

Schedule 3 (SEE ALSO SERVICE SPECIFICATION FOR DISABILITIES)

Eastern and Coastal Kent Primary Care Trust

The Provision of Residential and Supported Living Services in Kent Service Specification

1. Introduction

The White Papers Valuing People and Our Health Our Care Our Say made it clear that people with learning disabilities should enjoy the same rights as other citizens and should no longer have to live within the National Health Service (NHS). The latter White Paper set a deadline of 2010 by which time the NHS should stop providing long term residential support.

Valuing People Now and the NHS Operating Framework 2008 both published in December 2007 reiterated the commitment to this deadline.

The NHS Re-provision Programme aims to commission services across Kent for people with a learning disability using the principles as set out in this document.

Local Priorities

The Vision for Kent is Kent County Council's Community Strategy, which cuts across all services and looks ahead twenty years. One of the key themes is improving the health, care and wellbeing of Kent residents. The long-term goals identified include ensuring people receive the support they need to maintain their safety and independence within their local community.

The Kent Local Area Agreement between Kent County Council, their Partners and the Government Office of the South East on behalf of Government departments acknowledges the importance of developing modern social and health care services and promoting independent living.

Active Lives, 2007 – 2016 is the ten year vision for Kent Adult Social Services that sets out the direction for service development including empowering and supporting people in managing their own lives so they remain as independent and as active as possible.

Towards 2010 sets out challenging targets to make Kent a better place for all. These include increasing the number of people supported to live independently in their own homes.

In Kent a commissioning plan has been developed, setting out a programme to re-provide the support and housing which is currently provided by the NHS (Kent and Medway Partnership Trust in the west and Eastern and Coastal Kent Primary Care Trust in the east). A new range of options will be developed to meet people's person centred plans. This plan aims to be consistent with the wider strategy in Kent of reducing reliance on residential care. The NHS clients and attached funding for their services will transfer over time to Kent Adult Social Services who will become the lead agency and commissioner for services for people with learning disabilities.

The commissioning plan is being led by Eastern and Coastal Kent Primary Care Trust which also acts as lead commissioner for learning disability services for West Kent Primary Care Trust.

The commissioning plan aims to:

Meet the aims of Valuing People by:

- Being person focused
- Promoting choice and control
- Supporting independence
- Actively encouraging social Inclusion
- Helping people to have fulfilling lives

In order to achieve these goals the commissioners will :-

- Transfer support out of NHS provision/ NHS managed services.
- Base resources on needs.
- Reduce reliance on residential care and increase supported living.
- Develop and diversify the social care market.
- Enable Kent County Council's strategy of reducing reliance on residential care in Kent.

Key Objectives

In seeking to meet the needs of the residents of Kent, the council intends to ensure the provision of a high standard of support and care within a person centred approach that will meet the person centred plan of Individuals.

The supported living and residential care services are provided through a three-way relationship involving the Individual, the housing provider and the service provider. For all services the service provider needs to enter into a specific agreement with the housing provider(s) in order to provide support to Individuals in the properties.

Service providers must provide evidence to a duly authorised officer when required to do so, and at reasonable intervals, to demonstrate that they have appropriate quality assurance procedures in place to enable them to comply with both the above standards, and all other standards contained within these documents.

Services will assist people to overcome barriers to social inclusion and will be tailored to meet religious, cultural and ethnic needs of Individuals.

Services will focus on positive outcomes and well being for Individuals enabling them to contribute fully to their community and enjoy a positive life experience.

Services will meet with the aims of Individuals person centred plans and will include agreed and meaningful daily activities in line with person centred plans.

2. Service Provision

In entering into a contract with Eastern and Coastal Kent Primary Care Trust to provide supported living services and/or residential care services you are undertaking to comply with the law and this Agreement. You are also agreeing to comply with the service specifications produced by Kent Adult Social Services for residential care for adults with a disability. These service specifications can be viewed via a link on the tendering website.

Due to the nature of these services and the fact that staff will be transferred under TUPE, we will be expecting organisations to plan and deliver a three month shadow management period. This period will be used to undertake an in depth assessment of services and the needs of Individuals, together with

extensive TUPE consultations with the existing staff group. Organisations are asked to submit their plans for this transition period via the tender website.

The hours of support to be delivered will be set out in the Person Centred Plan (PCP) but may be varied by any ongoing Service Delivery Orders (SDOs) – defined in the Terms and Conditions of this Agreement - as subsequently produced by care management.

Compliance with the contract will take place through regular monitoring and review of progress.

These supported living services are intended to provide an Individual with support and accommodation although the landlord and support provider will be separate organisations.

The purpose of supported living services is to support the Individual in improving their quality of life. These services should assist the Individual to lead an independent and fulfilling life, help them to maintain their good health, and to promote and enhance effective personal support networks. A successful service should support the Individual 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 Individual must be at the centre of all decisions about where they live and how they are supported. The service provider should provide services in such a way that the Individual is able to feel secure, confident and included in all decisions regarding the service provided to them.

The particular service should:

- Provide a safe and supportive environment for the Individual.
- Develop an Individual's capacity to live independently
- Sustain / increase the capacity of an Individual to live independently through a package of welfare services.
- Employ appropriate numbers of staff with the necessary skills, training and experience in order to deliver services safely

3. Partnership

The Contracting Authority wishes to work in partnership with external care providers in delivering high quality support and care to its Individuals. The Contracting Authority hopes to maximise the use of available resources by establishing longer-term, more integrated relationships with providers.

By agreeing to the principles of a "partnership approach", The Contracting Authority and providers are making a commitment to:

- Share key objectives
- Collaborate for mutual benefit
- Communicate with each other clearly and regularly
- Be open and honest with each other
- Listen to, and understand, each other's point of view
- Share relevant information, expertise and plans
- Avoid duplication wherever possible
- Monitor the performance of both parties
- Seek to avoid conflicts but, where they arise, to resolve them quickly at a local level
- Seek continuous improvement by working together in order to achieve optimum benefit from the resources available and by identifying better, more efficient ways of working and delivering services
- Promote the partnership approach at all levels in both organisations (e.g. through joint induction/training initiatives)
- Have a contract, which is flexible enough to reflect changing needs, priorities and lessons learnt, and which encourages Individual participation.

These principles represent an attempt at defining the spirit of partnership within which The Contracting Authority and providers will operate.

The commissioning plan aims to:

- Carry out the programme of work in partnership with all interested parties.
- Transfer commissioning to Kent County Council via Section 256 (formerly 28A) following Valuing People Now. This is likely to be a direct transfer of resource to Kent County Council.

3.1 Cost Model

A pricing mechanism that may be used within the term of this or subsequent agreements, working in partnership with the provider, to determine the price to be paid for each Individual, based on needs, costs and the number of one to one and shared hours necessary to meet the Individual's needs.

4. Service Definition

This tender is specifically for support and care and **not** accommodation.

The definition of supported living is:

- Provides social care support
- May include personal care (provider must be registered appropriately)
- Provides a degree of autonomy of tenant/Individual
- Provided to an Individual who has an appropriate tenancy
- Individual has the right to deny entry to other people including care workers
- Individuals have exclusive possession of defined accommodation
- CSCI does not define the service as residential care. (Residential accommodation is defined by the D of H Guidance - Supported Housing and Care Homes, August 2002) and the service provider should be registered with CSCI as a domiciliary care provider

The definition of residential care is:

The provision of care and support within accommodation registered as a care home with the Commission for Social care inspection (CSCI). Each service will provide care and support between five and eight people in a building that is registered as fit for purpose and managed by a person that is considered by CSCI to be fit to be the registered manager.

Please see the separate **specification for support provided by care homes for adults with a disability (link on website)**

5. Required Outcomes

Kent County Council requires providers to provide high quality support, working with us and the Individual to achieve confidence in all aspects of their lives. Outcomes relevant to residential care services are available to view through the residential care service specification. Through the provision of a supported living the service, the following will be achieved.

Confidence in one's:

- 5.1 Self-Worth
- 5.2 Role Within Personal Relationships
- 5.3 Being Valued as a Member of One's Community
- 5.4 Ability to Work or Learn
- 5.5 Social Life

5.1 Self-Worth

Defined as:

The Individual being supported in the enhancement of their self-value. An Individual 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. An Individual'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.

Required Outcomes

Evidence that the Individual:

- takes control of their life
- is treated with dignity and respect at all times
- maintains maximum independence
- is confident that the contact sheet accurately records the support delivered
- feels confident that assessments of need and Support Plans inform the service delivery
- knows that they are able to trust the integrity and skill of their support worker(s)
- deals with their own financial matters, or appoints an attorney to manage their financial affairs
- makes informed decisions regarding the acceptance or refusal of medication
- makes informed decisions regarding their standards of living
- has the right to allow or restrict smoking in their own home
- knows that their personal information is kept confidential

Key processes to support outcomes

To enable the achievement of the outcomes you must:

- enable the Individual to be independent
- support the Individual in making decisions about their own life, providing information, assistance, and support where needed

- ensure that the Individual and/or their advocate are kept fully informed about the service they receive and are provided with information in an appropriate format
- ensure that the support worker carries out tasks 'with' the Individual, not 'for' them, minimising their intervention and supporting the Individual to take risks, as set out in the Support Plan, and not endangering health and safety
- limit the number of support workers to ensure continuity of service.
- ensure that the contact sheet is maintained. The Individual must be made aware of information written about them and why. Information must be factual and shared with the client and us
- make sure that staff have the competence to enter appropriate detail in the individual's contact sheet in an objective manner
- involve the Individual in drawing up their Support Plan
- make sure that staff have the competence to communicate to the Individual in an appropriate manner when changes happen or become necessary
- have an appropriate training programme in place for staff
- encourage, enable and empower the Individual to control their personal finances
- if you assist with medication, it is not given without the valid and informed consent of the Individual.
- adhere to the rules set out in the booklet "*Administering Medication: guidance for providers of Domiciliary Care and The service*" in all cases
- discuss with the Individual the reason why they are refusing medication and/ or medical treatment, and advise them to accept the advice of their General Practitioner or Consultant. If refusal continues, the Individual's right must be respected and this decision recorded in their personal record. This information must also be passed on to the Care Manager. If there is any immediate risk to their life, health, or the safety of others, the Individual's General Practitioner and Care Manager must be informed immediately
- ensure that staff respect the wishes of the Individual and do not impose their own standards
- ensure that the smoking policy is shared and understood by all staff
- have a procedure in place to ensure confidentiality which ensures that the Individual knows when and why it is appropriate for their confidential information to be shared
- have safeguards to ensure confidential information is not retained by staff who leave or change roles
- treat the Individual and/or their advocate with courtesy at all times

- address the Individual by the name they prefer at all times

5.2 Role Within Personal Relationships

Defined as:

The Individual feels confident to make all decisions as to how they wish to lead their lives. Where close personal relationships are involved, the Individual can often feel restricted from carrying out their desired role, and may need support, motivation or encouragement. The Individual is supported to increase their confidence, to speak up for their rights; and to take any reasonable risks necessary to achieve independence within their desired role.

Required Outcomes

Evidence that the Individual:

- identifies and upholds their desired role within personal relationships and networks, and embarks upon any task necessary to realise this role
- has meaningful relationships
- is treated in a manner which is age appropriate
- is treated with respect in all social settings
- arranges and attends visits and appointments with professionals or non-professionals
- does not display prejudice and discrimination, and recognises difference
- is aware of your complaints procedure
- is listened to, though not counselled
- always displays legally acceptable behaviour

Key processes to support outcomes

To enable the achievement of the outcomes you must:

- encourage the Individual to uphold their role in the family or other social group, and support them in carrying out the necessary tasks to fulfil their role
- develop positive and trusting relationships with significant others in the Individual's life within their close personal networks, to assist the Individual in fulfilling their role and being valued in it
- support the Individual in pursuing meaningful relationships
- match the Individual with a support worker who is accepting of different age appropriate behaviours

- the complaints procedure must be accessible, publicised and meaningful
- treat the Individual with respect at all times
- support the Individual in arranging and attending visits and appointments with professionals and non-professionals
- support the Individual to overcome prejudice, difference and discrimination
- not discourage the Individual if they wish to complain about the support they are provided with. You must enable the Individual to find an advocacy service
- allow the Individual time to talk about issues concerning them. The support worker must be trained in listening skills, and must recognise body language
- advise the Individual as to what is legally acceptable behaviour, acting as a role model at all times

5.3 Being Valued as a Member of One's Community

Defined as:

For the Individual, feeling confident and valued within their local community, is key to successful independent living. The Individual has access to and is able to participate in the multitude of resources and social experiences which make up community life. A service should support these aspirations encouraging and facilitating participation in various community activities including work and leisure.

Required Outcomes

Evidence that the Individual:

- lives independently in their own home and community
- is aware of the consequences of their actions, and is advised appropriately over legally acceptable behaviour
- is aware of the basic information essential for community living (e.g. bus timetables, location of local Post Office, refuse collection)
- is aware of their right to vote
- gains an informed knowledge and understanding of the local community and the services available to them, such as the Job Centre and the Department of Work and Pensions
- is encouraged to participate in the local community (e.g. volunteer schemes or local employment opportunities)
- establishes good relationships with their neighbours
- takes pride in their home
- feels safe in their home
- takes reasonable risks in order to secure friendships
- has a voice in the community, and knows who can assist them if no one is listening
- is assisted to realise the best value for purchased services

Key processes to support outcomes

To enable the achievement of the outcomes you must:

- increase the Individual's awareness of the costs and consequences of their actions towards others – these actions must conform to legal requirements and must not compromise your obligations
- encourage the Individual to gain a knowledge of the local community and the services available to them
- encourage the Individual to gain a knowledge of the local transport system
- encourage the Individual to make full use of the neighbourhood and community services that are available to them (e.g. refuse collection and buses)
- direct the Individual to information regarding formal policies, and explain the policies to the Individual. This should include information regarding Council Tax and benefits that are available to the Individual
- direct the Individual on the range of welfare benefits and opportunities available to them.
- encourage the Individual to have a local GP, Dentist and other related health professional as required
- act as a role model to the Individual by establishing positive social relationships with others, including the Individual's neighbours
- support the Individual in demonstrating pride in their home (e.g. maintain the garden)
- support the Individual when they have to go into a hospital ward in accordance with the SDO
- support the Individual in taking reasonable risks in order to build social relationships with others
- share with the Individual a knowledge of basic home safety procedures
- support the Individual in voicing their opinion about local community issues and advise them how to access services if no one is listening to them
- expose the Individual to a variety of purchased services

5.4 Ability to Work or Learn

Defined as:

The Individual is encouraged to define and realise their own goals and aspirations, as regards learning and productive occupation. A service should assist the Individual in their aspirations by supporting long-term learning, work opportunities; shorter-term activities and day time activities. A service will offer the Individual focussed encouragement, motivation and support in order to achieve these aspirations, and any practical assistance necessary for their facilitation.

Required Outcomes

Evidence that the Individual:

- experiences and performs useful and meaningful activities, (according to the Individual's wishes and person centred plans) with whatever assistance is required. This can be physical assistance as in hands-on support, aids and adaptations, and emotional support
- achieves their optimum potential and fulfilment, and engages in activities that will promote this goal, even though an element of risk may be involved
- has knowledge about employment that is available in the locality of their accommodation
- has their cultural, spiritual and religious needs respected
- is aware of the financial implications of work, such as a fair wage, tax credits, effects of earnings upon benefits
- is experienced and skilled with money and budgeting
- has knowledge about training that is available in the locality of their accommodation
- can carry out domestic tasks that will aid them to be as independent as possible
- is assisted appropriately through personal crises
- has their choice valued
- is motivated or enabled to meet their own support needs
- defines their own needs, and if personal development is their choice then this is encouraged no matter what their age or personal circumstances
- is valued for their strengths and abilities, and not restricted from opportunities because of disability

- chooses which community learning arenas they wish to attend, and not necessarily only those environments specific to their disability or condition

Key processes to support outcomes

To enable the achievement of the outcomes you must:

- seek advice on physical assistance when required
- identify predictable risks in the Individual's Support Plan, together with the subsequent reviews and strategies agreed to minimise the risk. Risks and possible consequences must always be explained to the Individual
- support the Individual to achieve their optimum potential and fulfilment, and encourage them to engage in activities that will promote this goal
- encourage the Individual to maintain skills and abilities according to their preferences to perform functional and meaningful activities
- direct the Individual to information about local employment opportunities, so that the Individual can make an informed decision regarding their chosen employment
- respect the Individual's cultural, spiritual and religious needs
- direct the Individual to information about the financial implications of work
- assist the Individual to learn skills concerning money and budgeting
- direct the Individual to information about local colleges, so that the Individual can make an informed choice regarding courses
- attend courses with the Individual where appropriate
- assist the Individual to overcome learning restrictions
- assist the Individual to learn domestic tasks
- assist the Individual through personal crises where support is required
- value the Individual's choice, even if they choose that work or learning is not an option for them. There should be a careful balance between encouragement to realise personal development, and an appreciation that some people have limited goals and aspirations in life
- motivate and enable the Individual to meet their own support needs

5.5 Social Life

Defined as:

The Individual has the right to choose how they spend their time and who they wish to socialise with. Often through lack of confidence, adequate information, or due to the restraints imposed by an unmet need, the Individual can find themselves restricted from some social arenas. A service will assist the Individual to visit, utilise, contribute to and be valued members of any facilities in ordinary places that define local community life. Through the facilitation of such support, the Individual feels more confident about facing the many challenges which accompany new social experiences. A desirable outcome of effective support is that the Individual feels confident enough to embrace social opportunities without the need for support. A service also models, advises and supports the vulnerable Individual over personal relationships, which may be harmful to them.

Required Outcomes

Evidence that the Individual:

- obtains information about social activities, which are available in the locality of their accommodation
- engages in social relationships with others
- is aware that everyone has a right to a sexual relationship, and is advised and supported, as appropriate, over their safety and the risks inherent
- undertakes individual activities that have been risk assessed and is not restricted from valued activities unnecessarily
- participates in stimulating, engaging and rewarding activities
- socialises with whoever they wish
- is aware of the social and professional boundaries inherent in the support worker role
- is aware that support workers will be provided to match their needs
- plans how they will journey to visit a social facility, and knows the costs involved
- is encouraged to be as independent as possible in any activity

Key processes to support outcomes

To enable the achievement of the outcomes you must:

- support the Individual in obtaining information about the range of social activities available to them
- encourage the Individual to engage in social relationships and activities with others according to their preferences.
- ensure that the Care Manager consults with the support worker and the Individual to discuss the risks associated with individual activities. The support worker has a duty to point out the risks associated, but not restrict the activity unnecessarily
- ensure that information on safe sex is available in a format that can be understood by the Individual
- encourage the Individual to participate in stimulating, engaging and rewarding activities, according to their person centred plan.
- ensure that staff are aware of your policies and procedures regarding the social boundaries inherent in the support worker role
- carefully match the Individual with a support worker who is willing to share the Individual's interests
- have policies and procedures in place which allow a support worker to refuse assistance in an activity that is against their rights/beliefs, but may work with a different support worker if this is the case.
- support the Individual to plan a journey where required. If this involves the support worker using their own car, the Individual can be assured the worker holds the proper requirements for owning and driving a car for business
- not restrict the Individual from undertaking valued activities unnecessarily
- allow the Individual to choose which community social arenas they wish to attend, and not necessarily only those environments specific to their disability or condition

6. Service Details

Further Requirements

The Kent County Council Social Services Directorate sets out below additional requirements, many of which are necessary to ensure links with existing roles and processes. These requirements are based on the Department of Health *Domiciliary Care National Minimum Standards*. The contract will be monitored to ensure compliance with the Specification.

6.1 Support Plan

The Support Plan is prepared by you, and follows on from the Care Plan. To ensure that the Care Plan is kept up to date, the support worker should attend regular reviews called by the Care Manager. The Support Plan details what is required to achieve the outcomes specified

in the Care Plan. In order to ensure that the support needs, wishes, preferences and personal goals of the Individual are recorded in the Support Plan, and changes are made when necessary, we require that:-

The plan sets out in detail the action that will be taken by the support worker to meet the assessed needs, including specialist needs and communication requirements, and identifies areas of flexibility to enable the Individual to maximise their potential and maintain their independence.

The Support Plan is drawn up with the involvement of the Individual and/or their advocate on their behalf, their relatives and friends and any other professional as appropriate. It takes into account the Individual's wishes and preferences in relation to the way in which the support is provided and their own chosen lifestyle – as long as it conforms to legal requirements and does not compromise your organisations' obligations.

The support planning process shall meet the requirements of the REACH standards.

The Support Plan establishes individualised procedures for Individuals in relation to the taking of risks in daily living and for those Individuals who are likely to be aggressive, abusive or cause harm or self-harm, focussing on positive behaviour. Exceptional risks must be brought to the attention of the Care Manager.

The information and detail provided in the Support Plan is appropriate for the complexity of the service to be provided.

The Support Plan will be reviewed by the Individual, service provider, Care Manager, and any other relevant person after four weeks of the start date, after three months and six months thereafter.

You review the Support Plan at least once a month. We will discuss with you a risk assessed approach to minimise the necessity for a reviewer to actually attend the Individual. This will be based on you having appropriate feedback mechanisms from your staff, using compliments, complaints and Care Management information to inform whether a more formal review is necessary.

Your review includes any special requirements of the Individual and forms part of their personal record.

You consider the Individual's requests and make changes in the arrangements for the delivery of the services, provided that there has not been a change in the Individual's circumstances or needs, and provided that the change will not lead to a change in the Care Plan. With the Individual's knowledge, agreed changes must be notified, in writing, to the Care Manager.

Any increase or deterioration in physical or mental health noticed by staff must be referred to the supervisor and Care Manager, and must be recorded in the Individual notes maintained by you.

The Support Plan is signed by the Individual or their representative on their behalf, and is available in a language and format that the Individual can understand. A copy of the plan is held by the Individual unless there are clear and recorded reasons not to do so.

12. Support is provided in a way which maintains and respects the privacy, dignity and lifestyle of the person receiving support at all times.
13. Support is provided in the least intrusive way at all times.
14. The support plan must identify and record the Individual's needs arising from specific ethnic, religious, cultural, gender, sexuality, and disability or age requirements.
15. The provider shall access or signpost Individuals to other services that may be required be they statutory, voluntary or community services
16. The provider must work with other agencies to work towards positive outcomes for the Individuals.

6.2 Freedom from Abuse

In order to ensure that the Individual is protected from abuse, neglect and self-harm, and that appropriate action is taken where it is suspected, we require that:-

1. You ensure that staff are familiar with, and follow, the Kent and Medway Adult Protection Procedures and your own policy and procedure on Adult Protection.
2. In accordance with your written policies and procedures, the Individual is safeguarded from any form of abuse or exploitation including physical, financial, psychological or sexual abuse, neglect, discriminatory abuse, self-harm, inhuman or degrading treatment through deliberate intent, negligence or ignorance.
3. You have robust procedures in place for responding to suspicion or evidence of abuse or neglect (including whistle blowing) to ensure the safety and protection of the Individual. The procedures reflect local multi-agency policies and procedures, including the involvement of the Police and the passing on concerns to the National Care Standards Commission in accordance with the Public Interest Disclosure Act 1998 and the Department of Health guidance "No Secrets".
4. All allegations and incidents of abuse are followed up promptly and the details and action taken are recorded in a special record/file kept for the purpose, and on the personal file of the Individual.
5. The Individual handles their own money where possible and administers their own monetary transactions. Where the support worker is required, due to a limiting condition or disability, to physically handle the Individual's money, this should be recorded on the contact sheet, and be part of the Care Plan.
6. There is a documented risk assessment addressing potential for personal benefit through abuse e.g. in the provision of financial advice, power of attorney, handling service users' money, managing improvement works etc. and procedures in place to minimise identified risks. Documented risks and policies should cover:
 - payment for the service/contribution made by the Individual (if appropriate),
 - payment of bills,

- shopping,
 - recording the amount and purpose of all financial transactions undertaken on behalf of the Individual appropriately on the contact sheet, which must be signed and dated by the support worker and the Individual,
 - collection of pensions,
 - safeguarding the property of the Individual whilst undertaking support tasks, and
 - reporting the loss or damage to property whilst providing support.
7. The policies and procedures must make clear that staff do **NOT**:
 - accept gifts or cash (beyond a very minimal value),
 - use loyalty cards except those belonging to the Individual,
 - undertake personal activities during time allocated to provide support to the Individual,
 - make personal use of the Individual's property (e.g. telephone),
 - involve the Individual in gambling syndicates (e.g. national lottery, football pools),
 - borrow or lend money,
 - sell or dispose of goods belonging to the Individual and their family,
 - sell goods or services to the Individual,
 - buy goods or services from the Individual,
 - incur a liability on behalf of the Individual,
 - take responsibility for looking after any valuables on behalf of the Individual,
 - allow any unauthorised person (including children) or pets to accompany them without the permission of the Individual, their relatives or representative and the Care Manager, and
 8. You have policies and procedures in place for staff regarding the Individual's will and bequests. The policies and procedures must prevent the involvement of any staff or members of their family in the making of, or benefiting from, the Individual's will, soliciting any other form of bequest or legacy, acting as a witness or executor, and being involved in any way with any other legal arrangement.
 9. You have policies and procedures in place for staff concerning the investigation of allegations of financial irregularities and the involvement of Police, Social Services and professional bodies.
 10. Staff who are believed to have committed any offence defined by regulations are immediately reported to the Protection of Vulnerable Adults (POVA) list.
 11. All receipts must be signed by the Individual. When no receipts are available, the support worker must report to the Care Manager.
 12. Where the Individual is unable to take responsibility for the management of their finances, this is recorded on the risk assessment and action is taken to minimise the risk. This must also be reported to the Care Manager.
 13. Owners and managers declare any interest or involvement with any other separate organisation providing support services, or responsible for commissioning or contracting those services. This includes where partners or other close family members own or manage, at a senior level, other businesses providing domiciliary, day, residential or nursing care. You will keep a register that is open to inspection.
 14. Limitations on the chosen lifestyle or human rights to prevent self-harm or self-neglect, or abuse or harm to others, are made only in the Individual's best interest, consistent with the

your responsibilities in law. The limitations are recorded in full within the risk assessment and the plan for managing the risks, and entered into the Support Plan.

15. Physical and verbal aggression by the Individual, their relatives or friends is responded to appropriately by using non-physical intervention. Physical intervention is only used as a last resort, in accordance with Department of Health guidance, and protects the rights and best interests of the Individual, including people with special needs. The physical intervention used should be the minimum necessary and consistent with safety.
16. Training on prevention of abuse is given to all staff within six months of employment and is updated every two years.

6.3 Security

In order to ensure that information regarding the Individual is secure, and is not compromised by any action undertaken by a support worker from your organisation, we require that:-

1. You make staff aware of the risk of unintended breaches of confidentiality and make sure staff are able to identify situations in which it may occur. The principles of confidentiality are observed in discussion with colleagues and the line manager, particularly when undertaking training or group supervision sessions.
2. You make sure that staff do not carry with them more confidential information than they need for a day's work.
3. Support workers respect information given by the Individual or their representative in confidence and handle information about the Individual, in accordance with the Data Protection Act 1998 and your written policies and procedures, and in the best interests of the Individual.
4. The Individual must be aware of your policies and procedures on confidentiality, and be given a summary which specifies the circumstances under which confidentiality may be breached and includes the process for dealing with inappropriate breaches of confidentiality.
5. The support worker knows when information given to them in confidence must be shared with their manager and other social/health care agencies.
6. Suitable provision is made for the safe and confidential storage of the Individual's records and information, including the provision of lockable filing cabinets and the shielding of computer screens from general view when displaying personal data.
7. You make sure that staff who leave or change duties return all written information about their work.
8. Clear protocols are in place in relation to entering the home or rooms of the Individual. In some cases it may be necessary for staff to have keys. The protocols should cover:
 - knocking/ringing bell and speaking out before entry,
 - written and signed agreements on keyholding,
 - safe handling and storage of keys outside the home,

- confidentiality of entry codes,
 - alternative arrangements for entering the home,
 - action to take in case of loss or theft of keys,
 - action to take when unable to gain entry,
 - securing doors and windows,
 - discovery of an accident involving the Individual, and
 - other emergency situations.
9. Identity cards are provided for all support workers entering the home of the Individual. The cards should display:
- a photograph of the member of staff,
 - the name of the person and employing organisation in large print,
 - the contact number of the organisation, and
 - date of issue and expiry date, which should not exceed 36 months from the date of issue.
10. The cards should be:
- available in large print for people with visual disabilities,
 - laminated or otherwise tamper proof,
 - renewed and replaced within at least 36 months from the date of issue, and
 - returned to you when employment ceases.
11. For people with special communication requirements, there are clear and agreed ways of identifying support staff from the organisation.

6.4 Support Workers

In order to ensure that the Individual receives a flexible, consistent and reliable support service, we require that:

1. Staff are reliable and dependable, are able to respond flexibly to the needs and preferences of the Individual which arise on a day to day basis, and that the service is provided in a way that meets the outcomes identified in the Support Plan.
2. The support worker must be appropriately matched with the Individual.
3. The support worker regularly asks the Individual if there are any particular support needs or requirements
4. You ensure that there is continuity in relation to the support worker who provides the service to the Individual.
5. The support workers is only changed for legitimate reasons, such as: the support worker is sick, on holiday, undertaking training or has left the organisation,
 - if the service requirements change and the support worker does not have the necessary skills, physical capacity or specialist training, the support worker is unavailable for additional hours or changed times,
 - if the Individual requests a change of support worker,
 - if a personal relationship has developed between the Individual and the support worker,
 - to provide relief for the support worker working in stressful situations, and
 - to protect the support worker from abuse and discrimination.
6. The Individual and/or their advocate are consulted in advance whenever possible, and

involved in the decision about the change of support worker, if the change is permanent or likely to last longer than 30 days.

7. The Individual and/or their advocate are central to all decisions relating to their support, at all times.

8. In instances where you decide to make a change without the agreement of the Individual, you record the reason in the contact sheet and the Individual must be given the opportunity to sign the document indicating their disagreement.

6.5 Equalities

In order to ensure that each Individual is treated with respect and dignity and that services are provided which are appropriate to any special needs they might have, in addition to equality statements mentioned throughout the document, we require that:-

1. You understand and comply with your statutory obligations under equalities legislation, including:
 - having a policy suitable for your business and ensuring that staff are made aware of the necessary procedures and requirements,
 - arranging equalities training for all staff, and
 - producing a brief report each year describing the progress you have made in meeting the requirements of the Race Relations Amendment Act 2000.
2. You take positive action to combat discrimination. The Individual's needs arising from specific ethnic, religious, cultural, gender, sexuality, disability or age requirements must be identified, understood and entered in their Support Plan. You must ensure that staff are able to meet these needs.
3. Support workers communicate with the Individual in their first or, where agreed, their preferred language or mode of communication.

6.6 Open Employment Staff Policy

In order to ensure that staff benefit from being part of a confident and diverse staff team, we require that:-

1. You understand and meet your statutory obligations under equalities legislation. You make sure that:
 - victimisation, discrimination and harassment are disciplinary offences,
 - an appointed person in the organisation has responsibility for the effective operation of the policy,
 - a plan for implementing the equal opportunities policy, detailing what actions are to be taken,
 - monitoring and reviewing of the policy takes place, and
 - staff are supported if they are discriminated against by an Individual or Individual's relatives
2. Training is given in equalities to any member of staff responsible for recruitment and selection.
3. You monitor the ethnic origins of all applicants for employment and those appointed.
4. You make sure that your staff group reflects the ethnic background of the Individual.
5. You make sure that your staff group are knowledgeable of the ethnic background of the Individual.

6.7 Accidents and Injuries

In order to ensure that your Staff are informed and deal confidently with accidents, injuries and emergencies, we require that:-

1. You have systems and procedures in place to comply with the requirements of all Health and Safety legislation.
2. You have a comprehensive health and safety policy, and written procedures for health and safety management defining:
 - individual and organisational responsibilities for health and safety matters,
 - arrangements to implement safe systems of work to safeguard the welfare of the Individual, staff and others involved in the provision of the service, taking into account the findings of risk assessments,
 - procedures to be followed when safe systems of work, identified as necessary to safeguard the Individual, staff and others involved in the provision of the service, cannot be implemented,
 - responsibility and procedures for reporting and investigating accidents and dangerous occurrences (including those specified under RIDDOR) for both the Individual and staff,
 - reporting procedures to follow when either the Individual or a member of staff has a known transmittable disease or infection,
 - the provision and wearing of protective clothing,
 - procedures for managing threats or violence to staff, and
 - content of training on health and safety to be given to the support worker.
3. One or more competent persons are nominated to assist the organisation in complying with its health and safety duties and responsibilities, including:
 - identifying hazards and assessing risks,
 - preparing health and safety policy statements,
 - introducing risk control measures, and
 - providing adequate training and refresher training.
4. All records relating to health and safety are accurate and kept up to date.
5. Any accidents or injuries to an Individual that require hospital or GP attendance are reported to the Individual's Care Manager and noted in the Individual's contact sheet.
6. All staff know your procedures for dealing with medical emergencies.
7. All staff have training in first aid.
8. You must make sure that staff are trained to work safely with all Individuals and follow "*Universal Precautions*" at all times.
9. You must make available protective clothing where required.

6.8 Risk Assessment

In order to ensure that the risk of accidents and harm happening to the Individual and staff in the provision of support is minimised, we require that:-

1. You ensure that a risk assessment is undertaken, by the nominated person, of the potential risks to the Individual and staff associated with delivering the package of support (including, where appropriate, the risks associated with assisting with medication and other health related activities). The assessment is carried out before the support worker commences work and is updated annually or more frequently if necessary.
2. The risk assessment includes an assessment of the risks for the Individual in maintaining their independence and daily living.
3. The manner in which the risk assessment is undertaken is appropriate to the needs of the Individual, and the views of the Individual are taken into account.
4. You ensure that a separate moving and handling risk assessment is undertaken by a member of staff who is trained for the purpose, whenever staff are required to help the Individual with any manual handling task, as required under the Manual Handling Operations Regulations 1992.
5. The risk management plan, as part of the Support Plan, is implemented and reviewed annually, or more frequently if necessary.
6. A procedure is in place for reporting new risks which arise including defective appliances, equipment, fixtures or security of the premises.
7. Only staff who are both trained to undertake risk assessments and competent to provide the support, are assigned to emergency situations and where pressure of time does not allow a risk assessment to be undertaken prior to provision of the support.
8. You produce and ensure compliance with safety policies and procedures to protect staff travelling to and from the home of the Individual, including advice on:
 - not carrying large sums of money,
 - not carrying medicines,
 - working late at night,
 - working in rural or difficult locations,
 - lone working
 - use of bleeps/pagers, and
 - use of mobile telephones.
9. A responsible and competent person is on call and contactable at all times when support staff are on duty. All staff must have details about the out of hours contact numbers.

6.9 Transport

In order to ensure that the Individual is transported safely and appropriately, we require that:-

1. You understand and meet your statutory obligations under current legislation, and have policies and procedure in place to ensure that these are met. This includes ensuring that all vehicles are:
 - taxed,
 - appropriately insured (business use for travel between clients),
 - MOT'd with a valid certificate, and
 - maintained in accordance with the manufacturer's instructions.
2. When people in wheelchairs are being transported, wheelchair anchor points and grips conform to the relevant British Standard Specification and are used in accordance with the manufacturer's instructions;
3. Staff be assessed as competent in assisting the Individual to enter and exit vehicles.
4. Staff are aware of issues that make it important where a client should sit in the vehicle.

6.10 Access to Information

In order to ensure that the Individual's personal information is protected, we require that:-

1. You allow our authorised staff to see records required by this Specification.
2. You accommodate visits by our authorised staff that may take place at any time and may be unannounced. We will be reasonable in exercising this right.
3. All records are maintained and they are kept up to date, in good order and in a secure manner. All records must be retained for a period of not less than three years beginning on the date of the last entry.

6.11. Records

In order to ensure that records of visits to the Individual's home and details of support given are comprehensive and shared as appropriate, we require that:-

1. Acceptable standards of literacy in English are used. If the Individual has a different first language, a realistic balance needs to be adopted in translating information for the Individual.
2. The Individual and/or their advocate (with the permission of the Individual) are able to see their personal files kept on your premises and the contact sheet, in accordance with the Data Protection Act 1998, and are informed in writing that these files may be reviewed.
3. With the Individual's knowledge, the support worker records the time and date of every visit, the service provided and any significant occurrence. Records must be made at the time of each visit and include (where appropriate):
 - assistance with medication, including time and dosage on a special medication chart,
 - other requests for assistance with medication and action taken,
 - financial transactions undertaken on behalf of the Individual,
 - details of any changes in the Individual's circumstances, health, physical condition and support needs,
 - any accident, however minor, involving the Individual and/or support worker,
 - any other untoward incidents, and
 - any other information which would inform any other support worker, carer or professional to ensure consistency in the provision of support.

All written records are legible, factual, non-discriminatory, signed and dated, as agreed with the Individual.

Any concerns must be telephoned through to the Care Manager immediately. When the Care Manager requests to speak to the support worker, this must be carried out quickly.

The Individual's personal file must be accessible to relevant support staff.

Staff visiting a Individual for the first time, sign the Individual's file to show that they have read it and are familiar with the Individual's needs.

6.12 Staff Recruitment

In order to ensure the well-being, health and security of the Individual is protected by the organisation's policies and procedures on recruitment and selection of staff, we require that:-

- 1 You comply with requirements for staff to have criminal record checks and you must comply with requirements as described in Kent County Council's *"Recruitment and Selection of Staff"* guide.
- 2 There is a rigorous recruitment and selection procedure which meets the requirements of legislation, equal opportunities and anti-discriminatory practice and ensures the protection of the Individual and their relatives.
- 3 Face to face selection interviews are undertaken, on premises which are secure and private, for all staff who are short-listed and may be engaged.
- 4 Before making an appointment, two written references are obtained, one of which should be from the immediate past employer, and these are followed up by a telephone call prior to confirmation of employment. Any gaps in the employment record are explored.
- 5 New staff are confirmed in post only following completion of satisfactory checks. These checks include:
 - verification of identity,
 - Enhanced CRB check
 - POVA/ISA list (where the post applied for is a "regulated position"),
 - work permit (if appropriate),
 - driving licence (if appropriate),
 - certificates of training and qualifications claimed,
 - declaration of physical and mental fitness,
 - confirmation service check by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (if holding a nursing, midwifery or health visitor qualification),
 - sex offenders register, and
 - General Social Care Council Register.
6. All managers and staff are provided with a written job description and a person and work specification, identifying their responsibilities and accountabilities.
7. The person specification includes the personal qualities required to undertake the work and the appropriate attitudes to be adopted.
8. Activities which should not be undertaken by the support worker are also identified.
9. Person and work specifications are developed with reference to the relevant National Occupational Standards.
10. New staff are provided with a written contract specifying the terms and conditions under which they are engaged, including the need to comply with the organisation's Staff Handbook for staff.
11. Staff are employed in accordance with the Code of Practice set by the General Social Care Council and are given copies of the code.

12. You comply with any Code of Practice published by the General Social Care Council setting out standards expected of persons employing support workers, insofar as the Code is relevant to the management of the service.
13. Staff are required to provide a statement that they have no criminal convictions, or to provide a statement of any criminal conviction that they do have.

6.13 Staff Induction

In order to ensure that staff are appropriately trained to meet the Individual's support needs, we require that:-

1. Staff, individually and collectively, have the skills and experience to deliver the services and support which the organisation states in its information material that it provides. The skills and experience of the support worker are matched to the support needs of the Individual, and they are able to communicate effectively with the Individual using the individual's preferred method of communication.

There is a structured induction process, which is completed by new members of staff, which encompasses the Training Organisation for Personal Social Services induction standards.

Induction may be undertaken in a number of different ways:

- a formal course or programme of learning,
- completion of a workbook, checklists and other forms of open learning
- shadowing or working alongside an experienced colleague, or
- a combination of all three, before working alone with the Individual.

The induction process includes a minimum 3 days orientation programme at the start of employment. The induction process must be completed within six months. The following topics will be covered in the induction programme:

- the nature of support provision and the basic skills required,
- core values, including providing a 'needs-led' service,
- code of personal conduct,
- terms and conditions of employment including disciplinary and grievance procedures,
- the requirements of legislation,
- policies and working practices of the organisation,
- health and safety training including an introduction to manual handling, infection control and fire procedures,
- general health of the Individual and the role of the support worker in monitoring their health on an on-going basis,
- communication skills,
- prevention of any form of abuse or exploitation of the person receiving support, and whistle-blowing,
- anti-discriminatory practice including cultural awareness,
- standards to which the support worker should work (including the implications of these standards),
- confidentiality,
- gifts and bequests,
- principal activities which must not be undertaken,
- contextual knowledge about the organisation for which they are working, and
- quality assurance and monitoring.

The code of personal conduct must cover:

- compliance with the philosophy of support (maintaining independence, privacy, dignity),
- confidentiality of information,
- limits of responsibility,
- provision of non-discriminatory practice,
- receiving sexual or racial harassment,
- health and safety,
- moving and handling,
- prevention of any form of abuse,
- dealing with accidents and emergencies,
- handling and administering medicines,
- handling money and financial matters on behalf of the Individual,
- acceptance of gifts and legacies,
- dress code,
- use of protective clothing,

- protocols and procedures for entering and leaving the home,
 - personal safety and out of hours working,
 - not smoking, drinking alcohol or taking illegal substances whilst on duty,
 - ways in which staff and managers may raise concerns about the management and provision of the service, including disclosure of bad practice,
 - maintaining accurate records, and
 - other relevant policies and procedures.
6. Staff are provided with the required training on health and safety.
7. Specialist advice, training and information is provided for the support worker working with specific user groups and/or medical conditions by someone who is professionally qualified to do so. Specialist training would normally be expected for staff working with:
- people from ethnic minority communities and/or religious groups,
 - people with special communication needs,
 - people with sensory loss,
 - people with dual sensory impairment,
 - older people with complex health and support needs,
 - people who have learning disabilities,
 - people with mental health problems including people subject to Guardianship and Supervision Orders under the Mental Health Act, and people with challenging behaviours.
8. Within the whole staff group there is the range of skills and competence required to work with and meet the needs of the Individual.
9. The manager or supervisor of the support worker providing specialist support services has a knowledge and understanding of the specialisms for which they are responsible.

6.14 Staff Qualifications

In order to ensure that support is provided by qualified and competent staff, we require that:-

1. You have allocated financial resources, and have plans and operational procedures to achieve and monitor the requirements for workforce training and qualification.
2. There is a staff development and training programme within the organisation, which is reviewed and updated annually. The programme must meet the workforce training targets of the Training Organisation for Personal Social Services, and ensures that staff are able to fulfil the aims of the organisation and meets the changing needs of the Individual, their relatives and representative.
3. Each new member of staff undertakes a training needs analysis on completion of induction or probationary period. This must be incorporated into the staff training and development plan.

4. The need for refresher and updating training is identified at least annually during staff appraisal and incorporated into the staff development and training programme.
5. All staff are competent and trained to undertake the activities for which they are employed and responsible.
6. Unqualified staff employed for less than two years must be phased into the relevant NVQ over the following two years and complete the award within three years.
7. Managers should obtain a nationally recognised management qualification equivalent to NVQ level 4 in management.
8. Records of training and development undertaken, and the outcome, are kept on a central development file and on individual personnel files.
9. Managers undertake periodic management training to update their knowledge, skills and competence to manage the organisation.

6.15 Staff Meetings and Supervision

In order to ensure that staff contribute positively and constructively to the standard of care offered by your organisation, we require that:-

1. You have clear and easily accessible mechanisms of support, which staff are aware of.
2. You debrief staff after emergencies or unusual situations.
3. You ensure that staff are clear about the boundaries between friendship and support.
4. All staff meet formally on a one to one basis with their line manager to discuss their work at least three monthly and written records kept on the content and outcome of each meeting.
5. With the consent of the Individual, at least one of the meetings should incorporate direct observation of the support worker providing support to the Individual with whom they regularly work.
6. Regular meetings are held at least quarterly with peers and/or other team members and are recorded.
7. All staff have an annual appraisal of their overall standard of performance and identification of training and development needs. A copy of the appraisal is placed on the personnel file of each support worker. The appraisal will normally be undertaken by the line manager or their manager, except in exceptional circumstances.
8. Managers and supervisors receive training in supervision skills and undertaking performance appraisal.
9. An immediate investigation is undertaken on any allegations or incidents of misconduct, and appropriate disciplinary action taken as necessary (POCA, POVA,ISA).
10. A record is kept of all disciplinary incidents and details entered in the personal file of the support worker concerned.

7. Quality Requirements

The provider is aware of legislation, and national, regional and local strategies and policies, as they apply to the client group(s) the service supports.

The provider regularly monitors and achieves the requirements for staff training.

The provider meets CSCI standards and will aspire to reach an excellent rating within twelve months of award.

The provider will adhere to the Reach Standards for supported living ensuring Individual choice is paramount these are as follows:-

- ◇ I choose who I live with
- ◇ I choose where I live
- ◇ I have my own home
- ◇ I choose how I am supported
- ◇ I choose who supports me
- ◇ I get good support
- ◇ I choose my friends and my relationships
- ◇ I choose how to be healthy and safe
- ◇ I choose how to take part in my community
- ◇ I have the same rights and responsibilities as other citizens
- ◇ I get help to make changes in my life

8. Service Reviews

The service shall be subject to formal evaluation in the form of a support service review before the Contract term end date.

Quality visits will be made and may be planned or unannounced. Quality visits will be made to assess, but not be restricted to, such elements as:

- Continuous Improvement
- Individual involvement
- Review against Performance Indicators
- Key objectives and outcomes

Views and opinions of Individuals and stakeholders may be sought during any or all of these review processes.

9. Accommodation and the Capital Programme

The Contracting Authority has already made some arrangements with landlord organisations regarding the provision of suitable accommodation. This accommodation will be supplied separately from the care and support provision that is covered under these contracts.

A number of current services are delivered in buildings that are no longer suitable for the purpose. Many of these buildings are able to be refurbished with the minimum of disruption but this is not always the case. In some instances, services will cease to be delivered into the current accommodation and Individual's will move into new permanent, or temporary

accommodation. Some have expressed a wish to return to the existing property, other people will move on. At the time of writing, not all of these individual plans have been finalised and successful organisations will be expected to work flexibly whilst supporting and addressing the needs of Individuals through a time of great change.

A capital development plan has been submitted to the Department of Health and funding has been secured in order to develop and in some cases purchase new accommodation. Successful organisations will work with commissioners through this capital development programme to ensure that the needs and wishes of Individuals continue to be met. This could entail supporting Individuals through different models of support as they move into alternative accommodation.

Successful organisations will therefore be required to manage service delivery successfully through a period of great change. Individuals may move not only from one model of service delivery to another – ie residential care to supported living, but also from one address to another in line with their wishes as represented on their person centred plans.

Organisations will work closely with all stakeholders in order to facilitate these changes. This will involve developing strong working relationships with Individuals and their families, commissioners, staff, landlords and other service providers in order to best meet the needs of all concerned.

10. The Contracting Authority's Responsibilities

An essential component in meeting the needs of Individuals is the formulation and implementation of the Individuals Care Plan. It is the role and responsibility of the The Contracting Authority to ensure that the provider is in receipt of an Individual Care Plan and individual service contract or Service Delivery Order prior to the commencement of the service. The provider shall ensure that all relevant information from the Care Plan is passed on to the carer(s) who will be working with a particular Individual.

Services may be provided at the specific request of The Contracting Authority in the case of an emergency, without the provision of a Care Plan.

It is the responsibility of The Contracting Authority for reviewing the needs of Individuals and carers, and The Contracting Authority will also reassess an Individuals needs where the provider, Individual, carer or authorised manager asserts that there may be a need to do so.

11. The Providers Additional Responsibilities to The Contracting Authority

The provider is responsible for delivering the service as specified in the Care Plan, to the standard contained within this specification and to the satisfaction of the Individuals and their representatives.

The provider will use its best endeavours to ensure continuity and reliability of service delivery to the same Individual. If a change of staff member is necessary for any reason, the provider shall inform the Individual wherever practicable, prior to the introduction of a different member of staff. If the Individual cannot be contacted to advise of the change of staff this will be clearly recorded for quality monitoring purposes and explained to the Individual at the earliest opportunity. In the event that the planned activities as agreed in the care plan cannot be delivered on a particular occasion, the provider must be able to, and shall offer clear reasons to the Individual, as to why the service has not been provided. The provider will ensure that the reasons for any changes to service delivery are recorded for quality monitoring purposes. The provider will ensure that any significant changes are reported to the Care Manager.

In the event of an emergency, the appropriate emergency service must be notified immediately. The Care Manager must be informed as soon as is reasonably practicable but within one working day. Out of usual office hours, the Emergency Duty Service must be contacted in order to relay the relevant information.

The provider must notify The Contracting Authority immediately if any of the following occur in relation to an Individual for whom The Contracting Authority is purchasing a service: -

- any sudden deterioration in an Individual's condition that gives immediate cause for concern
- any accident, theft, burglary or other event affecting the well-being of an

- Individual/Carer
- any circumstances where the provider is unable to gain access, or is refused access to an Individual's home, or where an Individual/Carer has refused provision of the Residential and supported living service
- death, or serious illness of any Individual/Carer
- any circumstances where an Individual appears to be in need of medical attention, but refuses to seek medical help.

11.1 Challenging Behaviour

In a situation where an Individual/Carer presents challenging behaviour to the member of staff, variation to the service may be deemed appropriate after immediate consultation with the Service Placement Team who will liaise with the Care Manager.

The provider shall have policies and procedures and training to support care staff in managing challenging behaviour

11.2 Continuity & Consistency

The provider must make every effort to ensure consistency of the residential and supported living service to all users/carers. This will include taking steps to minimise the number of support and care staff employed to meet the needs of a single Individual.

The provider must ensure that a sufficient number of support and care staff are available to ensure the consistency of the service during Staff holidays or absences for any reason. In the event that the provider is experiencing staffing difficulties that may affect service delivery, the provider will undertake to notify The Contracting Authority within forty-eight hours.

The provider will endeavour to restrict the number of support and care staff in order to:

- ensure that care staff are fully familiar with the objectives of the Care Plan in relation to a specific user and how the goals are to be achieved
- effectively monitor the progress of the user and of the service
- prevent the Individual from having to relate to many Individuals;
- minimise the risk of confusion and The Contracting Authority;
- minimise the number of people holding confidential information;
- Staff must not be accompanied in their duties by any relative or friend. In cases where assistance is required, such provision is the responsibility of the provider.

11.3 Staff Providing Care and Support

The provider will be responsible for the careful selection and the appropriate support of staff to work with the Individuals covered by this Specification. Support will include arrangements for consultation and supervision from managerial staff.

By reason of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendment) Order 1986 the provider shall require any person proposed to be employed and in contact with any Individual to complete a statement concerning their previous cautions or convictions for offences of any description.

In the event of failure to comply with this procedure, The Contracting Authority

reserves the right to require the employee to be withdrawn and an acceptable person to be substituted in accordance with the Conditions of Contract.

The provider will ensure that all staff have the necessary training, competencies, personal qualities and caring attitudes to enable them to relate well to Individuals.

The provider will ensure provision of an induction process and a basic training programme for staff appropriate to the needs of the Individual group, within an agreed period of taking up appointment. The provider will inform staff of further training opportunities that may be made available, stating the service's policy regarding such schemes as National Vocational Qualifications or short courses.

The provider will be required to demonstrate how, and when, their staff obtained competence to perform their duties. This will include evidence of training and assessment.

11.4 Healthcare

A key component of supported living services is the monitoring of Individual's health and general well being. Any perceived change in the condition of the Individual must be reported to the Care Manager.

The provider must ensure that all care staff have appropriate access to the name of the Individual's General Practitioner.

Whenever an Individual requests assistance to obtain medical attention or appears unable to make such a request, the GP must be contacted immediately.

Where the Individual will not give permission for the GP to be contacted the provider must immediately contact the Care Manager or Emergency Duty Service if outside of The Contracting Authority's usual working hours.

The provider must ensure that whenever an Individual is found by its member of staff to be in need of emergency medical care, the Appropriate Emergency Care Services are contacted immediately.

Where the provider becomes aware that an Individual has been admitted to hospital, the Care Manager must be informed within 24 hours

Potentially hazardous situations found by the provider or member of staff in the Individual's home must be reported to the Care Manager within one working day.

12. Guides, References and Other Useful Documents

The following information has been included for your reference. **Statutes**¹:-

- Care Standards Act 2000
- Race Relations Amendment Act 2000
- Data Protection Act 1998
- Human Rights Act 1998
- Public Interest Disclosure Act 1998
- Disability Discrimination Act 1995
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- Management of Health and Safety at Work Regulations 1992
- Management at Work Regulations 1992
- Provision and Use of Workplace Equipment Regulations 1992
- Workplace (Health Safety and Welfare) Regulations 1992
- NHS & Community Care Act 1990
- Sex Discrimination Act 1975, 1986

- Mental Health Act 2007
- Race Relations Act 1976
- Health and Safety at Work etc Act 1974

Statutes and Guidance Related to Staff:-

- Criminal Records Bureau Disclosure Service 2000
- Independent Safeguarding Authority (ISA)
- National Minimum Wage Act 1998 and Regulations 1999
- Working Time (Amendment) Regulations 2007
- Public Interest Disclosure Act 1998 (Whistle Blowing)
- Part V Police Act 1997
- Employment Rights Act 1996
- Rehabilitation of Offenders Act 1984
- The Provision and Use of Work Equipment Regulations (1998) (ISBN0-7176-0414-4) are available from the Health and Safety Executive
- National Association for the Care and Resettlement of Offenders (NACRO) leaflet
- Kent County Council's Whistleblowing Procedure 2006
- The Mental Capacity Act 2005

Guidance on Equalities:-

- Equal Pay Act 1970 (Amendment) Regulations 2003
- Sex Discrimination Act 1975
- Race Relations Act 1976
- Race Relations Amendment Act 2000
- Race Relations Amendment Act 2003
- Disability Discrimination Act 1995
- Disability Discrimination Amendment Act 2005
- The Sex Discrimination (Gender Reassignment) Regulations 1999
- Employment Equality (Religion or Belief) Regulations 2003
- Employment Equality (Sexual Orientation) Regulations 2003
- Civil Partnerships Act 2004

- Employment Equality (Sex Discrimination) Regulations 2005
- Employment Equality (Age) Regulations (2006)
- Equality Act 2006

*Further information can be obtained from the Equality and Human Rights Commission
www.equalityhumanrights.com, Info@equalityhumanrights.com*

Good Care Guides published by Kent County Council (available on www.kent.gov.uk)

- Older People In Residential Homes
- Older People with Mental Health Difficulties
- Older People Who Live at Home
- Care of People with Learning Disabilities
- Care of People with Physical Disabilities
- Working with People who have Mental Health Difficulties
- A Guide to Medication for Adults in Residential or Day Care Settings
- Administering Medication
- Preventing Infection in Residential Homes
- Universal Precautions
- Personal Relationships and Adult Individuals
- Recruitment and Selection of Staff
- Moving and Handling Awareness

Other Documents

- Multi-Agency Adult Protection Policy, Procedures and Protocols for Kent and Medway
- Preventing Infection in Residential Care Homes (Universal Precautions)
- Domiciliary Care National Minimum Standards

This Specification is the property of Eastern and Coastal Kent Primary Care Trust
 Comments or questions should be forwarded to:

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