and develop and maintain their skills, interest and hobbies to perform functional and meaningful activities;
- Train staff so that they carry out tasks, as far as possible, ‘with’ the service user and not ‘for’ or ‘to’ them;
- Provide ongoing information to the service user relating to events and access leisure opportunities in the local community;
- Acquire and provide the service user, and carers, with details of preventative and other relevant services locally available e.g. Carers’ Hub and register, befriending services; and
- Investigate and encourage the use of assistive technology and community equipment where this will help to achieve improved independence and quality of life.

56  Outcome 3 Making a Positive Contribution.

56.1  The service user feels part of the community, is informed about and participates in local activities and initiatives.

56.2  Required outcomes. The service user:

- Receives ongoing information relating to the local community and is encouraged to participate in activities of interest to them; and
- Is satisfied with the arrangements made to assist them in making or retaining contacts with the wider community.

56.3  To achieve these outcomes the Provider must:

- Demonstrate provision of information regarding local issues and make arrangements for service users to be accompanied to local events of interest;
- Provide information and assist the service user to articulate their views on local community issues;
- Seek opportunities for joint working with other agencies and community groups to identify opportunities for development for the benefit of service users. Providers will supply details of joint working initiatives to SBC on request; and
- Encourage and enable service users to foster and maintain friendships outside the service.
57 Outcome 4. Exercise of Choice and Control.

57.1 Required outcomes. The service user:

- The service user is informed and enabled to influence the way in which care is provided in a flexible and appropriate way, with services responsive to individual needs and preferences.
- Takes greater control of their life and contributes positively to the support planning process having had issues of risk explained and from information confirming the alternatives and their implications;
- Is listened to if complaining or complimenting the service, or suggesting improvements, including minor changes to accommodate day-to-day changing needs;
- Feels confident the care worker will arrive and leave within timescales required to complete the level of care or support required; and
- The carer provides support as directed by the service user.

57.2 To achieve these outcomes the Provider must:

- Prior to and during the provision of care provide ongoing explanations and information and ensure the service user is involved, contributes and encouraged to influence the content of their support plan;
- Record all comments of the service user (i.e.: resulting in a change to the service they receive) and review systems, including the complaints procedure which must be shared with staff, service users, their advocate or relatives;
- Encourage interaction between the care worker and service user during the delivery of the service;
- Ensure service users and their carers are informed about independent advocacy services who can act on their behalf;
- Ensure minimum intervention wherever possible and safe, especially where intervention will increase dependency; and
- Support service user to take agreed risks, as set out in care and support plan.

58 Outcome 5. Freedom from Discrimination or Harassment

58.1 The Provider’s staff receive the level of training required to ensure the service user receives care that reflects their specific needs in all areas.

58.2 Required outcomes. The service user:

- Feels confident care is provided by known and trusted care staff on the basis of their personal attributes, level of skills and training; and
- The providers comply with the requirements of equalities legislation, in particular the Disability Discrimination Act (1995), the Race relations Act (2000) and the Sexual Discrimination Act (1975) and any subsequent amendments;
- Ensure staff are properly informed about the implications of cultural and religious beliefs and faiths;
• Is satisfied that their cultural, religious or dietary preferences are reflected in the service they receive; and
• Is protected from potential abuse and exploitation and not subject to any form of discrimination.

58.3 To achieve these outcomes the Provider must:

• Have a procedure in place to ensure confidentiality (e.g. level of care given, financial matters and security of the premises);
• Operate adult protection training, policies and procedures;
• Ensure staff are trained to understand, and are sensitive to, the specific needs of the service user (for example, communication, dietary and cultural); and
• Ensure staff available who can communicate in service user’s language, or method, of choice.

59 Outcome 6. Economic Well-Being

59.1 The service user feels valued and provided with access to information to maximise their income opportunities.

59.2 Required outcomes. The service user:

• Receives information and support to achieve their maximum income potential; and
• Has access to education and training opportunities, where appropriate.

59.3 To achieve this outcome the Provider must:

• Encourage care staff to build up a relationship of mutual trust and respect with the service user;
• Ensure that the money and property of service users is protected at all times;
• Encourage and make service users aware of their income potential and involve SBC at the point a review of need is identified;
• Assign staff who have the skills and knowledge to meet the service user’s needs; and
• Provide training to care staff on Protection of Vulnerable Adults and specifically on financial abuse.

60 Outcome 7. Personal Dignity

60.1 The service user is without anxiety about the services received, is satisfied that their personal dignity is maintained at all times and that their personal environment is maintained to their own accepted standards.

60.2 Required outcomes. The service user:

• Feels confident that the service will assist in the improvement of identified aspects of their day to day lives;
• Feels confident that their dignity with regard to religious and cultural beliefs is respected;
• Feels confident that the care workers will assist their personal care with discretion and in such a way that dignity is maintained and that wherever possible, the carer takes direction from the service user;
• Feels confident that care workers support them to follow their own choice regarding all aspects of daily living;
• Is satisfied that the changes they had hoped to achieve have been realised and the balance between support and assistance is appropriate to their circumstances; and
• Knows that information relating to them is only shared on a need to know basis.

60.3 To achieve these outcomes the Provider must:

• Understand the need to support people to maintain their human rights regardless of disability, mental frailty or impairment;
• Ensure that the number of staff providing care to a service user is kept to the minimum required to provide good and consistent care;
• Ensure that service users are confident that staff will not speak publicly about them unless it has been agreed with the service user beforehand. Consult with service users about the choice of food and take account of spiritual and cultural preferences and staff are trained in healthy eating options and special dietary needs;
• Encourage service users to have pride in their living environment;
• Adopt a range of core values that inform the manner in which care staff approach the provision of the service; and
• Undertake and participate in reviews / audits regarding the maintenance of dignity for their service users.
APPENDIX 1. CM2000 Actual Data Import

Technical Specification

Finance Manager Lite Actual Data Import

Version 7

14 July 2011

Presented by:

Care Monitoring 2000 Limited

Four Oaks House
160 Lichfield Road

Sutton Coldfield
West Midlands
B74 2TZ

Tel: 0121 308 3010
Fax: 0121 308 3030
Email: technical@cm2000.co.uk
## Contents

<table>
<thead>
<tr>
<th></th>
<th>Overview</th>
<th>80</th>
</tr>
</thead>
<tbody>
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<td>2</td>
<td>Import File Layout</td>
<td>81</td>
</tr>
</tbody>
</table>
Overview

The interface provides a method of importing actual visit data from a 3rd party monitoring system. Only data relating specifically to <Local Authority> ("<LA>") funded services users are to be included in the data set. Non <LA> funded service users should be excluded from the data set. It is expected that where a service user has split funding between <LA> and another source, the independent provider will have separate clients set up to represent the split in funding.

The data will be processed and held in the CallConfirmLive! database ready for analysis and / or financial outputs (e.g. transfer to Finance Manager Lite for onward invoicing).

Files are sent to the CM2000 Call Processing Centre ("CPC") using sftp. CM2000 will supply a sftp server address, user name, and password to <LA> who will import the files.

Once files are received at the CPC, they are automatically processed and imported into the relevant database.

Data files should be supplied in CSV format, following the field layout as specified in the next section. File names should take the format:

impp[provider social services reference]d[start to end date of visits in file]p[Date Time stamp of when file produced].csv

i.e. the 3-character prefix 'imp' followed by the provider social services reference*, the date range of the visits in the file in the format ddmmyy_ddmmyy, and the date, time stamp of when the file was created in the format DDMMYY_HHMM,

eg 'imppHOMECAREd060611_130611p150611_1203.csv'

Provider References

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: These should be replaced with the social services reference according to your organization’s requirements.
2 Import File Layout
This defines the layout of the file to be sent to CallConfirmLive!

The first row of the file should be a count of the data items contained within the report. This will be used to ensure that all data types contained within the report are uploaded into the database.

Double quotes can be supplied around data items but are not essential. Data items should not contain commas.

Each line contains one data item, with the first field specifying the data type. The order of data items is significant; Clients or Carers should be placed before new Visits that reference them.

Each file should contain all clients and carers, followed by any new visits not already sent.

Data files can be created and sent as frequently as required; weekly files are requested for this solution.
Specified Fields

Depending upon the Data Type, the fields containing data will vary according to the following:

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>Format</th>
<th>Data Type 7 Mandatory?</th>
<th>Data Type 11 Mandatory?</th>
<th>Data Type 18 Mandatory?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Data Type</td>
<td>7, 11 or 18 *see below</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2</td>
<td>Not used</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Date</td>
<td>dd/mm/yyyy</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>4</td>
<td>Start Time</td>
<td>hh:mm:ss</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>5</td>
<td>End Time</td>
<td>hh:mm:ss</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
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<td>7</td>
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<tr>
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<td>Client Telephone</td>
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<td>Unique Actual Visit ID</td>
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<tr>
<td>43</td>
<td>Arrival Event Type</td>
<td>0, 1 or 2 *see below</td>
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<td>44</td>
<td>Departure Event Type</td>
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<td>45</td>
<td>Arrival Exception Code</td>
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<td>46</td>
<td>Departure Exception Code</td>
<td>1..7 or empty *see below</td>
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<tr>
<td>47</td>
<td>Provider SS Ref</td>
<td>Alphanumeric up to 10</td>
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<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>48</td>
<td>&lt;LA&gt;ID</td>
<td>Up to 10 char string</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
Data Type
This should be a single or double digit number corresponding to:
7  Client
11  Carer
18  Actual Visit

Event Type
This should be a single digit number corresponding to:
0  Arrival or departure (as appropriate) was recorded by the carer, from the client’s home
1  Arrival or departure (as appropriate) was recorded by the carer retrospectively
2  Arrival or departure (as appropriate) was recorded by office staff in software

Exception Code
This should be a single digit number corresponding to:
1  Client not on phone*
2  Unable to use phone*
3  Unable to gain entry NO REPLY (procedure followed)
4  Service delivered away from home*
5  Client refused visit
6  Forgot to log in or out*
7  Service User taken ill (crisis)

The Exception Code should only be supplied if the Event Type is not 0 (zero).
* Represents where the actual time should be recorded. In other cases the planned time or actual can be taken into account.

<LA> IDs
This should be a single digit number corresponding to:
0  Generalist Care
1  Domestic Care

This filed will be used to determine the rates paid for the visits.

Example Files

The below file is an example of an acceptable csv:

![Good example](image)

The below file is a poor csv and a corresponding error report:

![Poor example](image)  ![Error Report](image)
## APPENDIX 2. Performance Dashboard

<table>
<thead>
<tr>
<th>Category</th>
<th>Ref.</th>
<th>Information Requirement</th>
<th>Homecare</th>
<th>Enhanced Homecare</th>
<th>Reporting Frequency</th>
<th>Provider of Information</th>
<th>Expected Source</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Level Monitoring</td>
<td>1</td>
<td><strong>Provider Information:</strong> Accurate list of all lead providers of care on the framework by geographical patch / lot as appropriate, including all relevant information on contact details, service price and services provided.</td>
<td>Essential</td>
<td>Essential</td>
<td>Annual</td>
<td>All providers on the framework contract.</td>
<td>Provider</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td><strong>Market Position:</strong> Volume of service users active with all providers in contract.</td>
<td>Essential</td>
<td>Essential</td>
<td>Monthly</td>
<td>All providers on the framework contract.</td>
<td>Provider call monitoring solution</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td><strong>Activity:</strong> Summary of utilisation of ISO against delivered hours</td>
<td>Essential</td>
<td>Essential</td>
<td>Monthly</td>
<td>All providers on the framework contract.</td>
<td>Provider call monitoring solution</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td><strong>Referrals:</strong> Provider acceptance / refusal of referrals of business through the framework</td>
<td>Essential</td>
<td>Essential</td>
<td>Monthly</td>
<td>All providers on the framework contract.</td>
<td>Provider call monitoring solution</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td><strong>Private Business:</strong> Activity/volume of work for private funded service users outside the framework (anomomous).</td>
<td>Desirable</td>
<td>Desirable</td>
<td>Annual</td>
<td>All providers on the framework contract.</td>
<td>Provider call monitoring solution</td>
<td></td>
</tr>
<tr>
<td>Commissioned Activity - Outcomes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider activity: 4 weekly download of calls rostered and delivered as per schedules set out in the service specification.</td>
<td>Essential</td>
<td>Essential</td>
<td>4 weekly cycle</td>
<td>All providers on the framework contract.</td>
<td>Provider call monitoring solution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider punctuality: Client list highlighting which calls were made outside the tolerance threshold per 4 week period.</td>
<td>Essential</td>
<td>Essential</td>
<td>4 weekly cycle</td>
<td>All providers on the framework contract.</td>
<td>Provider call monitoring solution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Length of stay: Which calls were outside the agreed tolerances for contracted visits hours where there has been no service user agreement in advance to shorten or manned calls.</td>
<td>Essential</td>
<td>Essential</td>
<td>4 weekly cycle</td>
<td>All providers on the framework contract.</td>
<td>Provider call monitoring solution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Missed Calls: Number of missed calls per 4 week period.</td>
<td>Essential</td>
<td>Essential</td>
<td>4 weekly cycle</td>
<td>All providers on the framework contract.</td>
<td>Provider call monitoring solution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider Continuity: Number of established packages (over 14 days) where the service user had more than 6 different care workers in a 7 week.</td>
<td>Negotiable</td>
<td>Negotiable</td>
<td>Quarterly</td>
<td>All providers on the framework contract.</td>
<td>Provider call monitoring solution</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These should have been reported within 24 hours of incident time as per specificaiton, but should be included in the 4 weekly reporting summary.
<table>
<thead>
<tr>
<th></th>
<th>Safeguarding / CQC</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Safeguarding Alerts: Made by the Provider</td>
<td>Essential</td>
<td>Essential</td>
<td>Monthly</td>
<td>All providers on the framework contract.</td>
</tr>
<tr>
<td>12</td>
<td>Safeguarding alerts conversion: to referrals by Provider</td>
<td>Essential</td>
<td>Essential</td>
<td>Monthly</td>
<td>All providers on the framework contract.</td>
</tr>
<tr>
<td>13</td>
<td>CQC profile: Of care providers in the framework</td>
<td>Negotiable</td>
<td>Negotiable</td>
<td>Annual</td>
<td>CQC</td>
</tr>
<tr>
<td>14</td>
<td>Complaints / commendations: Numbers by provider per month received by the Provider</td>
<td>Essential</td>
<td>Essential</td>
<td>Monthly</td>
<td>All providers on the framework contract.</td>
</tr>
<tr>
<td>15</td>
<td>Complaints / commendations/incidents: Numbers by provider per month received by SBC</td>
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<td>Essential</td>
<td>Monthly</td>
<td>All providers on the framework contract.</td>
</tr>
<tr>
<td>Quality</td>
<td>16</td>
<td>Quality assessment framework: Overall score on the QSF.</td>
<td>Essential</td>
<td>Essential</td>
<td>Annual</td>
</tr>
<tr>
<td>---------</td>
<td>----</td>
<td>------------------------------------------------------</td>
<td>------------</td>
<td>-----------</td>
<td>--------</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>Staff Training &amp; development: Summary of training delivered against training scheduled / required.</td>
<td>Essential</td>
<td>Essential</td>
<td>Annual</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>Staff turnover summary: Number of new starters and leaver throughout the year by role (e.g. care assistant, care co-ordinatros, managers, etc).</td>
<td>Essential</td>
<td>Essential</td>
<td>Annual</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>Customer satisfaction: SBC led client satisfaction survey.</td>
<td>Essential</td>
<td>Essential</td>
<td>Annual</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>Customer satisfaction: Provider led client satisfaction survey.</td>
<td>Essential</td>
<td>Essential</td>
<td>Annual</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>Healthwatch: evidence and feedback</td>
<td>Negotiatable</td>
<td>Negotiatable</td>
<td>Annual</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality</th>
<th>16</th>
<th>Quality assessment framework: Overall score on the QSF.</th>
<th>Essential</th>
<th>Essential</th>
<th>Annual</th>
<th>All providers on the framework contract.</th>
<th>Stockton Council</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17</td>
<td>Staff Training &amp; development: Summary of training delivered against training scheduled / required.</td>
<td>Essential</td>
<td>Essential</td>
<td>Annual</td>
<td>All providers on the framework contract.</td>
<td>Provider</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>Staff turnover summary: Number of new starters and leaver throughout the year by role (e.g. care assistant, care co-ordinatros, managers, etc).</td>
<td>Essential</td>
<td>Essential</td>
<td>Annual</td>
<td>All providers on the framework contract.</td>
<td>Provider</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>Customer satisfaction: SBC led client satisfaction survey.</td>
<td>Essential</td>
<td>Essential</td>
<td>Annual</td>
<td>All providers on the framework contract.</td>
<td>Stockton Council</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>Customer satisfaction: Provider led client satisfaction survey.</td>
<td>Essential</td>
<td>Essential</td>
<td>Annual</td>
<td>All providers on the framework contract.</td>
<td>Provider</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>Healthwatch: evidence and feedback</td>
<td>Negotiatable</td>
<td>Negotiatable</td>
<td>Annual</td>
<td>Healthwatch</td>
<td>Regulatory assessment</td>
</tr>
</tbody>
</table>
APPENDIX 3. Incident Reporting Protocol

STOCKTON ON TEES COUNCIL
HOME CARE INCIDENT REPORTING PROTOCOL

1. Aims and Objectives

1.1. The development and operation of an effective incident reporting Procedure helps ensure that:

   a. Safeguarding and promoting the welfare and safety of the Customer is of paramount consideration;
   b. The Procedure is clear, easy to use, and accessible and recognises diversity. It should also be made widely available;
   c. people who use our services are treated with dignity and respect, are not afraid to make a complaint, have their concerns listened to and to be taken seriously;
   d. All comments, concerns and complaints through incident reporting are handled fairly and consistently.
   e. Concerns and complaints through incident reporting are handled swiftly and, where possible, within the identified risk priority timescales.
   f. The Service Provider monitors and learns from the incidents.
   g. Staff have access to guidance and training on the Procedure to effectively manage concerns, including an awareness of identifying creative solutions at whatever stage.

1.2. There will be occasions when it may be more appropriate to use other procedures or remedies rather than the incident reporting Procedure. If for any reason a complaint cannot be addressed under the incident reporting procedure, or a complaint needs to be suspended, the complainant will be provided with an explanation. On some occasions the Council in agreement with the complainant, will look at alternative ways of resolving problems without the need to engage the Councils Complaints Policy.

2. Culture Aim

2.1. The Councils aim is based on embedding a culture of customer focus at all levels of the Council by adopting the following common approaches.

2.2. We will jointly:

   a. Be polite, courteous and honest.
   b. Treat each person as an individual.
   c. Work to identify and meet the different needs of customers to promote equality of access.
   d. Seek your feedback and act on it where we can.
   e. Respond positively to your comments.
   f. Respect your confidentiality.
   g. Provide clear information about our services in appropriate formats.
   h. Provide an interpreter if required.
   i. Resolve your enquiry at first contact where we can, or direct you to the right place if we can’t.
   j. Tell you who is dealing with your enquiry and give you their contact details.
   k. Provide you with an explanation if we can’t meet your request or enquiry.
   l. Monitor our performance and tell you how we are doing.
m. Train and support our staff to provide a first class service.

3. Serious Incidents

3.1. If an incident report is an allegation or suspicion of any of these it should immediately be referred through the Protection of Vulnerable Adults Protocol under Stockton’s local Adults Safeguarding Policy:

a. Physical Abuse
b. Sexual Abuse
c. Verbal or Emotional Abuse
d. Financial Abuse
e. Institutional Abuse
f. Neglect
g. Discrimination
h. Placing a Customer at risk of harm
i. Contracts are at risk where a continual trend of poor performance has directly led to Customers being placed at greater risk of harm.

4. Key Principles

4.1. Incident should be viewed as a useful tool for indicating where services may need adjusting and as a positive aid to inform and influence service improvements. It should give Customers opportunities to tell us about their experiences of the services we provide, both good and bad. This assists us in maintaining a listening and learning culture where learning is fed back to people who use services and helps to drive improvement.

5. Confidentiality

5.1. Any concern or complaint will be dealt with in accordance with the requirements of the Data Protection Act 1998 and Freedom of Information Act 2000.
5.2. Permission is sought first from the Customer requesting that the information be shared with the Service Provider in order that they can investigate.
5.3. All incidents sent to the Council are data protected by using pass word protect and should be completed fully, where possible.
5.4. All incidents are logged by the Council electronically and in date and numerical order. A quarter ending report is sent to each Service provider. Comments regarding any outstanding investigations are recoded and Service Providers should respond promptly.

6. Scope

6.1. The incident reporting process covers the following reporting areas:
6.2. The reporting of events of any Customer being involved in any incident which is an unplanned or uncontrolled event that causes, or has the potential to cause, harm to the health or safety of employees or other persons, the following procedure must be implemented and the correct details appropriately recorded.

6.3. The reporting of a complaint / concern where the service has failed to deliver what has been agreed within the Customer’s and Social Services Care and Support Plan.
6.4. Anyone involved in the delivery of the Customers Care can complete an incident reporting form with the Customers permission such as:

a. Customers and their representatives
b. Family Members who act as unpaid carers
c. Care and Support Staff
d. Service Providers
e. Care Managers and District Nursing Staff
f. Professionals
g. Council Contracts Audit Managers

6.5. It’s important to note that the incident reporting process supports the contractual decision to suspend services where the Service Provider has placed Customers at risk of harm due to any poor performance.

6.6. Where there is evidence of Customers formal complaints and increased incidents which result in customers being put at risk of harm the contract is at risk of termination.

6.7. When completing the risk priority section the person reporting the incident should ask themselves what risk of harm was placed on the customer as a direct result of the service not being delivered to Stockton’s standards?

7. Process

<table>
<thead>
<tr>
<th>Stage 1: Same Day</th>
<th>Stage 2: Respond to complainant within the identified risk priority time</th>
<th>Stage 3: Investigate and conclude</th>
<th>Stage 4: Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record and log Incident on form and return to SBC.</td>
<td>Make contact with the Complainant regarding the concern and how it will be investigated within the agreed time</td>
<td>Conclude your investigation and return your written response to the Council and Complainant. Inform the Customer about the Councils Complaints Policy.</td>
<td>Record outcome and Check with Customer that they are satisfied with outcome</td>
</tr>
</tbody>
</table>

8. Contract Performance Standards

8.1. The Service Providers handling and responding to incident reporting will be monitored against the following targets:

a. 80% of incidents will be dealt with at the first point of contact.
b. 80% of telephone calls will be answered within 30 seconds.
c. 80% of written correspondence (including e-mails) will be responded to within the time specified on the incident report. (24 / 48 hours for high priority) (3 working day for Med Priority) (5 working days for low priority)
d. 100% of e-mails to the Service Provider regarding an incident report will be acknowledged within 1 working day.
e. 80% of customers consulted will be satisfied with the way their incident report was handled.
f. 80% of Customers will be satisfied with the outcome of their complaint

### INCIDENT REPORTING FORM

<table>
<thead>
<tr>
<th>Name of the person reporting the incident</th>
<th>Name of company and or person you are complaining about</th>
<th>Date and Time Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Profession of Person Reporting</th>
<th>Address or Team of Person Reporting</th>
<th>Contact number of person reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Customer Information: Has the Customer given their permission that this information can be shared with the Service Provider, Please Delete  
Yes or No

<table>
<thead>
<tr>
<th>Customer Name</th>
<th>Customer Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Customer’s Next of kin or Representative</th>
<th>Customer Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N.O.K or Representative - Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Summary of Incident  
(Where possible specify names, times & dates)

<table>
<thead>
<tr>
<th>Has the incident occurred before, if yes give date and brief note</th>
<th>Form sent to contracts for (Please Delete): (Action) or (Information)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions taken to resolve the incident at this stage</th>
<th>Did the failure to deliver the standard of service place the complainant at risk of harm (specify level of risk)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High Risk (24 / 48 hours)</td>
</tr>
<tr>
<td></td>
<td>Med Risk (3 days)</td>
</tr>
<tr>
<td></td>
<td>Low Risk (5 days)</td>
</tr>
</tbody>
</table>

(Has this incident been resolved to the Customers satisfaction)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 4.  Complaint Response Guidance

STOCKTON-ON-TEES CHILDREN, EDUCATION & SOCIAL CARE
PROCEDURES & PRACTICE GUIDANCE

LISTENING, LEARNING AND IMPROVING
COMPLAINTS & REPRESENTATIONS PROCEDURE FOR ADULT SOCIAL CARE

RESPONSE GUIDANCE

Responses to complaints should explain how the complaint has been resolved, what actions have been taken, and the complainant’s right to take the matter further.

The complainant should always receive a written response to their complaint that is easily understood by the complainant. However, any response should be provided in line with what has been agreed within the complaints plan. This could include a meeting to verbally explain the response, a telephone call, email etc.

Every response will be different, especially for complex issues but it will include some or all of the following:

- a summary of each element of complaint
- details of policies or guidelines followed
- a summary of the investigation
- details of the issues or facts identified in the investigation
- conclusions of the investigation
- what needs to be done to put things right, who will do it and when
- an apology, if one is needed
- details of what to do if they are still unhappy
- information on the Local Government Ombudsman

The Complaints Manager will ensure that others involved in the investigation are informed of the outcome.
APPENDIX 5. Suspension Protocol

Stockton Council

Suspension of Home Care Referrals Procedure

1. There may be occasions when the Health and Care Team or the Service Provider will be required to suspend referrals to the Service Provider as part of an improvement or protection plan or in order that the Service Provider addresses any identified under performance concerns.

2. The Service Provider may write to the Council highlighting their concern and the Council will make a decision as to whether the suspension is suitable.

3. Alternative Providers may be required as part of a contingency plan so to support this process.

4. Once a suspension is agreed, the Council has a duty of care to inform, out of area local authorities, through its reporting process.

5. The Service Provider and Council are required to present a clear case as to the reasons why suspension is required.

6. Scope of the protection plan:
   a. Protect potential Service users through referrals and service users who may want to access the service will be placed with an alternative provider;
   b. Protect service users already using the service;
   c. Allow the Service Provider adequate time to investigate and to protect staff and current Customers / Residents; and
   d. The Service Provider can implement an action plan of improvement.

7. All persons involved in the suspension will work closely so not to prolong the process.

8. Stockton Council will inform the Service Provider in writing of any decision to suspend, specifying the reasons why.

9. The length of the suspension will depend on the risk identified to service users and the number of people affected by the risk, including the time it would take to resolve.

10. Stockton Council may suspend referrals to the Service Provider for the following reasons:
    a. As part of a Protection of Vulnerable Adults Plan, while an investigation takes place;
    b. As part of a Regional report from a placing Local Authority;
    c. The non compliance of CQC standards is evident over a period of time;
    d. The failure to follow the Councils protection plan;
    e. The Service Provider is under performing and poor quality of Service has been identified;
    f. The risk to the service users is High;
g. The Service Provider has requested a suspension as part of their improvement plan; and
h. The Service Providers Contract is due to end.

Traffic Light Risk Tool

<table>
<thead>
<tr>
<th>High</th>
<th>The quality of care and service is poor and may “significantly harm” the service user and / or Public - Follow POVA process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amber</td>
<td>The quality of care and service is improving, areas for improvement have been identified and agreed with the provider as part of an action plan – Inform the placing authority</td>
</tr>
<tr>
<td>Green</td>
<td>The quality of care and service is good and is continually improving and the relevant action plan has been agreed with the provider – Inform the placing authority, monitor an update</td>
</tr>
</tbody>
</table>

Tool

<table>
<thead>
<tr>
<th>Red</th>
<th>Day One</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amber</td>
<td>First week</td>
</tr>
<tr>
<td>Green</td>
<td>To be agreed</td>
</tr>
</tbody>
</table>

Process

1. Risk Identified
   - Inform Service Provider
   - Inform Care Management / Health

2. Agree Plan to Suspend - Formal Letter and Planning Meeting
   - Inform Placing Authority
   - Review Plan

3. Lift Suspension
   - Extend Suspension
   - Review and Monitor