

# OLDER PERSONS RESIDENTIAL AND NURSING CARE HOMES

## SERVICE SPECIFICATION

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|                                     |   |
|-------------------------------------|---|
| <b>Service</b>                      | This document defines the Older Persons Residential and Nursing services purchased by Kent County Council |
| <b>Strategic Commissioning Lead</b> | Contract Manager  |
| <b>Provider Lead</b>                | KiCA and NCA Board members and all other Residential and Nursing care home Providers                      |



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## **1. OVERVIEW**

### **1.1 - Introduction**

This document sets out a Service Specification relating to the provision of care by registered care homes for Older People in Kent. It describes the key features of the service being commissioned, and should be read in conjunction with the Terms and Conditions section of the Contract.

The Specification sets the broad standards that the Council requires from its Service Providers for Care Home Services. However, the Council may from time to time vary this Specification. Any variation shall only be carried out after consultation and shall be recorded in writing.

The purpose of the Service is to provide accommodation, care, support and stimulation to those people in the client group for whom it is not appropriate, either in the short or longer term, to live in their own homes. The Service Provider should offer Residents the opportunity to enhance their quality of life by providing a safe, manageable and comfortable home environment.

The provision of residential and nursing care is influenced by health and social care policy relevant to older people, carers, and the management of long-term health conditions. This includes Long Term Conditions or progressive conditions mental health conditions which may affect older people, especially dementia, depression and anxiety.

It is a requirement that all Service Providers will be registered with the Regulator and will maintain registration throughout the duration of this contract. Therefore, the regulations required for registration (and their associated standards), and the monitoring of the achievement of those regulations and standards are not replicated in full in this Specification.

Kent County Council expects all Service Providers to strive for excellence. Service Providers are required to comply with the relevant regulation standards including Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, NICE guidance, other appropriate National and Local guidelines and relevant successor documents. The Specification could also be subject to change in response to any future changes in Legislation or Government guidance.

Older people need services which achieve good outcomes, offer good quality and provide care with safety and dignity. Performance of services will increasingly be judged according to the experience of people who use services, with transparent sharing of information so that people needing services can make informed choices, including the knowledge of what other people think of services.

Older people need to have information about homes and what they provide. There needs to be transparency of the performance and standards they can expect, including the views of other Service Users and their representatives, to enable them to make an informed choice when deciding which provider to use.

At the heart of the Care Act 2014 there are a set of key principles which include promoting individual well-being and preventing needs for care and support. Care Homes will be expected to support these principles, as set out in the Care Act, ensuring that older people can access the right health care and treatment, stay as well as possible, and can live well with long-term conditions and care needs. Care Homes will be expected to ensure people have control over their day to day lives, promote independence and to prevent or delay any deterioration in their health and well-being. They will do this through the provision of an outcomes focused service and by ensuring access to appropriate services.

The location and layout of the home will be suitable for its stated purpose: it will be accessible, safe and well maintained; meets the Residents individual and collective needs in a comfortable and homely way and designed with reference to relevant guidance.

Services and the atmosphere in which they are provided must take full account of the personalities, interests and lifestyle, and physical, sensory and mental health needs of each Resident. Within the overall constraints of the care setting and the requirements of a Resident's Care and Support Plan, each Resident's age, gender, ethnic origin, language, culture, religion, spirituality, sexuality and disability will be taken into account. Services will be designed to address the needs of individual Residents to ensure Outcomes in the Care and Support Plans are met including, where necessary, providing additional support such as Interpreting services. The needs and preferences of minority ethnic communities, social/cultural or religious groups catered for are respected, understood and met in full.

All work required by the Resident's Care and Support Plan must be carried out in a manner which respects their privacy, wishes, and feelings of the Resident (and carer where this is appropriate). Residents will be encouraged to assume control, whenever possible, over the delivery of their Care and Support Plan. Residents should expect that their privacy is strictly respected by all support workers, and that nothing concerning them is discussed or passed to other parties other than in circumstances set out in this Service Specification. Residents and their families should feel confident that they are protected from avoidable harm in a safe environment.

Effective multi-agency working with all stakeholders including Healthcare Professionals and Clinical Commissioning Groups (CCGs) will be undertaken to ensure Residents receive a coordinated approach to support. A positive relationship and open communication with NHS services will be maintained to prevent unnecessary attendances at A&E Departments and crisis admissions to acute or community hospitals. The Service Provider will work closely with Healthcare Professionals where they have been aligned to support the home to ensure optimum healthcare is provided to Residents.

The Service Provider will actively engage with the CCG and KCC to ensure an understanding of developments in the commissioning agenda for older people.

## **1.2 – General**

The Service Provider shall deliver a care and support residential Service for older people usually, but not limited to, those over 65 years of age, living in residential, nursing or dual-registered care homes who are ordinarily resident within the administrative area of Kent County Council.

The Service Provider shall deliver a Service where Residents are at the heart of adult social care activities, receiving Services that are easy to access, are of good quality, that maximise their ability and potential in relation to physical, spiritual, intellectual, emotional and social capacity and maximise their opportunity to live independently and safely in their community. Where the stay is temporary the objectives will also be to re-enable, rehabilitate or build recovery.

The Service Provider will develop an individualised care and support plan for all Residents. Older people in residential care shall be entitled to expect and receive a service that is delivered with dignity and respect for their individual needs and preferences and that their Equality and Human Rights are protected.

The Service shall comprise a single room (unless Residents have expressly wished share a room), access to toilet, washing (shower or bathing) facilities (preferably en-suite), full board, personal care, medical support, supervision on a 24-hour basis and a range of stimulating activities as agreed and documented with Residents.

Where Residents have expressed a wish to share a room the Provider must ensure that their privacy, dignity and respect are maintained.

The Service Provider shall hold regular Residents and relatives meetings to design activity programmes and provide other ways to record feedback and shall be able to demonstrate how changes have been made as a result.

The Service will be available 24 hours a day, 365 days of the year (366 days in the event of a leap year).

The Service Provider shall ensure that there are enough appropriately trained Staff (employees, volunteers and Agency workers) on duty at all times to ensure the safe and effective delivery of services to meet Residents assessed needs.

The Service Provider shall recognise that Residents' needs shall vary depending on individual Residents' care dependencies and therefore the service shall categorise the needs of individual Residents into four categories of **Residential** needs, **Residential High** needs, **Nursing** needs and **Nursing High** needs. Details of the assessed needs are specified in the Annex to this document (*Annex A – Levels of Need*), and they are designed to support the needs of each Resident.

The Service Provider shall provide the placement, where reasonable and practicable, for as long as the Resident requires it. This shall include any modification to arrangements should the needs of the Resident change.

In order to facilitate hospital discharges Service Providers will ensure a visit is made to the hospital within 48 hours of the request to assess prospective or returning Residents (where their needs have changed), including at weekends. The Service Provider will notify the Council and ward staff of their decision within 48 hours of the request. Where the Resident's needs have not changed following an acute stay, the Service Provider will arrange for the Resident to return on the same day.

The Service Provider will use its reasonable endeavours to maintain the care home and grounds in a way which will promote Residents' safety and security.

Service Providers must comply with all relevant legislation and have in place a range of policies and procedures which will be subject to review by Kent County Council as required. All policies and procedures must take account of:

- the number of Residents and their care needs;
- the requirements of the Regulator;
- principles identified within specific Department of Health guidance, for example 'Living Well with Dementia – a National Strategy';
- cultural, religious and spiritual needs of Residents;
- the Human Rights Commission guidance;
- the Mental Capacity Act; and
- the Multi-agency Safeguarding Adults Policy, Protocols and Guidance for Kent and Medway

## **2. INDIVIDUAL OUTCOMES**

The Individual Outcomes in this Specification are based on the Social Care-Related Quality of Life domains<sup>i</sup> as defined below:

### **2.1 - Control over daily life**

*The service user can choose what to do and when to do it, having control over his/her daily life and activities*

### **2.2 - Personal cleanliness and comfort**

*The service user feels he/she is personally clean and comfortable and looks presentable or, at best, is dressed and groomed in a way that reflects his/her personal preferences*

### **2.3 - Food and drink**

*The service user feels he/she has a nutritious, varied and culturally appropriate diet with enough food and drink he/she enjoys at regular and timely intervals*

### **2.4 - Personal safety**

*The service user feels safe and secure. This means being free from fear of abuse, falling or other physical harm and fear of being attacked or robbed*

### **2.5 - Social participation and involvement**

*The service user is content with their social situation, where social situation is taken to mean the sustenance of meaningful relationships with friends and family, and feeling involved or part of a community, should this be important to the service user*

### **2.6 - Occupation**

*The service user is sufficiently occupied in a range of meaningful activities whether it be formal employment, unpaid work, caring for others or leisure activities*

### **2.7 - Accommodation cleanliness and comfort**

*The service user feels their home environment, including all the rooms, is clean and comfortable*

### **2.8 - Dignity**

*The negative and positive psychological impact of support and care on the service user's personal sense of significance*

### **3. SERVICE DELIVERY**

The following types of responsibilities which the Service Provider shall deliver shall neither be exhaustive nor needed in all cases, and shall depend on which responsibilities are identified as being required to meet agreed individual's Outcomes, in accordance with the individual needs of Residents. The list below shall not be prescriptive and shall not preclude imaginative and alternative solutions which may better suit a Resident. The Principles of the Mental Capacity Act 2005, including Deprivation of Liberty Safeguards, shall be applied at all times with all Residents. Where a Resident is unable to make care/treatment decisions for themselves, the Service Provider shall comply with the Mental Capacity Act by following due process relating to capacity assessments and Best Interests decisions.

#### **3.1 - Prior to Admission**

##### *Care and Support Plan*

Funding for residential care will be agreed by the Council following needs assessment and application of the National Eligibility Criteria and a Care and Support Plan has been completed to confirm the person's outcomes will be met in a care home, whether this is for the short or long term.

The Care and Support Plan is owned by the Resident and it identifies the Outcomes for the Resident. The Care and Support Plan is agreed by the Case Manager with the Resident. Where the Resident lacks capacity to make decisions the plan may be signed by the Resident's legal representative; where there is no legal representative the plan will be developed and agreed following the Mental Capacity Act and KCC policy requirements.

For new placements, when an individual is currently within a hospital setting, the Service Provider will conduct a pre-admission screening within 48 hours of the request being made, seven days a week, and satisfy themselves that they can meet the person's needs, either by visiting them or accepting the Council's Assessment and Care and Support Plan and accept/decline the placement. Notification of acceptance or decline will be communicated to the Council and the hospital ward within 24 hours.

The Service Provider shall also need to set out how they can meet Residents' needs within five Working Days of admission describing in sufficient detail how the Service Provider shall help the Resident to achieve the Outcomes specified in the Care and Support Plan. The Service Provider shall show how care shall be delivered to meet individual needs of Residents specified in the Care and Support Plan and provide details of how the Service Provider shall help the Resident to achieve their desired Outcomes. The Service Provider shall update the Care and Support Plans in accordance with the individual needs of Residents. Where there are specific decisions in the Care and Support Plan which the Resident is unable to make for themselves, these should be clearly stated in the Care and Support Plan as Best Interests decisions which have been made by Case Management in consultation with the Resident's family and friends, advocates, all relevant professionals and the

Service Provider. The Service Provider shall continue to encourage participation of the Resident in these decisions and notify Case Management of any changes of circumstances which may necessitate a review of the specific Best Interests decisions. The Mental Capacity Act should be observed at all times with all Residents.

The Service Provider shall follow the key statutory principle of supporting decision making and assist in maximising and developing the Resident's decision making capacity. The precise details of the responsibilities to be completed with any Resident will need to be negotiated and agreed between them, relatives, carers, advocates and the Service Provider in order to achieve the Outcomes stated in the Care and Support Plan and signposting to helpful websites and services given. The details of the responsibilities will be clearly recorded in the Care and Support Plan and linked to Outcomes.

### *Information*

The Service Provider shall provide an information pack and shall ensure that this is available to all Residents before the start of the placement. The information pack shall be in an accessible format, e.g. large print, and shall be made available to Residents and their care workers. The information pack shall include:

- the 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 care workers;
- contact details for the Service, including telephone numbers for the Service (including out of hours and emergency contact numbers);
- service provision, including the type of Service, facilities, and range of activities;
- a statement of Resident's rights to self-determination;
- a statement regarding the consequences of unacceptable behaviour;
- the procedures/contingency arrangements in place in the event of emergency temporary closure, service reduction or permanent closure;
- a clear written record/agreement maintained between the care home and privately funded Residents about those circumstances when individuals might become eligible for KCC funding – both in terms of eligibility on Needs Assessment and/or the KCC threshold for funding assistance due to wealth depletion
- Safeguarding information, including procedures followed and contacts;
- the process of quality assurance;
- information regarding where a copy of the most recent CQC and/or other relevant inspection reports or information can be obtained;
- complaints procedure; and
- details of how to contact the Regulator and HealthWatch

A home website page/s shall be provided to include access to all of the above information and be clearly laid out, in Plain English and meet web accessibility requirements.

### *Funded Nursing Care (FNC) (Care Homes with Nursing only)*

#### Assessment of Existing Residents:

Either the care home or the relevant Clinical Commissioning Group (CCG) shall arrange for an assessment of the Resident to be undertaken by a Registered Nurse as delegated by the CCG on notification of change and completion of a consent form.

The Service Provider shall use reasonable endeavours to co-operate with the CCG in facilitating the assessment in accordance with individual Residents' needs, by:

- allowing the CCG's agents or representatives access to the Care Home
- ensuring that the relevant CCG has access to up-to-date and complete care notes in respect of each of its Residents

Upon completion of the assessment of each resident, the CCG shall provide to the Council, the Contractor and the resident the following information:

- the current national rate for FNC contribution
- the date upon which those payments will commence

#### Assessment of New Residents:

Within 48 hours after a new Resident is admitted to the Care Home the following shall happen:

- the Contractor shall inform the Resident or their representative of their potential eligibility for FNC (this may be via the provision of leaflets to Service Providers);
- upon receipt of a consent form the CCG is required to arrange for an assessment of the Resident to be undertaken by a Registered Nurse as delegated by the CCG; and
- the CCG representative shall provide the Service Provider and the Resident with a written statement setting out the amount of the FNC contribution which the CCG is required to pay the Service Provider for the provision of nursing care

#### Reassessment of Residents:

The CCG representative shall re-assess each eligible resident at least three months after their admission to the Care Home, and every 12 months thereafter. The CCG representative shall ensure GP involvement in this process.

Where the need for a change in the level of nursing care arises in respect of a resident, the Service Provider shall inform the CCG immediately. The CCG representative shall arrange for a re-assessment of the Resident's needs to be made as soon as possible after the date of referral.

Upon request being made by a Resident or their representative for a re-assessment, the CCG shall arrange for a re-assessment to be made if it is satisfied that there has been a change in the Resident's nursing care needs. The CCG representative shall advise the Resident or their representative of the outcome of the re-assessment within 28 days.

## 3.2 - Daily Life

### *Personal Care*

The Service Provider shall deliver personal care and support for Residents, providing physical assistance and/or encouragement and/or training and/or advice to perform the following, in accordance with the individual care needs of Residents, helping Residents to be as independent as possible:

- getting up or going to bed;
- transferring from or to bed/chair/toilet;
- washing and bathing using equipment if necessary, shaving and hair care, denture and mouth care, hand and fingernail care, foot care (excluding any aspect of nail care which requires a state registered chiropodist or podiatrist, surgical or cosmetic procedures);
- accessing toilet facilities, including necessary cleaning and safe disposal of waste/continence pads;
- emptying or changing catheter or stoma bags where this is an existing care requirement and associated monitoring;
- skin care such as moisturising very dry skin;
- skin inspection to identify any pressure or moisture damage;
- deciding what to wear for the day;
- dressing and undressing;
- putting on appliances with appropriate training for example leg calliper, artificial limbs and surgical stockings and assistance with visual and hearing aids e.g. glasses care, hearing aid battery checks;
- dealing with correspondence;
- accessing social activities, both in-house and externally;
- settling for the night when Residents need and/or want;
- managing medication;
- accessing timely health appointments as required;
- managing health;
- eating and drinking and monitoring and recording weight; and
- monitoring food and fluid balance if there is an assessed need

Where a resident requires assistance through pressing a call alarm, the Service Provider shall respond as soon as possible with immediate response to emergency alarms.

### *Case Management*

According to the individual Resident's needs, the Service Provider shall notify Case Management immediately of any:

- Safeguarding concerns in respect of any individual;
- persistent refusal from Residents to accept support to meet Outcomes mutually agreed in the Care and Support Plan;
- failure to provide care and/or support to Residents;
- deterioration in Residents' health or well-being;
- improvement in Residents' circumstances;

- serious accidents or incidents involving Residents or care workers;
- hospital admissions and/or deaths of residents or otherwise;
- hospital admissions specifically following a fall;
- other changes in the service resulting from a change in circumstances or emergency;
- contact with the emergency services where the circumstances indicate that this is the appropriate course of action
- Mental Capacity issues including the improvement or deterioration of Residents' Mental Capacity in relation to decisions specified in Care and Support Plans; and
- use of restrictive measures and consideration of Deprivation of Liberty Safeguards (DoLS)

### *Case Management Reviews*

A formal review of Residents' Care and Support Plans shall be conducted by the Council. The first review shall be held within eight weeks following the commencement of an individual placement. Thereafter, a review of the Residents' Care and Support Plans shall be carried out as often as the Council, the Service Provider and the Resident feels is necessary, but at least annually. The Service Provider shall note that this review process may change as part of the Council's Transformation programme and review of Care Pathways and Optimisation.

The review shall involve as a minimum the Resident and their family or other representative, and the designated Council representative. The Service Provider shall only be present if the Resident wishes them to be, but the Service Provider must contribute to, and provide information for, the review. Any other individuals, who are able to actively contribute and whose input the Resident has requested, may also be present.

The review shall address the extent to which the initial Outcomes, which shall be specified in the Care and Support Plan, are being met, determine whether or not eligibility criteria continues to be met and whether the Resident still requires the Service or if the level of service needs to change.

### *Provider Reviews*

The Service Provider shall:

- review all personal records at least once a month, or where the needs of the Resident have changed, to ensure receipt of feedback from Residents, carers and Staff and to inform whether a more formal Service Provider or Council review is necessary;
- review any special requirements for Residents regularly and ensure these requirements are reflected in individual personal records the Service Provider holds including the Care and Support Plan;
- consider Residents' requests for adjustments in the Service and make changes in arrangements to accommodate the individual needs of Residents where appropriate;
- if there is a substantial change in the Resident's circumstances or needs, the Service Provider shall liaise with Case Management to reassess the needs of

the Resident or, if required, request an assessment for Continuing Health Care;

- ensure processes are in place so that Staff can and know how to notify the Service Provider and Case Management of any increase or deterioration in physical or mental health and/or any other relevant events and record these in the Resident's Care and Support Plan and/or personal records as appropriate;
- ensure that care workers have adequate English communication skills to undertake their duty to record and communicate clear, legible, concise and relevant information; and
- ensure that all financial transactions are carried out in accordance with Residents' Care and Support Plan and care workers shall be supported to fully understand policies and procedures

The Service Provider shall satisfy themselves that they can meet individual Residents' needs using Barthel Index (or an equivalent recognised tool), at least every six months.

The Service Provider shall ensure that they complete a recognised or validated pain tool for all Residents, for use with the GP during the pre-admission screening processes/planned GP Visits. The Service Provider shall review the management of pain periodically in accordance with the individual needs of Residents.

#### *Activities and Social Interaction*

The Service Provider shall support and/or escort and/or facilitate access to social, vocational and recreational activities, both on and off-site, in accordance with the individual care needs of Residents, including, but not limited to the following:

- day services;
- arranging transport;
- shopping and handling their own money;
- accessing Arts and Culture events;
- access to books, newspapers, radio and television;
- assisting with tasks in and out of the home (following appropriate risk assessments);
- local community based services such as church services, social clubs, etc. and;
- hospital and other medical appointments

The Service Provider will actively encourage and promote a community hub approach, engaging with other local providers and groups such as voluntary organisations, schools, colleges, churches, arts and crafts groups, libraries etc.

#### *Environment*

The Service Provider shall maintain a safe, clean environment for all Residents, in accordance with the individual needs of Residents, by:

- maintaining an effective cleaning schedule to minimise odours and to ensure high standards of health and hygiene;

- providing regular laundry services, including making beds and changing linen, washing clothes or household linens, including fouled linen, drying, necessary ironing, storage and simple mending;
- disposing of all rubbish regularly in accordance with the local Council's waste policies;
- identifying and managing areas of any potential slip or trip hazards, subject to a risk assessment;
- identifying and mitigating as far as possible any hazards or risks around the home and implementing solutions e.g. non slip rugs or removing obstacles;
- operating a maintenance schedule and work plan, which includes regular servicing of all equipment, electrical safety checks and planned maintenance of the fabric of the building, e.g. redecoration of walls, replacement of bathroom fittings, etc. and
- complying with The Provision and Use of Work Equipment Regulations (1998) which are available from the Health and Safety Executive and the Workplace (Health Safety and Welfare) Regulations 1992

The Service Provider will recognise and respect the need for individual Residents to have their own space. Where possible within the constraints of the physical building the Service Provider will ensure that multiple areas are available for different physical activities and mental states, e.g. sensory room, quiet lounge, outdoor seating areas, etc.

#### *Nutrition and Hydration*

The Service Provider shall provide a full kitchen service for three full meals a day and access to food outside of regular mealtimes for those Residents who are absent or unwell at the time the meal is served. Meals shall have nutritional value, be culturally specific for Residents requiring them and be of sufficient serving for the Resident to maintain a healthy balanced and consistent weight.

In accordance with the individual needs of Residents, the Service Provider shall:

- operate a flexible approach to nutrition and hydration;
- work with Healthcare Professionals to ensure health needs are known and recognised;
- use the Malnutrition Universal Screening Tool (MUST)<sup>ii</sup>, the recognised industry standard, and act on the outcome of the assessment undertaken by Case Management; and
- have a robust food first policy, rather than request prescriptions for dietary supplements for Residents

The Service Provider will seek advice from Healthcare Professionals with any areas of concern.

#### *Money Matters*

The Service Provider shall have policies and procedures in place for Staff on the safe handling of money and property belonging to the Resident, which shall cover:

- recording the amount and purpose of all financial transactions undertaken on behalf of the Resident (all records shall be signed and dated by the care worker and the Resident or nominated advocate);
- the collection of pensions or benefits;
- safeguarding the property of the Resident whilst supporting the Resident; and
- reporting the loss or damage to the property whilst providing support

Where personal allowance payments and ad-hoc expense refunds are made on behalf of a Resident by the Council's Client Financial Affairs team the Service Provider must be able to evidence the reconciliation of payments made to demonstrate that the money has been allocated to the correct Resident and credited to their personal account at the home. The Client Financial Affairs team will request a reconciliation expense sheet from each home for each Resident at six-monthly intervals in order to check a sample of transactions, and further checks may be carried out as part of the ongoing contract monitoring.

The Service Provider's safeguarding policies and procedures shall make clear that Staff shall not:

- use credit or debit cards belonging to residents or have knowledge of the Resident's Personal Identification Number (PIN), accept gifts or cash;
- use loyalty cards belonging to Residents;
- undertake personal activities during time allocated to provide support for Residents;
- make personal use of Residents' property (e.g. telephone);
- involve Residents in gambling syndicates (e.g. national lottery);
- borrow from or lend money to Residents;
- sell or dispose of goods belonging to Residents and their families;
- sell goods or services to Residents and/or buy goods or services from Residents;
- incur a liability on behalf of Residents;
- take responsibility for looking after any valuables on behalf of Residents;
- allow any unauthorised person (including children) or pets to accompany them when visiting Residents without their permission and approval of Case Management; and
- make or receive telephone calls not regarding the Resident whilst caring for the Resident i.e. the time allocated to Residents shall be used to support the individual needs of Residents

### *Promoting Safety and Positive Risk Taking*

The Service Provider shall empower Residents to take appropriate risks in their recovery journey and shall manage the tension between promoting safety and positive risk taking. The Service Provider shall empower Residents to take appropriate risks, in accordance with the individual needs of Residents, by:

- ensuring Residents are supported by a 'trusted team' and not receiving care from numerous care workers;
- recognising that continuity of support is important in building trusting relationships;

- identifying, assessing and then managing risks whilst understanding that risk is a normal everyday experience;
- assessing risk dynamically, understanding that decision-making can be enhanced through positive collaborations;
- understanding that risks can be minimised, but not eliminated;
- taking responsibility in encouraging a no-blame culture whilst not condoning poor practice;
- working with the Council to understand and meet the changing needs and expectations of Residents and their families and supporting them to have more control over their health and care; and
- conducting risk assessments where there is potential for significant harm, self-neglect injury or death. Examples could be, but are not limited to, the following:
  - choking
  - falling
  - scalding
  - transfers (hoisting)
  - not following specialist instruction
  - skin integrity
  - infection control
  - Control of Substances Hazardous to Health (COSHH)
  - labelling and signage to assist residents living with dementia

### *Transport*

The Service Provider shall ensure that when a Resident is being transported, this is done so safely and appropriately and in accordance with the legal requirements. The Service Provider shall ensure that if the Resident is transported by a vehicle owned by the Service Provider or by an employee of the Service Provider there is appropriate insurance. The driver and any escort shall be DBS and reference checked and shall have received the appropriate mandatory training.

The Service Provider shall have a responsibility to arrange appropriate transport for hospital appointments and elective admissions to hospital, in accordance with the individual needs of the Resident.

### *Discharge from Hospital*

The Service Provider shall support discharge from hospital for known Residents clinically assessed as ready to leave hospital (who are already placed with the Service Provider, and are funded by the Council) seven days per week, where there is no change in need and the Council does not need to reassess the needs of the individual. This will be on the same day unless agreed otherwise with the integrated discharge team in consultation with the home and ward manager. The Resident shall return to the home unless it has been agreed by the clinical lead otherwise. In these circumstances the Resident and the Service Provider shall still be able to access the same support from the Council via the current channels. While the Resident is an inpatient, the Service Provider will:

- inform the Council;

- follow the Resident's progress through the acute pathway by communicating directly with the hospital ward and Resident, promoting self-care for some needs from the outset (where appropriate);
- have guidance in place and work with hospital staff to determine when the Resident is fit for a safe discharge;
- ensure they are aware of all that has happened, which shall be relevant to the Resident's continued care and shall either visit the Resident in the acute setting or speak to them via the telephone to ensure they keep in contact;
- be pro-active in making formal requests for multi-disciplinary case discussions where there are concerns or issues developing

The Service Provider shall keep Case Management informed whilst a Resident is in hospital and upon their discharge, as the Care and Support Plans may need to be altered to reflect any changes in needs.

### *Dementia Care*

When meeting the needs of Residents in a residential setting who have Dementia needs, in accordance with the individual needs of Residents, the Service Provider shall:

- follow dementia friendly design principles in the layout of the home;
- ensure all Staff are trained in a level of dementia awareness appropriate to their role, including cleaning, catering and other domestic staff consistent with their roles and responsibilities and be able to evidence this training throughout the work that they do;
- promote understanding of dementia amongst families/carers/other visitors to the home in line with the Dementia Friendly Communities<sup>iii</sup> project aims for Kent;
- ensure dementia-related medication reviews are timely and use of drugs closely monitored;
- comply with the National Institute for Health and Care Excellence (NICE) quality standard guidance for the care of those with mental health needs in residential care settings;
- ensure that dementia is considered as part of Care and Support Planning;
- consider wider community involvement within their care setting in order to improve awareness of dementia and that the setting becomes part of the dementia community;
- ensure that the Resident with dementia is afforded the same opportunities that Residents without a diagnosis of dementia are offered within the care setting;
- be aware and be vigilant for signs of cognitive impairment with those without a formal diagnosis and ensure that the appropriate referral is made to promote early diagnosis and best outcome for the resident; and
- comply with the NICE guidelines on supporting people with dementia and their carers in Health and Social Care

### *Tissue Viability (Care Homes with Nursing only)*

In accordance with the individual care needs of Residents, the Service Provider shall:

- ensure that all policies and procedures comply with good practice guidelines regarding tissue viability and are in alignment with CCG policies and procedures such as First Choice Dressings List<sup>iv</sup>;
- ensure that all Staff in the care home are aware of their role in wound care prevention and treatment;
- ensure that the care home has a nominated Tissue Viability Link Nurse that shall be a qualified nurse, and that shall be responsible for tissue viability in the care home;
- ensure that the Tissue Viability Link Nurse undertakes sufficient training in wound care so that they shall recognise complications as they occur and seek specialist advice from appropriate sources such as the Tissue Viability Nursing (Kent) team;
- ensure that the nominated Tissue Viability Link Nurse attends accredited training sessions and disseminates information from this training to other staff in the care home;
- ensure that all pressure ulcers at Grade 3 or above are reported as a clinical incident to the Regulator as per registration requirements; and
- collaborate with the appropriate organisation or personnel within the CCG to consider the cause of all pressure care and wound care clinical incidents and take preventative action with all residents

### *End of Life Care*

In accordance with the individual needs of Residents, the Service Provider shall:

- access training as appropriate provided by Healthcare Professionals to ensure the needs of the Resident are met in accordance with best practice guidance;
- work proactively with Healthcare Professionals for Residents with known medical conditions which are likely to worsen at End of Life;
- as early as possible, identify Residents who are approaching the end of their life (where death is expected within the next 12 months) and seek the appropriate multidisciplinary support including palliative care;
- ensure that Residents and their families/carers are encouraged to have conversations around their individual preferences, including place of death and interventions and that all such conversations are appropriately recorded in the personal records;
- ensure that discussions are approached sensitively, at the appropriate time (within one month of admittance and revisited after 6 months) and that discussions include: physical, psychological, social, spiritual and cultural needs and preferences;
- support Residents and their families to consider advance decisions such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), and encourage registration on an Electronic Palliative Care Co-ordination system (EPACCs);
- ensure families shall be involved as much as the Resident wishes;
- be familiar with DNACPR forms and ensure that all Staff are aware of their existence for an individual Resident where that it is the case;
- comply with the Mental Capacity Act 2005;
- ensure that Staff are trained on End of Life care including communication skills and dealing with bereavement and stress;

- actively work to achieve a Resident's preferred place of death rather than referring to hospital during the last few days of life, seeking support from Healthcare Professionals where appropriate; and
- ensure Residents can access appropriate prescriptions for symptom management from primary care, which may be needed ad hoc or regularly

### *Absence, Discharge, Dying and Death*

The Service Provider must know whether Residents are in the home, on a recreational outing or attending a pre-arranged appointment. A written procedure for dealing with missing Residents must be held in the home and will include:

- time for assumption of a person missing
- search of building(s) and grounds
- telephoning likely places
- informing Police
- informing relatives where appropriate
- informing the Case Manager

The Service Provider must inform the Case Manager when a Resident is absent from the home due to being unexpectedly admitted to hospital, or going to relatives or friends for an unplanned visit.

In cases of hospitalisation, the Resident's representative must also be told unless the Resident has specifically requested otherwise.

The Service Provider will hold a Resident's room for a period of up to forty two (42) days when he/she is admitted to hospital. During this time the Resident's room should not be used.

If the Resident is in hospital or absent for longer than forty two (42) days, a Care and Support Plan review must be arranged with the Case Manager and any other relevant party.

The Service Provider must have a policy and procedure relating to the care of people who are dying and the tasks to do in the event of a death.

There must be a record of the Resident's wishes regarding his/her funeral.

When a Resident dies you must tell sensitively but without delay, people closest to him/her, other Residents and, within 24 hours of the death, the Case Manager. If there are no relatives the relevant District Council must be told as they may be responsible for arranging the funeral.

When a Resident who is subject to a Deprivation of Liberty dies whilst in the home the death must be reported to the Coroner or the Police.

## **3.3 – Health and Safety**

### *Accidents and Injuries*

The Service Provider shall ensure that Staff are informed and deal confidently with accidents, injuries and emergencies by:

- all Staff being aware of and following all of the Service Provider's policies and procedures for dealing with medical emergencies;
- reporting to Case Management and noting in the Resident's records any accidents or injuries to the Resident that require hospital or GP attendance that the care worker has knowledge of;
- reporting all incidents subject to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) to the Regulator and where applicable the Health and Safety Executive (HSE); and
- having a falls policy in place that includes specific information on dealing with falling from a chair or bed and suggests safety measures to prevent such falls. Information and training on this can usually be found from the local falls prevention service, which is usually the local Community Health Trust.

### *Transmittable Diseases*

The Service Provider shall ensure that the Resident, his/her family, staff and visitors are protected from transmittable diseases, by:

- having a policy in relation to transmittable diseases (e.g. HIV/AIDS and Hepatitis A, B and C) that is available and followed by all Staff;
- all Staff being trained to work safely with Residents at all times; and
- ensuring that Staff and Residents are vaccinated against influenza in line with NHS guidelines

### *Security*

The Service Provider shall ensure the resident's possessions are secure, by:

- making Staff aware of the risk of unintended breaches of confidentiality and making sure Staff are able to identify situations in which it may occur through the provision of appropriate training;
- ensuring that Staff do not carry with them more confidential information than they need to;
- ensuring, when it is necessary for Staff to keep written information detailing passwords or keypad numbers with them, that they understand the need to preserve security;
- where appropriate, considering whether a change of access code number is required if a change of Staff or a suspected breach of security occurs; and
- having policies and procedures in place to ensure that Staff who leave or change duties do not retain any written information about the resident

### *Hygiene and Infection Control*

The Service Provider shall maintain good hygiene and infection control by:

- complying with the requirements detailed in the Department of Health Infection Control Guidance for Care Homes 2006, the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and

- related guidance<sup>v</sup>, and any other relevant national or local policies and guidance as they arise;
- ensuring all catering facilities are kept clean and meet the requirements of the local Environmental Health Officers;
  - ensuring that all Staff complete adequate training on health and hygiene and food handling and preparation;
  - ensuring that all those entering and leaving the care home are aware of the need for high standards of hygiene to be maintained at all times, by making sure the provision of hand gel or an equivalent hand hygiene measure is available and used; and
  - putting in place the necessary emergency plan to respond to any disease outbreaks e.g. norovirus and reporting any incidents to the Health Protection Agency and other relevant public health authorities

### *Safety Inspections of Premises*

The service Provider must inspect the premises regularly and records of safety inspections must be kept. Any faults must be recorded together with details of actions to isolate equipment or rectify the fault and the date of completion of the action.

All hazardous materials used for cleaning or gardening must be stored in a locked cupboard in accordance with Control of Substances Hazardous to Health (COSHH) and they must not be left unattended when in use.

### *Fire Safety*

The Service Provider shall:

- comply with all Fire Safety requirements as advised by Kent Fire and Rescue<sup>vi</sup>
- comply with the Regulatory Reform (Fire Safety) Order 2005 or any replacement provisions;
- comply with the HM Government Guide – Fire Safety Risk Assessment – Service User Care Premises<sup>vii</sup> to provide the appropriate fire-fighting equipment, fire detection and warning system for the care home and will also ensure the maintenance of the equipment provided. The Service Provider shall also carry out and record periodic checks of the equipment as advised to ensure that it is working properly;
- ensure that the care home has a fire risk assessment which has been carried out by a competent person and is updated annually or when there is any significant change in risk;
- ensure that the ‘responsible person’ (as defined in the Regulatory Reform (Fire Safety Order 2005)) undertakes a fire risk assessment which focuses on the safety in case of fire of all “relevant persons” (as defined in the Regulatory Reform (Fire Safety) Order 2005);
- where relevant a personal emergency evacuation plan (PEEP) shall be developed and incorporated into each Resident’s Care and Support Plan. The Service Provider shall ensure adequate staffing levels during day and night which take into account all persons on the premises including those who may need assistance to escape; and

- have written fire safety/prevention and staff evacuation procedures which shall ensure that all members of Staff are trained (including refresher training) in the use of the care homes fire detection and fire-fighting equipment. The Service Provider shall ensure that this training includes action to be taken on discovering a fire/hearing the fire alarm (respond in an emergency); raising the alarm; the location/use of equipment; calling the fire and rescue service and the method of evacuation/escape routes

## **4. WORKFORCE**

### *Recruitment*

The Service Provider will ensure that they employ Staff (employees, volunteers and Agency workers) who respect the Resident and their property, and who keep information about them confidential. The Service Provider will only recruit Staff who have satisfied all necessary recruitment checks. All Staff will be trained in Safeguarding of Vulnerable Adults (SOVA) and actively support the Multi-agency Safeguarding Adults Policy, Protocols and Guidance for Kent and Medway.

Nursing homes will ensure that the recruitment of nursing staff will follow the guidance published by the Nursing and Midwifery Council and that all nurses working within the home will maintain their registration according to the legislation as set out in the Nursing and Midwifery Order 2001 (or any successor legislation).

The Service Provider will ensure that there are handover arrangements in place at the beginning of each shift and that Staff providing Services are properly briefed as to the Resident's needs and respect Resident wishes, their independence, their race and their gender. Where Residents have a disability, Service Providers must respect their need for independence and right to be consulted and must always work with them in an enabling manner.

The Service Provider shall have a written recruitment and selection procedure, which reflects equality and diversity policies. The Service Provider shall have recruitment strategies that attract candidates that exhibit empathy, and possess awareness of the importance of their personal attitude towards Residents and the impact that has on the quality of the Service. The recruitment and selection procedures shall meet regulatory minimum standards; ensuring records are maintained to demonstrate best practice in this area. The Service Provider shall comply with Disclosure and Barring Service (DBS) requirements for Staff.

All roles within the Service Provider's organisation shall have written job descriptions and person specifications. In accordance with the Employment Rights Act 1996, the Service Provider must ensure that each member of Staff is issued with a contract that clearly states the terms and conditions of his/her employment, the contract must be signed by the appropriate representative of the Service Provider and the Staff member and a copy of the contract must be kept in the Staff member's personnel file.

The Service Provider shall have in place an equal opportunities policy for the recruitment, development and care of the workforce (including volunteers).

### *Induction and Training*

The Service Provider shall be registered with the Skills for Care National Minimum Dataset for Social Care (NMDS-SC)<sup>viii</sup> and shall develop Staff in accordance with the following criteria:

- all care homes shall complete a NMDS-SC organisational record and shall update all of its organisational data at least once each financial year, in line with Skills for Care deadlines;
- all care homes shall fully complete individual NMDS-SC worker records for a minimum of 90% of its total workforce (this includes any staff who are not care-providing);
- individual records for workers, which are included in the 90% calculation, shall be both fully completed and updated at least once each financial year; and
- all care homes shall agree to share information via the facility within NMDS-SC with the Council, CQC and NHS Choices

The Service Provider shall comply with the relevant regulations covering staff competence and training. The Service Provider shall ensure the completion of the Care Certificate (or other standards as set out by the Regulator) for all new care workers and other employees within 12 weeks of starting their employment. This induction shall specifically include Mental Capacity Act, Safeguarding and Dementia training.

The Service Provider shall assess workforce training levels, the training already achieved and skills gap for individual Staff and the workforce as a group. The Service Provider shall have financially resourced plans in place to address workforce development requirements. The Service Provider shall have a training plan, a training matrix and keep records of successfully completed training on individual members of Staff and a central file to continuously monitor and develop this.

The Service Provider will actively engage staff in appropriate training provided by the Healthcare Professionals or CCG.

### *Workforce Development*

All Staff shall meet formally on a one to one basis with their line manager to discuss their work in accordance with the staff member's needs, but at least every three months and written records of these supervisions shall be kept to demonstrate the range, content and outcome of the discussion at each meeting.

The Service Provider shall be able to demonstrate how Staff are supported and advised between supervisions and that additional meetings are facilitated where required.

With the consent of the Resident, at least one supervision a year should incorporate direct observation of the care worker providing support to the Resident with whom they regularly work to observe competencies.

The Service Provider shall hold regular meetings at least quarterly with peers and/or other team members to discuss and share issues and best practice; minutes from these meetings shall be recorded.

All Staff shall have an annual appraisal and this shall include identification of training and development needs with their line manager. A copy of the appraisal shall be placed on the personnel file for each care worker.

The Service Provider shall ensure that there is a clear link between staff appraisals, identified training and development needs and the training plan. Managers and supervisors shall receive training in supervision skills, undertaking performance appraisals and planning for workforce development.

The Service Provider shall keep a record of any disciplinary incidents and details shall be entered in the personnel file of the care worker concerned. Referrals to the Disclosure and Barring Service must be made, if appropriate, and recorded on the care worker's personnel file.

The Service Provider shall have a written policy for the management of violence towards Staff and ensure that suitable training is provided to reduce the risk of violence towards Staff. The Service Provider shall comply with the Health and Safety at Work Act 1974 to ensure that Staff are safe whilst at work.

The Service Provider shall ensure that there is strong leadership and management that ensures the service has a strong care and support focus that is person centred and affords dignity, respect and independence for all Residents. The Service Provider shall develop their management staff and the management team shall take responsibility for the delivery of a high quality service and retaining high quality staff.

The Service Provider shall ensure that Registered Managers complete the Manager Induction Standards<sup>x</sup> and have, or be undertaking a recognised qualification for Registered Managers within their first year of employment. This shall be completed within two years of employment. Managers shall undertake periodic management training to update their knowledge, skills and competencies to manage the Service.

The Council recognises the value of the Social Care Commitment<sup>x</sup> within selection, induction and development processes and where employers have signed up to, and embody the principles of, the Social Care Commitment the Council shall view this as a positive commitment to quality. The Council expects all Providers to sign up to the Social Care Commitment.

Staff shall be supported to ensure appropriate skills are maintained to ensure that the highest level of support is provided by qualified and competent Staff. The Service Provider shall source and fund training, information, advice and guidance. The Service Provider shall ensure:

- all Staff are competent and trained to undertake the activities for which they are employed and responsible;
- there are sufficient Staff with the right skills mix, training and practice of person-centred care to meet the individual needs of Residents;
- basic care training happens such as:
  - hand washing
  - recognition of the deterioration of the Resident
  - pressure ulcer prevention training
  - falls screening
  - dementia awareness;
  - nutrition and hydration
  - promoting continence
  - end of life care including DNACPR
  - basic life support skills

- first aid
- care workers receive specific advice and training about human rights in relation to residential care services;
- all Staff have training on the prevention of abuse within three months of employment and this shall be updated annually;
- all Staff hold a relevant national occupational standard such as Level 2 Diploma in Health and Social Care through the Qualifications Credit Framework (those who do not already hold a relevant standard shall be supported to achieve the above qualification as a minimum);
- consider a minimum of two members of staff trained as Infection Prevention and Control link workers available via the Kent Community Health Foundation Trust;
- young staff (16-18 year olds) are supported in their work (young staff shall be undertaking an approved training programme; the Service Provider shall consider using the Health and Social Care Apprenticeship framework where appropriate);
- specialist advice, training and information is provided to support care workers working with specific care needs and/or medical conditions to ensure they are professionally qualified to do so;
- all Staff are aware of their Safeguarding responsibilities both for Children and Adults;
- all Staff are aware of and familiar with the Service Provider's policies and procedures; and
- all Staff receive communication training and demonstrate a good standard of verbal and written communication

The Service Provider will ensure that they demonstrate a culture which values and respects all members of Staff, enabling them to give a high standard of support to all Residents.

## 5. MEDICATION

The Service Provider shall ensure medication is administered in accordance with current best practice, including The Care Homes Use of Medicines Study, Quality Safety Health Care 2009; 18:341-346, National Institute for Health and Care Excellence (NICE) guidance (including Managing Medicines in Care Homes) and other relevant National and Local guidance.

The Service Provider shall ensure there is a well-developed culture of safety to protect Residents and Staff from harm that can be caused by medicines. This shall include the following:

- ensuring that an appropriately qualified member of Staff is on site to administer medication. All care homes shall have “The Handling of Medicines in Social Care” document<sup>xi</sup> as issued by the Royal Pharmaceutical Society of Great Britain available as a reference for Staff, specifically including injectables that could otherwise have been delivered in a home setting by family members, such as insulin;
- delivering the Service in accordance with the NICE quality standard guidance for the management of medicines within care home environments;
- ensuring well-established links with the GP, supplying Community Pharmacy, and where relevant Care Homes Support Team, for appropriate advice and support;
- establishing what medicines a Resident has been prescribed and is to be taking on admission to the care home;
- checking the medication against the medication administration chart prior to administration, ensuring the right medications are given to the right Resident at the right time via the right route and recording accurately;
- implementing infection control measures during the administration of medicines;
- undertaking monthly audits of medication administration charts, liaising with the Resident and their GP to avoid duplication;
- using alerts, reminders, posters and facilities which aid Staff and Residents to follow the correct procedures for managing medicines;
- ensuring sufficient Staff and procedures that allow the administration of medicines within a short period of time and with minimal distraction;
- using a well-established procedure for reporting, analysing and learning from incidents i.e. near-misses and errors relating to medicines;
- ensuring sufficient personalisation of care is recorded in a Care and Support Plan in particular around the administration of ‘when required’ medication;
- promoting a reflective learning culture to enable Staff to address previous medicines incidents including near-misses and errors;
- the registered person ensuring that there is a policy and that Staff adhere to procedures for the receipt, recording, storage, handling, administration and disposal of medicines, and Residents are able to take responsibility for their own medication if they wish, within a risk management framework;
- considering the safe disposal of medication waste;

- considering homely remedies in accordance with the individual needs of each Resident;
- ensuring a robust system for ordering of medication to ensure medication is available for administration at the appropriate time;
- checking all stock levels before ordering;
- ensuring **EITHER** that there is an evidence-based procedure for the on-going management of urinary and supra-pubic indwelling catheters (this procedure should also include guidance on escalation of concerns regarding indwelling urinary devices) **OR** all Residents with an indwelling urinary/supra-pubic catheter have a catheter passport **OR** all care homes will enrol in the Kent Community Health Trust Urinary Catheter Passport scheme

## **6. SAFEGUARDING**

The Service Provider shall identify and report safeguarding concerns such as possible domestic and/or sexual abuse, etc. The Service Provider shall report back to Case Management where risks or hazards have been identified which may require a risk assessment. When a Resident is in a hospital, the Service Provider shall report any safeguarding concerns relating to the Resident's stay in hospital in the usual way and shall work with the Acute Trust to encourage safe discharges from acute settings.

### **6.1 - Provider Responsibilities**

The Service Provider shall ensure that Residents are free from abuse and appropriate action is taken where it is suspected by:

- responding to alerts;
- attending serious case review meetings;
- complying with the requirement that Serious Case Review Panel requests for Management Reports are completed within six weeks;
- making representation in court as and when necessary;
- ensuring there is a Safeguarding Adults policy available that compliments the Kent and Medway Multi-agency Safeguarding Adults Policy, Protocols and Guidance;
- ensuring staff are familiar with the Kent & Medway Multi Agency Adult Protection Policy, Protocols and Guidance and with the Service Providers' own policy and procedures on Safeguarding and Adult Protection;
- ensuring the appropriate Adult Protection Alert Form is completed to notify the Council if adult abuse is witnessed or reported;
- ensuring that there is a designated Staff member to handle complaints against employees within the service including Whistleblowing;
- ensuring managers and Staff co-operate fully with adult protection assessments and investigations and comply with any recommendations in post abuse action plans;
- ensuring staff training is provided in safeguarding, that the training is refreshed at regular intervals and that Staff attend relevant multi-agency safeguarding adults training appropriate to their position;
- complying with the Regulator's and Disclosure and Barring Service requirements for all Staff prior to an individual commencing unsupervised employment;
- taking positive action to combat discrimination (needs arising from the specific ethnic, religious, cultural, gender, sexuality, disability or age requirements of Residents shall be identified in their Care and Support Plans; the Service Provider shall ensure that Staff are able to meet these needs);
- demonstrating a culture that encourages all Staff to Whistleblow as safely and confidentially as possible; and
- falls screening (a simple set of questions which can identify those people who are at greater risk of falling. Those identified should then be referred to the local falls prevention service, which is usually the local Community Health Trust)

Service Providers will be expected to comply with the Adult Safeguarding statutory expectations set out in the Care Act 2014, Sections 42-45. This is detailed in:

- Chapter 14 of Care and Support Statutory Guidance;
- The Multi-agency Safeguarding Adults Policy, Protocols and Guidance for Kent and Medway

Key expectations will include:

- Providing information to support the Local Authorities Enquiries under Section 42 of the Care Act;
- Undertaking Enquiries in circumstances when the Local Authority has caused the Service Provider to undertake these as set out in Section 42 of the Care Act and detailed in the Care and Support Guidance/Multi-agency Safeguarding Adults Policy, Protocols and Guidance. As set out these will have to be concluded to the standard set out by the Local Authority;
- Fully Cooperate with Safeguarding Adults Reviews (section 44 Care Act 2014);
- Meet the requirements for all Agencies set out by the Kent and Medway Safeguarding Adults Board.

## **6.2 - MCA/DoLS**

The Service Provider shall comply with the Mental Capacity Act 2005 (MCA), including Deprivation of Liberty Safeguards (DoLS), by having the relevant policies and procedures in place, by:

- ensuring MCA and DoLS training is mandatory for all staff;
- ensuring records kept include specific capacity assessments and Best Interests decisions;
- ensuring records kept include evidence of any Lasting Powers of Attorneys or Deputies held by families and friends of the resident;
- ensuring records kept include use of restraint and the promotion of least restrictive measures at all times;
- ensuring consideration and timely application of DoLS where appropriate; and
- reporting to The Regulator all applications and outcomes of DoLS

## **7. PERFORMANCE MONITORING AND MANAGEMENT**

### **7.1 - Key Performance Indicators**

The Council shall measure quality and performance data via Key Performance Indicator (KPI) data returns from Service Providers.

The Service Provider and the Council shall manage the performance of the Service Provider to ensure current delivery meets the required standard. The Council shall implement electronic methods for collecting and collating Key Performance Indicator data and the Service Provider shall work with the Council to deliver this effectively and to ensure compatibility with the Council's systems and requirements. The returns shall be analysed and published to inform the public and professionals on the performance of care homes. This will develop to provide a benchmark of quality and performance expectation and inform future commissioning.

Any future additional performance monitoring requirements shall be introduced through discussion with Residents and Service Providers and will be informed by the review and development of the service. Details of the current data returns required are contained within an Annex to this document (*Annex F - Key Performance Indicators*), the content of which shall be updated should any amendments be required during the lifetime of this Contract.

If the Service Provider fails to provide the information in accordance with the Key Performance Indicator schedule, and fails to provide any KPI for two or more of the requested reporting periods, then the Council has the right to withdraw the Service Provider from receiving new placements under the Dynamic Purchasing System as defined in *Schedule 6 – Contract Management*.

### **7.2 - Requirements Relating to Actions by the Regulator**

The Service Provider shall inform the Council when a regulatory inspection has taken place and shall share the result of the inspection within 24 hours of receipt.

The Service Provider shall notify the Council of any Regulator Warning Notices or Notices of Proposal (NOP) placed on the Service/Service Provider regarding the Service Provider and/or its associated activities within 24 hours of receipt. The Service Provider shall also inform the Council of any advice and/or comments received from the Regulator.

The Regulator can place fines or formal warnings on the Service Provider or suspend or cancel the Service Provider's registration. The Service Provider shall inform the Council of any such activity and a failure to do so will mean that the Council shall seek to recoup costs and damages incurred and may terminate the Contract without notice in accordance with the Terms and Conditions of the Contract. The Service Provider shall keep its Residents and their families informed of any such activity.

### **7.3 - Registered Manager**

The Service Provider shall keep the Council informed of Registered Manager vacancies and any fines this attracts from the Regulator. The Service Provider shall inform the Council when new Registered Managers are appointed and their updated contact details.

The Service Provider shall ensure that an appropriate person will be available to deputise for the Registered Manager in the event of a short term absence from the home, for example due to annual leave or sickness, and that a person with managerial responsibility will be available for the Staff and Residents of the home at all times including weekends and Bank Holidays.

#### **7.4 - The Council's Quality Assurance Requirements**

The Service Provider shall ensure that a quality management system is in place to ensure internal control of quality and consistency of practice and be committed to a process of continuous service improvement. Outcomes and Key Performance Indicators shall be reviewed throughout the life of the contract and the Council shall reserve the right to utilise a third party representative to manage this on behalf of the Council.

The Service Provider (including owners, corporate managers and local managers) shall participate in local Service Provider meetings organised by the Council and its partners. The Service Provider shall take part in any events in relation to any legislative and Market Position Statement work.

The Council shall reserve the right to:

- publish any information in relation to contract sanctions or any contractual or quality audits undertaken by the Council or representatives of the Council;
- publish lists of Service Providers who attend events managed by the Council and those who do not;
- recoup any costs incurred in supporting the recovery or managed exits of services, where the Service Provider has done little to improve or manage this;
- alter the sanctions policy at any time and provide notice to the Service Provider of any changes

The Service Provider shall inform the Council of any regulatory Warning Notices or other actions required by this Contract that relate to service delivery and service quality.

Residents and their carers shall be asked to provide feedback on the quality of the Service received via completion of the Adult Social Care Survey. This will measure the Resident's/carer's satisfaction with the quality of service delivery and whether the Service has achieved the Outcomes identified.

In addition the Service Provider will carry out their own annual survey of customer satisfaction and make the outcomes of that survey, and any actions arising as a result of the responses, available to the Council on request.

#### **7.5 - Complaints and Compliments**

The Service Provider shall ensure an easily understood, well-publicised and accessible procedure is in place to enable an individual to make a complaint or compliment and for complaints to be investigated. The Service Provider's complaints and compliments policy shall also refer to the Regulator, Local Government Ombudsman (LGO) and the Council's Complaints Team if the complaint requires an alternate signposting route. The Service Provider shall be expected to investigate any complaints, compliments or quality issues that arise in a clear and concise way with all evidence clearly documented. The Service Provider shall be able to evidence how they ensure learning from complaints improves the quality of the service provided.

The Service Provider shall welcome complaints and compliments as an opportunity to continuously improve and develop the service. Where there is a local advocacy or Service User Forum, the Service Provider shall make constructive use of these organisations at all times and specifically to help resolve complaints and problems as early as possible. All complaints, whether they have been formally or informally resolved, shall be recorded.

A record of compliments shall be maintained together with evidence if available and be used to reinforce good practice. The Service Provider shall be able to evidence how they share feedback on the Service via their quality assurance process.

The record of the complaint/compliment shall include:

- the date of the complaint/compliment;
- details of the investigation and response to the complaint/compliment;
- full details of the actual complaint/compliment;
- the date the complaint/compliment was received (if different);
- the date when the complaint/compliment was responded to;
- the outcome of the complaint;
- details of whether the complainant was satisfied with the response/outcome; and any further actions arising from the complaint/compliment

In the event that the complainant has exhausted the Service Provider's own complaints procedure and is still not satisfied with the response, the Service Provider shall then follow the Council's Statutory Complaints procedure **before** going to the LGO. The LGO shall expect to see this process has been followed prior to responding officially. In the case of self-funders, the Resident shall be given the opportunity to raise their complaint with the LGO once the Service Provider has concluded their complaints process.

## 7.6 - Records

The Service Provider shall comply with and store all information in accordance with Data Protection legislation.

The Service Provider shall ensure that records and details of support given are comprehensive and shared as appropriate by:

- recording any refusal of support agreed within the Care and Support Plans and feed this refusal to accept support back to Case Management as soon as possible;
- reporting any significant occurrence or changes in circumstances/support needs to Case Management (where the Resident does not agree, the Service Provider shall record this refusal on the personal file held by the Service Provider);
- allowing the Council's authorised staff to see records required by this Specification at any time;
- accommodating visits by the Councils' authorised staff, which may take place at any time and could be unannounced;
- ensuring appropriate sections of the Residents' personal files are accessible to relevant care staff;
- ensuring Staff are aware of the Service Provider's policy in regard to confidentiality of records and have training on Information Governance;
- ensuring acceptable standards of literacy in English;
- informing Residents about what is written in records and Residents shall have access to their Care and Support Plan and any contents past or present;
- making records available to the Resident's family and/or carer - this shall be on consent of the Resident unless the Resident has been assessed as lacking the Mental Capacity to make a decision relating to this, or Lasting Powers of Attorney have been granted

Records shall include:

- assistance with medication;
- care provided, including any refusal of care;
- any financial transactions undertaken;
- details of changes in the Resident's circumstances, support needs, health condition and any Mental Capacity concerns, which raise questions about the Resident's ability to consent with specific decisions of the care and support arrangements;
- any use of restraint;
- any accident to Residents and/or care workers;
- any other untoward incidents;
- activities undertaken and any particular achievements;
- any information that shall assist any future care worker to ensure consistency in the Service

## **7.7 - Information Governance**

In order to comply with the Council's Information Governance Toolkit the Council must have a process in place to check that Service Providers are meeting basic information governance standards. This is an assurance questionnaire that must be completed annually; Service Providers will receive a request from the Council as a reminder to complete this. Responses are risk-assessed, and the Council is required to apply controls if the responses do not meet basic information security standards.

Where a Service Provider holds a recognised information security certification such as ISO27001 (international standard for information security) or Cyber Essentials or current 'satisfactory' NHS IG Toolkit<sup>xii</sup>, this will need to be indicated on the

questionnaire by placing a tick in the appropriate box on the form and returning the form to the Council; no further action is needed.

### **7.8 - Information Sharing**

Information shall be shared between the Service Provider, the Council and other statutory agencies e.g. Clinical Commissioning Groups, CQC.

When transferring personal or confidential information/data, the Service Provider shall ensure that they use secure or encrypted email systems or that passwords are sent separately from the main body of the message.

## 8. GLOSSARY AND DEFINITIONS

### **Abuse**

Abuse is a violation of an individual's human and civil rights by other person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm, or exploitation of, the person subjected to it. (Based on No Secrets, Department of Health (DoH) and Home Office guidance 2000)

### **Adult Social Care Outcomes Framework (ASCOF)**

Developed by the Department of Health, the Adult Social Care Outcomes Framework measures how well care and support services achieve the Outcomes that matter most to people.

### **Advocate**

Someone who speaks on behalf of the Resident

### **Assessment**

An assessment of a Resident's needs co-ordinated by the Council

### **Assistive Technology (AT)**

Assistive technology or adaptive technology (AT) is an umbrella term that includes assistive, adaptive, and rehabilitative devices. AT promotes greater independence by enabling Residents to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing, by providing enhancements to, or changing methods of interacting with the technology needed to accomplish such tasks

### **Bariatric**

A branch of medicine that deals with the control and treatment of obesity and allied diseases. In the context of this contract 'Bariatric' refers to services for Residents who are morbidly obese and the specific requirements as set out in *Annex D – Bariatric Beds*

### **Best Interests decision**

A decision made on the behalf of a Resident who has been assessed as lacking the Mental Capacity to make a decision relating an aspect of their life due to a mental disorder and an inability to understand, retain and/or weigh up information and/or to communicate their decisions to others, following consultation with all relevant people.

### **Care and Support Plan**

The details of the care/support required and the way the Resident's assessed needs are to be met

### **Care Home with Nursing**

A place where personal care and accommodation are provided together with additional care provided by qualified nurses in order to ensure that the full needs of Residents are met

### **Care Home without Nursing**

A place where personal care and accommodation are provided together

### **Care Quality Commission (CQC)**

The independent Regulator of health and adult social care services in England, whose responsibilities include the registration and inspection of services such as care homes

### **Case Manager**

The person deployed by the Council to arrange and review residential care for people who have been found on assessment to be owed a duty the Care Act 2014 (Chapter 23, Part 1, Section 18)

### **Clinical Commissioning Group (CCG)**

Refers to NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England

### **Commissioning Organisation**

Refers to Kent County Council

### **Continuing Health Care (CHC)**

NHS Continuing Health Care (NHS CHC) applies to a package of care that is arranged and funded solely by the NHS for people aged 18 years and older, who are assessed and meet the nationally determined NHS Continuing Health Care criteria (NHS CHC Criteria). On-going eligibility is subject to regular review and assessment by the relevant Responsible Commissioner's NHS Continuing Health Care Assessment Team. Residents who meet NHS CHC Criteria have a 'primary health need' and typically have care needs that are complex, intense and unpredictable and therefore require high quality care delivered by well trained staff who can provide a flexible and reliable service. Care packages may involve long term care or short term interventions and are tailored to meet individual need

### **Contract**

The agreement entered into between the Commissioning Organisation and the Contractor incorporating all the Contract documents

### **Contractor**

Refers to the Service Provider as defined in the Terms and Conditions of this Contract

### **Council**

Refers to Kent County Council

### **Deferred Payments**

The Deferred Payments scheme allows a Resident with a property to defer part of the contribution they must make to the cost of their care home. The Council will fund their care and therefore the contract for this placement is between the Council and the Service Provider for this period

### **Deprivation of Liberty Safeguards (DoLS)**

The process that shall be followed if an incapacitated Resident is to be deprived of their liberty in a lawful manner, to prevent harm in their best interests

### **Disclosure and Barring Service (DBS)**

The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA)

### **Emergency Respite**

A short term placement for a person that is required urgently, for example due to a breakdown of a home care package or a change in the persons needs

### **End of Life**

The diagnosis of a life limiting condition where the Resident is going to die within the next 12 months; and can include: Cancer, cardiovascular disease, respiratory disease, neurological disorders and dementias

### **Equipment**

Equipment comprises aids to daily living, nursing aids and rehabilitation equipment. Items fall into the following categories: bathing equipment, beds and accessories, chair raising equipment, mobility aids, Resident handling/lifting/transfer, pressure care, seating and toileting. The Equipment in Care Homes Protocol (as specified in *Annex B - Equipment*) details the responsibilities of care homes and the Integrated Community Equipment Service for the provision of items of equipment

### **Falls Screening**

Falls Screening is a simple set of questions which can identify those people who are at greater risk of falling. Those identified should then be referred to the local falls prevention service, which is usually the local community health trust

### **Former Self-funder**

A Resident who was previously paying privately for their care but whose funds have reached the upper capital limit and they become eligible for local authority funding. Following financial and needs assessment, the Council will confirm the contractual arrangement for the individual with the Service Provider

### **Funded Nursing Care**

The financial contributions from the NHS towards the costs of nursing care to which a Resident may be entitled. The precise amounts are set by Central Government and are subject to regular review. Also known as 'Registered Nursing Care Contribution'

### **Guide Price**

The Guide Price is the amount that KCC usually expects to pay for Residential or Nursing care within Kent. It is determined by assessing the costs of care and is reviewed on a regular basis. The Guide Price when applied for the amount a Resident would top up is subject to the availability of accommodation at the time of placement.

**Healthcare Professionals**

An individual who provides preventative, curative, promotional or rehabilitative healthcare services to people, families or communities

**Indicative Price**

The Indicative Price is the maximum price (or not to exceed price) that a Provider on the DPS framework contract can charge for any KCC funded placement. Providers set a price for a placement according to the individual needs of the person and the price of every placement should therefore be between the KCC Guide Price and the Indicative Price

**Key Performance Indicators (KPIs)**

Performance measures that will be recorded and reported by the Service Provider to the Council - current KPI criteria and reporting intervals are specified in *Annex F – Key Performance Indicators*

**Local Government Ombudsman (LGO)**

The Local Government Ombudsman looks at complaints about Local Authorities and Adult Social Care Service Providers and investigates complaints as an independent organisation

**Mental Capacity**

A Resident's ability to make their own specific decisions at specific times

**Moving and Handling**

When providing care and support to Residents, Staff may need to support them to move around. It is essential that Staff know about and can deliver safe Moving and Handling which upholds the dignity of Residents so they don't hurt themselves or other Residents

**NHS IG Toolkit**

The IG Toolkit is a Department of Health (DH) Policy delivery vehicle that the Health and Social Care Information Centre (HSCIC) is commissioned to develop and maintain. It draws together the legal rules and central guidance set out by DH policy and presents them in a single standard as a set of information governance requirements. The organisations in scope of this are required to carry out self-assessments of their compliance against the IG requirements

**Nursing Care**

The care and support provided by a qualified nurse to promote the health and well-being of Residents

**Nursing needs**

Refers to the needs and dependencies as defined in *Annex A – Levels of Need*

**Nursing High needs**

Refers to the needs and dependencies as defined in *Annex A – Levels of Need*

**Outcomes**

Goals that Residents wish to achieve

**Person-centred Care**

Person-centred care sees Residents as equal partners in planning, developing and assessing care to make sure it is most appropriate for their needs. It involves putting Residents and their families at the heart of all decisions

### **Personal Care**

The provision of assistance to enable an individual Resident to carry out personal hygiene assistance and to assist with bodily functions

### **Personalisation**

Putting Residents at the centre of the process identifying their needs

### **Planned Respite**

A short term placement for a person to give the carer and the cared for person a period of respite, as far as is possible on dates of their choosing e.g. for a family holiday

### **Reablement**

Reablement is defined as social care services provided to a Resident with poor physical or mental health over a short period to enable them to learn or re-learn skills for daily living

### **Registered Manager**

Refers to the person managing the home on a daily basis as registered with the Regulator

### **Regulator**

The body which is established by statute and to whose regulatory powers the Service Provider is subject. This is currently the Care Quality Commission (CQC)

### **Resident**

The person in receipt of a residential or nursing care home service

### **Residential needs**

Refers to the needs and dependencies as defined in *Annex A – Levels of Need*

### **Residential High needs**

Refers to the needs and dependencies as defined in *Annex A – Levels of Need*

### **Review**

The process, including a meeting, and Outcomes by which the Council and the Service Provider evaluate and record the adequacy of their respective current Care and Support Plan to meet Resident need and achieve desired Outcomes

### **Safeguarding Adults**

The process by which abuse is reported, investigated and harm to Residents is prevented

### **Self-Directed Support**

A process which gives Residents choice and control over their social care support

### **Service**

All the services to be provided by the Service Provider under this Contract

**Service Delivery Order (SDO)**

Used in the context of Day Services, the SDO initiates and tailors the service for a Service User

**Service Outcomes**

Outcomes the Service Provider shall achieve in order to demonstrate contracted care is being delivered

**Service Provider**

The Contractor responsible for providing the Service

**Service Specification**

This document

**Service User**

A person aged 65 years or over who has been found on assessment to be in need of accommodation together with care and to qualify under our eligibility criteria for our financial support

**Short Term**

A placement of up to 6 weeks to enable a Resident to return home or to be moved on to the right setting for that individual, either following a hospital stay or where an individual has experienced a health or social care crisis in their own home

**Social Care, Health and Wellbeing**

The Council's Directorate responsible for this contract

**Social Care-Related Quality of Life (SCRQoL)**

Social Care-Related Quality of Life (SCRQoL) refers to those aspects of people's quality of life that are relevant to, and the focus of, social care interventions

**Staff**

Within the context of this Specification, Staff refers to the group of people, working under the direction of the Registered Manager, which is responsible for delivering care and support to deliver Resident specific Outcomes and includes employees, volunteers and Agency workers

**Stakeholders**

Within the context of this Specification, Stakeholders is an all-encompassing term which may refer to Residents and their support network, care home Service Providers, the Local Authority, the NHS, Case Management, General Practitioners and other Healthcare Professionals

**Support Network**

This may refer to a Resident's relative, carer, friend or Advocate

**Terms and Conditions**

Refers to the document 'Dynamic Purchasing System Agreement for the supply of Older Persons Residential Care Services'

**Vacancy**

A vacant (empty) bed for use within a care home (residential or nursing) reported to, and available for use by, the Council

**Whistleblowing**

Whistleblowing involves a person or group of people who tell someone in authority (i.e. the Council, CCGs in Kent, the Registered Manager or the Regulator) about alleged dishonest or abusive practices occurring in a care setting

**Working Days**

Within the context of this Specification, Working Days means Monday to Saturday, excluding Bank Holidays

## ANNEX A - LEVELS OF NEED

Clients will be assessed by a Case Manager using the Levels of Need table. The summaries below indicate the typical characteristics attributable to an individual with Residential needs, Residential High needs, Nursing needs or Nursing High needs. This does not attempt to be an exhaustive list but a guide to the typical needs of each category of dependency.

### Residential:

- requires care and support over a 24 hour period, including observation/supervision to maintain safety;
- low to medium level of assessed care needs;
- requires assistance with some activities of daily living to maintain skills and independence;
- requires input by carers on a daily basis;
- nursing care provided by community services

### Residential High:

- requires care and support over a 24 hour period, including observation/supervision to maintain safety;
- high level of assessed care needs;
- requires assistance with most activities of daily living to maintain skills and independence;
- requires a high level of input by carers on a daily basis;
- nursing care provided by community services;
- requires additional equipment, activities or measures such as DoLS

### Nursing:

- requires care and support over a 24 hour period, including observation/supervision to maintain safety;
- moderate level of assessed care needs;
- FNC funded;
- requires assistance with most activities of daily living with a focus on essentials of care;
- requires input by carers on a daily basis;
- requires nursing care on a daily basis

### Nursing High:

- requires care and support over a 24 hour period, including observation/supervision to maintain safety;
- high level of assessed care needs;
- FNC funded;
- requires assistance with most activities of daily living with a focus on essentials of care;
- requires a high level of input by carers on a daily basis;
- requires a high level of nursing care on a daily basis

| Category of Need  | No Needs                                | Low Needs  | Medium Needs   | High Needs  |
|-------------------|---|--|--|---|
| <b>Behaviour*</b> | No evidence of 'challenging' behaviour. | Some incidents of 'challenging' behaviour. A risk assessment indicates that the behaviour does not pose a risk to self, others or property or a barrier to intervention. The person is compliant with all aspects of their care. | 'Challenging' behaviour that follows a predictable pattern. The risk assessment indicates a pattern of behaviour that can be managed by skilled carers or care workers who are able to maintain a level of behaviour that does not pose a risk to self, others or property. The person is nearly always compliant with care. | 'Challenging' behaviour that poses a predictable risk to self, others or property. The risk assessment indicates that planned interventions are effective in minimising but not always eliminating risks. Compliance is variable but usually responsive to planned interventions. |

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| <p><b>Cognition*</b></p> | <p>Some minor evidence of impairment, confusion or disorientation.</p> | <p>Cognitive impairment which requires some supervision, prompting or assistance with more complex activities of daily living, such as finance and medication, but awareness of basic risks that affect their safety is evident OR Occasional difficulty with memory and decisions/choices requiring support, prompting or assistance. However, the individual has insight into their impairment.</p> | <p>Cognitive impairment (which may include some memory issues) that requires some supervision, prompting and/or assistance with basic care needs and daily living activities. Some awareness of needs and basic risks is evident. The individual is usually able to make choices appropriate to needs with assistance. However, the individual has limited ability even with supervision, prompting or assistance to make decisions about some aspects of their lives, which consequently puts them at some risk of harm, neglect or health deterioration.</p> | <p>Cognitive impairment that <u>could</u> include frequent short-term memory issues and maybe disorientation to time and place. The individual has awareness of only a limited range of needs and basic risks. Although they may be able to make some choices appropriate to need on a limited range of issues they are unable to consistently do so on most issues, even with supervision, prompting or assistance. The individual finds it difficult even with supervision, prompting or assistance to make decisions about key aspects of their lives, which consequently puts them at high risk of harm, neglect or</p> |
|--------------------------|--|---|--|---|

|   |   |  |   |  |
|---|---|--|---|--|
|   |   |  |   | health deterioration.  |
| <b>Psychological and Emotional Needs*</b> | Psychological and emotional needs are not having a major impact on their health and well-being. | Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, which are having an impact on their health and/or well-being but respond to prompts and reassurance OR Requires prompts to motivate self towards activity and to engage them in care planning, support, and/or daily activities. | Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, which do not readily respond to prompts and reassurance and have an increasing impact on the individual's health and/or well-being OR Due to their psychological or emotional state the individual has withdrawn from most attempts to engage them in care planning, support and/or daily activities. | Mood disturbance, hallucinations or anxiety symptoms, or periods of distress, that have a severe impact on the individual's health and/or well-being OR Due to their psychological or emotional state the individual has withdrawn from any attempts to engage them in care planning, support and/or daily activities. |

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| <p><b>Communication*</b></p> | <p>Able to communicate verbally or non-verbally. May require translation if English is not their first language.</p> | <p>Needs assistance to communicate their needs. Special effort may be needed to ensure accurate interpretation of needs or additional support may be needed either visually, through touch or with hearing.</p> | <p>Communication about needs is difficult to understand or interpret or the individual is sometimes unable to reliably communicate, even when assisted. Carers or care workers may be able to anticipate needs through non-verbal signs due to familiarity with the individual.</p>   | <p>Unable to reliably communicate their needs at any time and in any way, even when all practicable steps to assist them have been taken. The person has to have most of their needs anticipated because of their inability to communicate them.</p>  |
| <p><b>Mobility*</b></p>      | <p>Independently mobile but with occasional need for support.</p>  | <p>Able to weight bear but needs some assistance and/or requires mobility equipment for daily living.</p>   | <p>Not able to consistently weight bear OR Completely unable to weight bear but is able to assist or cooperate with transfers and/or repositioning OR In one position (bed or chair) for the majority of time but is able to cooperate and assist carers or care workers OR At moderate risk of falls (as evidenced in a falls history or risk assessment).</p> | <p>Completely unable to weight bear and is unable to assist or cooperate with transfers and/or repositioning OR Due to risk of physical harm or loss of muscle tone or pain on movement needs careful positioning and is unable to cooperate OR At a high risk of falls (as evidenced in a falls history and risk assessment) OR Involuntary spasms or contractures placing the individual or</p> |

|                                    |  |   |   |  |
|------------------------------------|--|---|---|--|
|                                    |  |   |   | others at risk.  |
| <b>Nutrition - food and drink*</b> | Able to take adequate food and drink by mouth to meet most nutritional requirements. | Needs supervision, prompting with meals, or may need feeding and/or a special diet OR Able to take food and drink by mouth but requires additional/supplementary feeding. | Needs feeding to ensure adequate intake of food and takes a long time (half an hour or more), including liquidised feed OR Unable to take any food and drink by mouth, but all nutritional requirements are being adequately maintained by artificial means, for example via a non-problematic PEG. | Dysphagia requiring skilled intervention to ensure adequate nutrition/hydration and minimise the risk of choking and aspiration to maintain airway OR Subcutaneous fluids that are managed by the individual or specifically trained carers or care workers OR Nutritional status “at risk” and may be associated with unintended, significant weight loss OR Significant weight loss or gain due to identified eating |

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|                           |  |   |  | <p>disorder OR<br/>                 Problems relating to a feeding device (for example PEG.) that require skilled assessment and review.</p>   |
| <p><b>Continence*</b></p> | <p>Mostly continent of urine and faeces.</p> | <p>Continence care is routine on a day-to-day basis; Incontinence of urine managed through, for example, medication, regular toileting, use of penile sheaths, etc. AND is able to maintain full control over bowel movements or has a stable stoma, or may have occasional faecal incontinence/constipation.</p> | <p>Continence care is routine but requires monitoring to minimise risks, for example those associated with urinary catheters, double incontinence, chronic urinary tract infections and/or the management of constipation.</p> | <p>Continence care is problematic and requires timely and skilled intervention, beyond routine care (for example frequent bladder wash outs, manual evacuations, frequent re-catheterisation).</p> |

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| <p><b>Skin Integrity (including tissue viability)*</b></p> | <p>Minor risk of pressure damage or skin condition.</p> | <p>Risk of skin breakdown which requires preventative intervention once a day or less than daily without which skin integrity would break down OR Evidence of pressure damage and/or pressure ulcer(s) either with 'discolouration of intact skin' or a minor wound OR A skin condition that requires monitoring or reassessment less than daily and that is responding to treatment or does not currently require treatment.</p> | <p>Risk of skin breakdown which requires preventative intervention several times each day, without which skin integrity would break down OR Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is responding to treatment OR A skin condition that requires a minimum of daily treatment, or daily monitoring/reassessment to ensure that it is responding to treatment.</p> | <p>Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is not responding to treatment OR Pressure damage or open wound(s), pressure ulcer(s) with 'full thickness skin loss involving damage or necrosis to subcutaneous tissue, but not extending to underlying bone, tendon or joint capsule', which is/are responding to treatment OR Specialist dressing regime in place; responding to treatment.</p> |
|--|---|---|---|--|

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|--------------------------|--|--|--|--|
| <p><b>Breathing*</b></p> | <p>Normal breathing, occasional issues with shortness of breath.</p> | <p>Shortness of breath which may require the use of inhalers or a nebuliser and has no impact on daily living activities OR Episodes of breathlessness that readily respond to management and have no impact on daily living activities.</p> | <p>Shortness of breath which may require the use of inhalers or a nebuliser and limit some daily living activities OR Episodes of breathlessness that do not respond to management and limit some daily living activities OR Requires any of the following: low level oxygen therapy (24%); room air ventilators via a facial or nasal mask; other therapeutic appliances to maintain airflow where individual can still spontaneously breathe e.g. CPAP (Continuous Positive Airways Pressure) to manage obstructive apnoea during sleep.</p> | <p>Is able to breathe independently through a tracheotomy that they can manage themselves, or with the support of carers or care workers OR Breathlessness due to a condition which is not responding to treatment and limits all daily living activities.</p> |
|--------------------------|--|--|--|--|

|  |  |   |  |   |
|--|--|---|--|---|
| <p><b>Drug Therapies &amp; Medication*</b></p> | <p>Symptoms are managed effectively and without many problems, and medication is not resulting in any unmanageable side-effects.</p> | <p>Requires supervision/administration of and/or prompting with medication but shows compliance with medication regime OR Mild pain that is predictable and/or is associated with certain activities of daily living. Pain and other symptoms do not have an impact on the provision of care.</p> | <p>Requires the administration of medication (by a registered nurse, carer or care worker) due to: non-concordance or non-compliance, or type of medication (for example insulin) or route of medication (for example PEG,) OR Moderate pain which follows a predictable pattern; or other symptoms which are having a moderate effect on other domains or on the provision of care.</p> | <p>Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for the task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. However, with such monitoring the condition is usually non-problematic to manage OR Moderate pain or other symptoms which is/are having a significant effect on other domains or on the provision of care.</p> |
|--|--|---|--|---|

|   |  |   |  |   |
|---|--|---|--|---|
| <b>Altered States of Consciousness (ASC)*</b> | No evidence of altered states of consciousness.                                    | History of ASC but it is effectively managed and there is a low risk of harm.       | Occasional (monthly or less frequently) episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm. | Frequent episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm OR Occasional ASCs that require skilled intervention to reduce the risk of harm.                         |
| <b>Hygiene (washing /grooming)</b>            | Independent with occasional assistance required.                                   | Some assistance required.   | Most assistance required.  | Full assistance required.   |
| <b>Dressing</b>                               | Independent with occasional assistance required.                                   | Some assistance required.   | Most assistance required.  | Full assistance required.   |
| <b>Sleeping</b>                               | Sleeps well, may require occasional supervision and/or assistance during the night | Sleeps well, may require occasional supervision and/or assistance during the night. | Requires reassurance during the night to settle, may require supervision and/or assistance during the night.                                 | Unsettled nights, may be unaware of day and night, requires assistance to avoid disturbing other residents. May require repositioning and/or supervision and/or assistance, usually more than once, during the night. |

\* - category titles and wording based on the NHS Continuing Healthcare Decision Support Tool:

<https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

**ANNEX B - EQUIPMENT IN CARE HOMES PROTOCOL**

The Equipment in Care Homes Protocol is now a separate document and is available on the Kent County Council website:

<http://www.kent.gov.uk/business/grow-your-business/doing-business-with-kent-county-council/supply-goods-and-services/join-our-approved-suppliers-list/social-care-commissioning/specifications-and-terms>

## **ANNEX C - SHORT TERM BEDS**

The Short Term Bed service will provide Short Term provision in our communities, offering a range of Residential and Nursing beds for the following purposes:

- carers can book a short break (Planned Respite), which must be booked at least 7 days in advance;
- emergency/crisis support can be provided, for example when a carer has to go into hospital or to prevent breakdown of the caring role (Emergency Respite);
- individuals can receive Intermediate Care Services from Health;
- Health and Social Care Professionals can assess individuals over a period of up to six weeks

The Service is being commissioned to primarily meet the needs of carers and individuals accessing our services within our older population but should also be made available to other adults where their Short Term needs can be facilitated within these settings and there is supply available.

The purpose of a Short Term Bed is to enable a Service User to return home or to be moved on to the right setting for that individual. Short Term Beds will be available to individuals following a hospital stay or to an individual who has experienced a health or social care crisis in their own home. They will also be available to be pre-booked for a carer's short break. Placements will be managed by a bed coordinator who will be employed by the Council and will be a central point of contact for all bed bookings.

Short Term Beds will be available for a maximum period of six weeks and during the period there will be no charge to the Service User, unless the bed is to be used for respite purposes. However, most people will stay for a shorter period than six weeks. Anyone staying longer than six weeks may be charged for the use of the bed.

The support need will be agreed prior to admission, however, there will be a period of assessment once the individual arrives at the care home and the Provider will be expected to create a Care and Support Plan, involving the Service User and/or their representative wherever possible and their key worker. The Provider will be responsible for the provision of care and support as detailed in the Council's Older Persons Residential and Nursing Care Homes Service Specification.

When the Short Term Bed is used for respite purposes, the Service User will be charged their assessed contribution (based on a standard residential/nursing rate, as appropriate) by the Council. Unless there are exceptional circumstances, respite placements are limited to four weeks per year as identified on the Service User's support plan.

### *Outcomes*

Outcomes for the Service Users which are specific to this element of the Residential and Nursing service include:

- Service Users will be supported to return to a suitable provision or to return home following a stay in a Short Term Bed;
- Service Users will be made to feel welcome during their short stay;
- Service Users will be able to take part a range of appropriate, personalised, activities;
- Service Users will be offered opportunities to engage in conversation with Staff and other residents;
- Service Users health will be maintained and/or improved.
- Service Users, with the support of the Intermediate Care Team, will have a detailed assessment of their needs completed and an appropriate Care and Support Plan identified for implementation by the Provider and visiting professionals;
- An effective Care and Support Plan will be created for Service Users within 48 hours of them accessing the Short Term Bed, wherever possible involving the Service User and/or their representative in the creation of their Care and Support Plan;
- Service Users will be enabled to carry out everyday tasks, such as making their bed or making a cup of tea and transferring this safely from one place to another;
- Service Users will be able to have a varied and healthy diet and be supported to be able to exercise (where appropriate);
- Service Users will be enabled to get in and out of bed as independently as possible;
- Service Users will be enabled to get in and out of a chair as independently as possible;
- Service Users will not feel vulnerable during their stay;
- Service Users will feel confident and safe during their stay;
- Service Users will be assisted to integrate into the home by the Provider ensuring that a key worker is on duty when the Service User is admitted; and
- Service Users will be enabled to communicate their likes and dislikes.

In order to support the outcomes required within the context of a Short Term Bed Providers will:

- Identify one key worker to work with the Service Users accessing the Short Term Beds. If the key worker is not working, a secondary key worker will be available so that there is always someone known to the Service User;
- Ensure that there is a process to record preference information;
- Ensure Staff are able to make time to have conversations with individuals;
- Work within a multi-disciplinary approach for Support planning and review processes;
- Work with the Intermediate Care Team and the Service User's Case Manager with regard to intermediate care placements to achieve the outcomes agreed with the Service User and any other professionals involved;
- Support the Service User to meet dietary and/or exercise plans/regimes that have been developed by health professionals;
- Ensure that the room has a variable height bed with appropriate mattress and that variable height chairs, or blocks to allow chairs to be raised in height, are available for use;

## Annex C – Short Term Beds

- Provide space for the safe storage of equipment;
- Ensure that there are processes and policies in place to safeguard individuals accessing the Short Term Beds;
- Ensure that Staff are trained to a suitable level;
- Ensure that the Service User is supported to maximise their independence;
- Ensure that there is limited impact on permanent Residents;
- Ensure that, as part of the Care and Support Plan, Staff are aware of tasks that Service Users want to continue to carry out;
- Ensure that staff are able to support Service Users to carry out tasks, supporting Service Users that access the Short Term Beds rather than care for them; and
- Ensure that communications are appropriate to an individual's needs.

To ensure that service meets the requirements of the specification the Service Provider will;

- manage the referral process prior to commencement of the contract to enable immediate use of the beds commissioned, carrying out appropriate ongoing assessments where necessary;
- ensure beds within single rooms are available and suitable for the provision of an assessment, intermediate service or a short break in the care home;
- have the beds, within single rooms, purchased by us, available at all times during the contract period;
- ensure that the care home's designated GP is responsible for any medical emergency arising whilst the Service User occupies the Short Term Bed;
- in all cases visit the individual prior to discharge to ensure that they can meet their needs, as per the Regulator's requirements;
- commence discharge planning from the care home upon admission to the Short Term Bed and set a date of discharge;
- not be responsible for transport to the Short Term Care bed, which is arranged via the referrer (transport back home following the short term placement is the responsibility of the Service User or their representative);
- work with the Council's bed coordinator to record any occasions where the Provider is unable to accept a Service User into a Short Term Bed and the reason for this refusal; and
- evidence a performance monitoring process to ensure a high quality service.

## **ANNEX D - BARIATRIC BEDS**

The Bariatric and Physical Disability Short Term Bed (BPDSTB) service shall provide Short Term provision in our communities offering a range of Residential and Nursing beds for the following purposes:

- carers can book a short break (Planned Respite), which must be booked at least 7 days in advance;
- emergency/crisis support can be provided, for example when a carer has to go into hospital or to prevent breakdown of the caring role (Emergency Respite);
- individuals can receive Intermediate Care Services from Health;
- Health and Social Care Professionals can assess individuals over a period of up to six weeks

The Service is being commissioned to primarily meet the needs of carers and individuals accessing our services within our older Bariatric population and for adults with a Physical Disability but should also be made available to other adults where their Short Term needs can be facilitated within these settings and there is supply available.

The purpose of a BPDSTB is to enable a Service User to return home or to be moved on to the right setting for that individual. A single BPDSTB will be available to individuals following a hospital stay or to an individual who has experienced a health or social care crisis in their own home. They will also be available to be pre-booked for a carer's short break. Placements will be managed by a bed coordinator who will be employed by the Council and will be a central point of contact for all bed bookings.

Each BPDSTB will be available for a maximum period of six weeks for each Service User for the purposes of assessment and/or targeted interventions by Health and Social Care professionals and during the period there will be no charge to the Service User, unless the bed is to be used for respite purposes. However, most people will stay for a shorter period than six weeks. Anyone staying longer than six weeks may be charged for the use of the bed.

The support need will be agreed prior to admission, however, there will be a period of assessment once the individual arrives at the care home and the Provider will be expected to create a Care and Support Plan, involving the Service User and/or their representative wherever possible and their key worker. The Provider will be responsible for the provision of care and support as detailed in the Council's Older Persons Residential and Nursing Care Homes Service Specification.

When the BPDSTB is used for respite purposes, the Service User will be charged their assessed contribution (based on a standard residential/nursing rate, as appropriate) by the Council. Unless there are exceptional circumstances, respite placements are limited to four weeks per year as identified on the Service User's support plan.

### *Room requirements*

The Service Provider shall deliver a single ground floor respite care bedroom and en-suite flush-floor shower room and WC which can meet the needs of a Bariatric Service User or a Service User with a Physical Disability.

#### Access

Minimum clear door opening of 1800mm (recommended split door of 1200mm and 600mm) is required to allow 'side on' access via the communal hallway.

Doors to open into the room with 180 degree hinges to ensure they do not obstruct access.

Level threshold to ensure a bariatric motorised wheelchair can be manoeuvred smoothly and easily over it.

#### Bedroom

The room will need to be able to accommodate two carers and the following equipment: a bariatric profiling bed accessible from both sides; a static bariatric riser recliner chair with access to both sides; a bariatric dining chair and a bariatric commode chair which can be used in the bedroom area or within the shower area and over the WC. The room layout shall have sufficient space for a Service User to move around using a bariatric motorised wheelchair.

Hard washable flooring, (not suspended because of weight tolerances and therefore room must be on the ground floor), to allow for ease of manoeuvring of wheelchair and shower/commode chair and to ensure hygiene can be maintained where a Service User may suffer from weeping cellulitis.

H track bariatric ceiling mounted hoist installed allowing access to all parts of the room when a Service User is non-weight bearing and where the room shape does not allow for furniture to be positioned in a straight line for transfers. Service Provider to ensure that S, M, L, XL and XXL slings are available for use with the H track bariatric ceiling mounted hoist.

#### Shower Room

Ideally, the shower room shall be an integral part of the bedroom, approached by an 1800mm split door positioned on an angle to the bedroom.

The shower room will need to allow space for 2 carers and manoeuvring of the bariatric shower chair within the shower area and over the WC.

All grab handles shall be attached to reinforced walls with expanded weight tolerances.

#### Communal Access and Social Areas

## Annex D – Bariatric Beds

There shall be level access and adequate manoeuvring space within communal areas and corridors leading to the Service User's own bedroom to enable the Service User to access their room initially and to socialise and eat with other residents during their stay.

It should be noted that a bariatric wheelchair can be difficult to negotiate around bends and shall require a wide turning circle.

The Service Provider shall ensure that when a Bariatric Service User is occupying the room a bariatric dining or lounge chair is provided for use in the communal lounge to facilitate social interaction with other Service Users.

### Storage

There shall be adequate storage space for equipment that is not required for individuals at the time outside of the room. This equipment shall include hoist slings, a pressure mattress or a commode/shower chair if a Service User is ambulant and is expected to include the specialist Bariatric equipment when it is not required, for example when a non-Bariatric Service User is occupying the room.

The provider shall arrange the safe storage and transfer of furniture and equipment as necessary in the timeframe between different Service Users occupying the bed.

### Equipment

The Service Provider shall provide, service and maintain the essential equipment including specialist bariatric equipment: bariatric profiling bed with removable bed guards and pressure relieving mattresses and appropriate bedding; bariatric dining chair; bariatric riser recliner lounge chair; bariatric dining chair; bariatric commode/shower chair and H track bariatric ceiling hoist. Essential bariatric equipment should have at least a 40 stone / 252kg weight tolerance.

The Service Provider shall provide, service and maintain the essential standard nursing equipment for Service Users with a Physical Disability.

The Service Provider shall be responsible for the cleaning of the room and equipment and shall ensure that the room and equipment is maintained to meet hygiene standards.

### *Outcomes*

Outcomes for the Service Users which are specific to this element of the Residential and Nursing service include:

- Service Users will be supported to return to a suitable provision or to return home following a stay in a Short Term Bed;
- Service Users will be made to feel welcome during their short stay;
- Service Users will be able to take part a range of appropriate, personalised, activities;
- Service Users will be offered opportunities to engage in conversation with Staff and other residents;
- Service Users health will be maintained and/or improved.

## Annex D – Bariatric Beds

- Service Users, with the support of the Intermediate Care Team, will have a detailed assessment of their needs completed and an appropriate Care and Support Plan identified for implementation by the Provider and visiting professionals;
- An effective Care and Support Plan will be created for Service Users within 48 hours of them accessing the Short Term Bed, wherever possible involving the Service User and/or their representative in the creation of their Care and Support Plan;
- Service Users will be enabled to carry out everyday tasks, such as making their bed or making a cup of tea and transferring this safely from one place to another;
- Service Users will be able to have a varied and healthy diet and be supported to be able to exercise (where appropriate);
- Service Users will be enabled to get in and out of bed as independently as possible;
- Service Users will be enabled to get in and out of a chair as independently as possible;
- Service Users will not feel vulnerable during their stay;
- Service Users will feel confident and safe during their stay;
- Service Users will be assisted to integrate into the home by the Provider ensuring that a key worker is on duty when the Service User is admitted; and
- Service Users will be enabled to communicate their likes and dislikes.

In order to support the outcomes required within the context of a Short Term Bed Service Providers will:

- Identify one key worker to work with the Service Users accessing the Short Term Beds. If the key worker is not working, a secondary key worker will be available so that there is always someone known to the Service User;
- Ensure that there is a process to record preference information;
- Ensure Staff are able to make time to have conversations with individuals;
- Work within a multi-disciplinary approach for Support planning and review processes;
- Work with the Intermediate Care Team and the Service User's Case Manager with regard to intermediate care placements to achieve the outcomes agreed with the Service User and any other professionals involved;
- Support the Service User to meet dietary and/or exercise plans/regimes that have been developed by health professionals;
- Ensure that the room has a variable height bed with a mattress that is appropriate to the needs of the Service User, including the use of bed guards if there is a risk of rolling/falling;
- Ensure variable height chairs, or blocks to allow chairs to be raised in height, are available for use;
- Provide space for the safe storage of equipment outside of the room;
- Ensure that there are processes and policies in place to safeguard individuals accessing the Short Term Beds;
- Ensure that Staff are trained to a suitable level, including moving and handling techniques, use of the H track bariatric hoist and the other specialist bariatric equipment;
- Ensure that the Service User is supported to maximise their independence;

## Annex D – Bariatric Beds

- Ensure that there is limited impact on permanent Residents;
- Ensure that, as part of the Care and Support Plan, Staff are aware of tasks that Service Users want to continue to carry out;
- Ensure that staff are able to support Service Users to carry out tasks, supporting Service Users that access the Short Term Beds rather than care for them; and
- Ensure that communications are appropriate to an individual's needs.

To ensure that service meets the requirements of the specification the Provider will;

- manage the referral process prior to commencement of the contract to enable immediate use of the beds commissioned, carrying out appropriate ongoing assessments where necessary;
- ensure beds within single rooms are available and suitable for the provision of an assessment, intermediate service or a short break in the care home;
- have the beds, within single rooms, purchased by us, available at all times during the contract period;
- ensure that the care home's designated GP is responsible for any medical emergency arising whilst the Service User occupies the Short Term Bed;
- in all cases visit the individual prior to discharge to ensure that they can meet their needs, as per the Regulator's requirements;
- commence discharge planning from the care home upon admission to the Short Term Bed and set a date of discharge;
- not be responsible for transport to the Short Term Care bed, which is arranged via the referrer (transport back home following the short term placement is the responsibility of the Service User or their representative);
- work with the Council's bed coordinator to record any occasions where the Service Provider is unable to accept a Service User into a Short Term Bed and the reason for this refusal; and
- evidence a performance monitoring process to ensure a high quality service.

The cost of the BPDSTB Service shall not include such costs as the cost of telephone calls made by the Service User during their placement, or charges made by third parties to Service Users for services that the Service User chooses to receive (i.e. hairdressing); such charges should be made directly by the Provider to the Service User.

### *Performance Monitoring*

The Service Provider shall provide reports to the Council on a quarterly basis detailing for that quarter:

- the bed occupancy including Service User information and type;
- Service User satisfaction survey results and any action taken as a result of feedback;
- evidence of activities offered and uptake of activities; and
- evidence of therapeutic input by professionals

Service User Feedback:

## Annex D – Bariatric Beds

The Service Provider shall actively seek feedback from Service Users during their stay and upon discharge shall provide a feedback questionnaire establishing the Service Users' level of satisfaction (on a 1- 4 scale where: 1 = very dissatisfied, 2 = dissatisfied, 3 = satisfied and 4 = very satisfied) with each of the following:

- equipment and room;
- nursing/personal care provided by the Staff;
- relationship with the key worker;
- activities offered; and
- overall level of satisfaction of the service

The feedback questionnaire shall provide an opportunity for the Service User to comment on any areas where they felt dissatisfied (a score of 1 or 2) and also a space for suggested improvements. The Service Provider shall retain the original completed questionnaires for a period of one calendar year.

## **ANNEX E - DAY SERVICES**

The Day Service as specified in this document relates to a service being provided in or from a Residential or Nursing care home. This document forms part of the Older Persons Residential and Nursing Care Home Service Specification and is an appendix to the requirements within the main Specification in terms of Workforce, Safeguarding, Health and Safety, etc unless otherwise specified below.

### *Introduction*

An effective Day Service should aim to provide a service for older persons, including those living with dementia, which promotes individual health, wellbeing and independence. The service should aim to ensure that individuals can participate in and help steer the services provided, taking into account their specific needs. The Day Service should also enable Service Users to make informed decisions and to facilitate access to services across the health, social and voluntary sectors. The specific service for each Service User must be delivered in accordance with the requirements of the Service Delivery Order and the Care and Support Plan provided by the Case Manager, and must not be significantly varied without the prior agreement of the Case Manager and the Service User. Case Managers monitor compliance to Service Delivery Orders through regular reviews.

To be eligible for the Day Service, the older person must meet Kent County Council's eligibility criteria. This service is primarily aimed at older persons who have a high level of need, but rules are relaxed in special cases where the need is felt to overcome barriers created by age, culture, disability or language.

Where services are provided as part of the main home, the existing Residents must be consulted to let people not living in the home join their service and participate in activities and lunch.

Where services are provided in a separate part to the main Residential or Nursing Care Home, it would not be expected for Residents to be consulted as it would be expected that the service would be run separately to the main Home activity.

### *The Purpose of the Service*

The purpose of the Day Service is to support the older person in improving their quality of life, through promoting wellbeing and independence. The Day Service should assist the Service User to lead an independent and fulfilling life, help them to maintain their good health, and to promote and enhance effective personal support networks. The Day Service should support the Service User to take greater control of their life and allow them to remain as independent as possible within their own home, the community and within their chosen way of life.

The Service User must be at the centre of all decisions about how they are supported. The Service Provider should provide services in such a way that the

## Annex E – Day Services

Service User is able to feel secure, confident and included in all decisions regarding the service provided to them.

### *Activities*

Time must be spent with the Service User finding out what activities they would like to undertake.

Staff should create a lively, positive and changing environment, which is not bound by routine.

A range of activities must be provided that are appropriate to the needs and interests of the Service Users and should be enjoyable.

The following, non-exhaustive list, gives examples of the type of activities expected to be provided and could be part of the activities to the Residents living in the home:

- Exercises designed to maintain or improve physical abilities and wellbeing, e.g. seated or other exercise such as Tai Chi;
- Health promotion including health checks, falls screening, nutritional advice and where necessary straightforward rehabilitation programmes prepared by Community Assessment and Rehabilitation Team (CART) or other professionals must be followed;
- Social interaction, e.g. group activities/discussions and contact with local schools, charities etc.;
- Assisting Service Users to seek advice appropriately, e.g. security and safety in the home;
- Hobbies and interests, e.g. art, craft, internet access, speakers, music, newspapers;
- Additional services, such as hairdressing, toenail cutting and complementary therapy must be made available as required and will be paid for by Service Users.

In addition to the above, the following activities should be available to all people using the services, and must be available to people with mental health needs:

- Maintaining existing life skills as well as offering the opportunity to learn new skills;
- Ordinary activities of daily living within the day service, to enable Service Users to regain skills, such as cooking, gardening, washing up etc.;
- The activities on offer should be purposeful to take account of past history, interests and strengths;
- The service will support the use of life history work with the Service User and family/carer.

### *Required Outcomes*

Working with you to achieve this aim, we have set the following four outcomes we require from the provision of the Day Service for Older Adults:

#### Self-Worth/Promoting Independence

## Annex E – Day Services

### Defined as:

The Service User being supported in the enhancement of their self-value. A Service User will feel valued if they are certain that the support they receive is from known and trusted people, whose allocation is managed, monitored and recorded. A Service User's feeling of self-worth is increased further by a service that enables the individual to be as self-determining as possible in all day to day matters, and also in the major decisions as to how they wish to live their life. Personal choice and autonomy define and express the way people live.

### Ability to Realise Aspirations/Promoting Wellbeing

#### Defined as:

The Service User is encouraged to define and realise their own goals and aspirations and has the opportunity to engage in a range of activities that promote their individual physical and emotional health and wellbeing. A Day Service assists the Service User in their aspirations by supporting long-term learning or social opportunities; or shorter-term activities. A Day Service offers the Service User focussed encouragement, motivation and support in order to achieve these aspirations, and any practical assistance necessary for their facilitation.

### Social Life/Reducing Social Isolation

#### Defined as:

The Service User has the right to choose how they spend their time and who they wish to socialise with. Often Service Users find their social opportunities are restricted due to lack of confidence, adequate information or restraints imposed by unmet needs. A Day Service assists the Service User to visit, use, contribute to and be valued members of the local community. With this support, the Service User feels more confident about facing new social experiences. A desirable outcome is that the Service User feels confident enough to participate in social opportunities without the need for support. A Day Service models, advises and supports Service Users with every day issues e.g. personal relationships.

### Being Valued as a Member of One's Community/Promoting Social Inclusion

#### Defined as:

For the Service User, feeling confident and valued within their local community is key to successful independent living. The Service User has access to and is able to participate in the multitude of resources and social experiences which make up community life. A Day Care Service supports these aspirations in everyday community life; from supporting and participating in various activities including leisure, to assisting the Service User to become part of their community.

## ANNEX F - KEY PERFORMANCE INDICATORS

|   | Expected Outcome  | KPI Description   | Target | Reporting Period |
|---|---|---|--------|------------------|
| 1 | Providers proactively deal with all complaints, suggestions and compliments | <p>a) No. complaints recorded during the quarterly reporting period</p> <p>b) No. complaints responded to within 28 days of receipt</p>   | 100%   | Quarterly        |
| 2 | Residents receive committed, consistent, quality care                       | <p>a) No. staff employed at the care home (all staff) at the end of the quarterly reporting period</p> <p>b) No. care staff employed in the home at the end of the quarterly reporting period</p> <p>c) No. care staff who hold or who are working towards a qualification in Health and Social Care through the Qualifications Credit Framework (<i>Care staff includes any staff carrying out hands-on care i.e. care workers, seniors, team leaders</i>) at the end of the quarterly reporting period</p> <p>d) No. staff having completed or currently undertaking an induction in line with Skills for Care's Care Certificate</p> | 100%   | Quarterly        |

Annex F – Key Performance Indicators

|   | <b>Expected Outcome</b>   | <b>KPI Description</b>  | <b>Target</b>                             | <b>Reporting Period</b> |
|---|---|---|---|-------------------------|
| 3 | Residents receive committed, consistent, quality care                         | a) No. of new staff employed within the care home during the quarterly reporting period<br>b) No. staff leaving employment during the quarterly reporting period<br>c) No. agency staff used during the quarterly reporting period<br>d) No. days absence as a result of sickness during the quarterly reporting period<br>e) No. staff employed on zero hours contracts at the end of the quarterly reporting period | Target to be set at the end of March 2017 | Quarterly               |
| 4 | Managers have the skills to lead and manage the service effectively           | a) No. managers at the care home (include home manager, unit manager/s, deputy managers etc) at the end of the quarterly reporting period<br>b) No. managers enrolled in or completed a leadership or management training programme at the end of the quarterly reporting period  | 100%                                      | Quarterly               |
| 5 | Any negative effects arising from unplanned hospital admissions are minimised | a) No. residents admitted to hospital via a planned admission during the quarterly reporting period<br>b) No. residents admitted to hospital as an emergency during the quarterly reporting period  | Target to be set at the end of March 2017 | Quarterly               |

Annex F – Key Performance Indicators

|   | <b>Expected Outcome</b>  | <b>KPI Description</b>  | <b>Target</b>                             | <b>Reporting Period</b> |
|---|--|---|---|-------------------------|
| 6 | Residents are safeguarded from physical and emotional abuse, harassment, neglect and self-harm | a) All staff are subject to an enhanced DBS check prior to commencing employment<br>b) All staff receive Adult Protection Training Level 1 within 12 weeks of commencement of employment  | 100%                                      | Quarterly               |
| 7 | Short-term residents move on from the service in a planned way                                 | a) No. short term placements made during the quarterly reporting period<br>b) No. short-term placements resulting in a return home (e.g. own home, extra care scheme, retirement housing) during the quarterly reporting period | Target to be set at the end of March 2017 | Quarterly               |

|   | <b>Management Information</b>  |           |
|---|--|-----------|
| 1 | No. of permanent residents   | Quarterly |
| 2 | No. of permanent self-funding residents  | Quarterly |
| 3 | No. of permanent KCC funded residents  | Quarterly |
| 4 | No. of permanent CHC funded residents  | Quarterly |
| 5 | No. of permanent residents funded by other local authorities   | Quarterly |
| 6 | No. of beds registered with CQC  | Quarterly |
| 7 | No. of DoLS applications made during the quarterly reporting period  | Quarterly |
| 8 | No. of DoLS applications made but not yet granted standard authorisation during the quarterly reporting period | Quarterly |

## ANNEX G - REFERENCE SECTION

The following is a summary of the regulatory information on specific items shown in the Specification. Statutes and statutory instruments can be downloaded free at <http://www.legislation.gov.uk>

### *Statutes:*

- Care Act 2014
- Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- Care Standards Act 2000
- Race Relations Amendment Act 2000
- Data Protection Act 2018
- Human Rights Act 1998
- Public Interest Disclosure Act 1998
- Disability Discrimination Act 2005
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Management of Health and Safety at Work and fire precautions (workplace) (Amendment) Regulations 2003
- Management at Work Regulations 1992
- Manual Handling Operations Regulations 1992
- Personal Protective Equipment Regulations 2002
- Provision and Use of Workplace Equipment Regulations 1998
- Lifting Operations and Lifting Equipment Regulations 1998
- Workplace (Health Safety and Welfare) Regulations 1992
- NHS & Community Care Act 1990
- Control of Substances Hazardous to Health Regulations 2002
- Sex Discrimination Act 1986
- Mental Health Act 2007
- Race Relations Act 1976
- Health and Safety at Work etc Act 1974

### *Staff:*

- Criminal Records Bureau Disclosure Service 2000
- Care Standards Act 2000
- National Minimum Wage Act 1998 and Regulations 1999
- Working Time Regulations 1998
- Public Interest Disclosure Act 1998 (Whistle Blowing)
- Part V Police Act 1997
- Employment Rights Act 1996
- Rehabilitation of Offenders Act 1974
- The Provision and Use of Work Equipment Regulations (1998)
- National Association for the Care and Resettlement of Offenders leaflet

### *Catering facilities:*

- The Food Safety and hygiene (England) (Amendment) Regulations 2014

## Annex G – Reference Section

- Food Safety Act (1990)
- Food Safety (General Food Hygiene) Regulations 1995

### *Other Documents:*

- Multi-agency Safeguarding Adults Policy, Protocols and Guidance for Kent and Medway  
<http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/adult-protection-forms-and-policies/national-adult-protection-legislation>
- Managing Medical Devices - Guidance for healthcare and social services organisations:  
<http://www.dhsspsni.gov.uk/dbni-2014-02.pdf>
- A NICE–SCIE Guideline on supporting people with dementia and their carers in health and social care  
<http://www.scie.org.uk/publications/misc/dementia/dementia-fullguideline.pdf>

### *Links to Websites:*

- Kent online care directory:  
<http://local.kent.gov.uk/kb5/kent/directory/results.page?adultchannel=0>
- CQC:  
[www.cqc.org.uk](http://www.cqc.org.uk)
- NHS England:  
<http://www.england.nhs.uk/>
- The National Institute for Health and Care Excellence:  
[www.nice.org.uk](http://www.nice.org.uk)
- Skills for Care:  
[www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)
- Information regarding Social Care-Related Quality of Life domains and the ASCOT tool:  
<http://www.pssru.ac.uk/ascot/index.php>

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<sup>i</sup> <http://www.pssru.ac.uk/ascot/domains.php>

<sup>ii</sup> [http://www.bapen.org.uk/pdfs/must/must\\_full.pdf](http://www.bapen.org.uk/pdfs/must/must_full.pdf)

<sup>iii</sup> [www.dementiafriends.org.uk](http://www.dementiafriends.org.uk)

<sup>iv</sup> <http://www.southkentcoastccg.nhs.uk/about-us/prescribing-recommendations/?categoryesctl9275711=9951>

<sup>v</sup> <https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

<sup>vi</sup> <http://www.kent.fire-uk.org/>

<sup>vii</sup> [www.communities.gov.uk/publications/fire/firesafetyrisk5](http://www.communities.gov.uk/publications/fire/firesafetyrisk5)

<sup>viii</sup> <https://www.nmds-sc-online.org.uk/>

<sup>ix</sup> <http://www.skillsforcare.org.uk/Standards/Manager-Induction-Standards/Manager-Induction-Standards.aspx>

<sup>x</sup> <https://www.thesocialcarecommitment.org.uk/>

<sup>xi</sup> <https://www.rpharms.com/social-care-settings-pdfs/the-handling-of-medicines-in-social-care.pdf>

<sup>xii</sup> <https://www.igt.hscic.gov.uk/>