

# **SPECIFICATION**

**FOR SUPPORT PROVIDED BY CARE  
HOMES**

**FOR ADULTS WITH A DISABILITY**

This Specification forms part of the contract documentation. It should be read in conjunction with the Pre Placement Agreement and the relevant Good Care Guides

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**Service Policy and Standards (Contracting)**



## Introduction

- This is Kent County Council's Specification for support in care homes for people with a disability. It is based on the principles incorporated in the National Health Service and Community Care Act 1990 and the Mental Health Act 1983.
- Care homes for people with a disability must be registered with the appropriate Registration Authority.
- Care homes must conform to the requirements of the Registered Homes Act 1984 and the Care Standards Act 2000 as it applies to them. These are set out in *"Guidelines for Registration Inspection and Conduct of Residential Care Homes"* ref. DGDEH759
- The Contract assumes the Service Provider is meeting the Registration Authority's requirements.
- This Specification sets out the objectives and outcomes expected from Service Providers to promote good care, and to enable the most fulfilled life possible for each Service User.

## Using this Specification

### **Green Section**

sets out the **six principles of good care** and expects Service Providers to value the same. It must be read in conjunction with the peach section, blue section (if relevant) and the Pre-Placement Agreement.

### **Blue Section (Supplements)**

details care and/or support for specific client groups which must be read in conjunction with green section, peach section and the Pre-Placement Agreement.

### **Peach Section (Core Specification)**

is the description of the service to be provided in accordance with the Council's *"Specification for Support Provided in Care Homes for Adults with a Disability"*. It must be read in conjunction with the green section, blue section (if relevant) and the Pre-Placement Agreement.

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## Glossary of terms

### **Care Manager**

Is the practitioner who usually assesses the needs of Service Users and arranges services to meet them and whose work is controlled by the Council.

### **Care Plan**

refers to the document drawn up by the Care Manager with the Multi Disciplinary Team, Service Provider, Service User, Service Users' family and any other contributors setting out the needs of the Service User.

### **Key Worker**

is a member of Staff employed by the Service Provider supplementing the work of the care home's care team.

### **Multi Disciplinary team**

a team made up of Health and Social Services Staff, for example, Care Manager, District Nurse, Community Psychiatric Nurse and Occupational Therapist.

### **Must and will**

means that the activity referred to is mandatory.

### **Policy**

is a set of general statements which help individuals e.g. members of Staff to make sound judgements.

### **Procedure**

Is the method by which a policy is put into practice.

### **Service Provider**

The legal owner of the home who is named in Appendix 4 of the Pre Placement Agreement.

### **Service User**

is the person for whom the care is provided.

### **Should**

means that the activity is not mandatory but the Kent County Council prefers that it takes place. Any exception to this will be stated on an individual's Care Plan which has precedence over other general guidance.

### **Specification**

means the service to be provided in accordance with Kent County Council's "*Specification for Support Provided By Care Homes for Adults with a Disability*" and associated Good Care booklets.

### **Staff**

refers to the paid employees of the care home but also includes volunteers when referring to any activities in which they are involved.

### **Support Plan**

is the document compiled by the Service Provider that supports the Care Manager's Care Plan. It sets out realistic targets promoting the Service User's right to lead as independent a life as possible.

## **The six principles of good care**

Kent County Council expects to contract with care homes which value the same principles of good care. Service Providers are required to accept this, to actively promote and offer a more individual and community based service and to develop the principles within their service.

It is expected that Service Providers will comply with all of these principles. The Council accepts that there may be instances where achievement of these will need to take place over a longer period of time.

- **respect**
- **community presence**
- **choice**
- **competence**
- **relationships and social networks**
- **health**

# **Respect**

## **Definition:**

Having a place among people in the community, being treated as a person of worth and having the freedom to be different.

## **Specific outcomes**

Evidence that the Service Users are enabled to:

- **Have provision for personal space and privacy**
- **Feel valued through being listened to, talked with, and involved in day to day decisions in the home**
- **Do interesting things and are not left to sit around watching and waiting**
- **Have their rights respected and feel good about themselves**
- **Have their own clothes and not be made to wear other peoples**
- **Be shown respect and not be subject to any form of discrimination**

## **Key processes to support outcomes**

To enable the achievement of the outcomes, the Service Provider must:

- Impose restrictions carefully when people challenge the service by having in place a Physical Intervention policy and clear guidelines for Staff
- Allow Service Users to express their individuality by involving them in the choice of decoration in their own environment and personal space
- Provide activities that are age and culture appropriate to promote self-determination and the acquisition of new skills
- Enable Service Users to access community resources and not be excluded
- Enable Service Users to have an advocate if required or requested

- Reflect the needs of the Service Users when structuring the day
- Enable Service Users to have control over their financial affairs
- Train Staff about Adult Protection to ensure Service Users are free from abuse and feel safe
- Value Service Users by giving realistic payment or reward for a work role

# **Community Presence**

## **Definition**

Living, belonging, sharing, using facilities which define community life; living in non-segregated settings and participating in activities including leisure and work.

## **Specific outcomes**

Evidence that the Service Users are enabled to:

- **Use all community facilities and local amenities, not just those providing specialist services for people with a disability**
- **Use local and primary health care and dental services**
- **Attend local colleges, Adult Education and other educational facilities**
- **Obtain local work or work experience in settings which are not necessarily catering for specialist employment needs**
- **Attend churches, clubs, sports and leisure facilities at times when they are open to the general public**
- **Use community facilities appropriate to their age**
- **Use public transport where appropriate**
- **Live in ordinary houses in the community**
- **Go on holiday**

## Key Processes to support outcomes

To enable the achievement of the outcomes Service provider must:

- conduct its business and activities with Service Users in such a manner that it presents a positive image of people with a disability to the local community
- have a clear strategy for implementing a policy of community presence to which the organisations and Staff are committed
- encourage relatives and friends to be involved in social activities and regular visits, if the Service User wishes it
- enable and support Service Users to access community facilities
- support each individual on his or her own or as part of a very small group
- impart knowledge of the local community so that Service Users are able to develop their own local networks of informal support
- support Service Users to choose and participate in activities that promote opportunities for the development of relationships with other members of the community
- value the importance of Service Users having the same right of access to ordinary community facilities as other members of the community
- be aware of current legal requirements and Service Users' rights to access facilities

## Choice

### Definition

Developing autonomy and self-determination in day to day matters; influencing and making choices in all aspects of his or her life.

## Specific outcomes

Evidence that the Service Users are enabled to:

- **choose personal items including clothing**
- **participate in leisure activities including holidays**
- **participate in day opportunities which build on strengths and develop abilities and skills**
- **participate in daily routines within the home (domestic chores, food shopping and meal preparation)**
- **choose to manage their own finances**
- **choose their social network (friends and family)**
- **choose where and with whom they share their home**
- **participate in their cultural and spiritual beliefs**

## Key processes to support outcomes

To enable the achievement of the outcomes, the Service Provider must:

- have a person centred Support Plan for each Service User identifying goals and how these will be achieved
- implement Support Plans and hold regular reviews for each Service User
- identify an appropriate member of Staff to be a Service User's Key Worker

- involve Service Users in the selection of their Key Worker and the selection of new Staff
- involve Service Users in making decisions about issues which may affect them directly
- assist Service Users in communicating their choices and opinions using specialised communication aids (sign language, pictorial representation, audio and I.T. equipment) if appropriate
- support Service Users in managing healthy interpersonal and sexual relationships
- allow Service Users to have access to their written records on request
- **have the time and support to reflect on their own competence, achievements and to plan for further development**
- **have their achievements acknowledged**
- **understand the reason why a personal goal may not be achieved (e.g. personal behaviour, environment restrictions) and implement alternative strategies**
- **develop personal and social skills in order to participate in wider development programmes**

## Competence

### Definition

Gaining more skills and abilities to live a full and rewarding life in the local community. The opportunity to experience and perform useful and meaningful activities with whatever assistance is required.

### Specific outcomes

Evidence that Service Users are enabled to:

- **enjoy learning and development programmes and schemes appropriate to their needs**
- **make progress against identified goals**
- **move on to new living arrangements where appropriate and consistent with the Service User's wishes**
- **do valued activities both in and outside the care home**
- identify with the Service User, an appropriate member of Staff as a Key Worker, who will support his or her individual development programme
- discuss with the Service User those skills he or she wishes to develop
- regularly review and monitor Service User's progress
- put appropriate adaptations and/or aids in place to create an environment which supports Service Users
- ensure Staff have the necessary training and skills to breakdown tasks and develop learning programmes
- have processes within the care home that are focused on Staff supporting or enabling Service Users rather than Staff doing tasks for the Service Users

### Key processes to support outcomes

To enable the achievement of the outcomes Service Providers must:

# **Relationships and social networks**

## **Definition**

Being part of a network of personal relationships and the contribution made by the individual to those relationships; being involved in activities in the local community.

## **Specific outcomes**

Evidence that Service Users are enabled to:

- **sustain family connections**
- **maintain and widen friendships and relationships inside and outside the home**
- **access a full range of community facilities and social networks**
- **have their relationship and sexual needs accepted by the Service Provider**
- **enjoy respectful and friendly relationships with Staff and other Service Users**
- **access education on personal relationships and sexuality**

## **Key processes to support outcomes**

To enable the achievement of the outcomes Service Providers must:

- enable Service Users to have their views communicated (by an independent advocate if necessary or requested)
- provide skilled and knowledgeable Staff to support social integration and handle conflict
- make links with local clubs and interest groups, formally organise programmes and make available alternative and individual ways of getting out and about

- not impose their own moral, religious and cultural values on the Service User
- arrange appropriate advice and/or counselling to advise Service Users about relationships if requested
- keep information about a Service User's sexuality or relationship(s) confidential
- discuss a Service User's relationship(s) and sexuality at Support Plan review meetings. Privacy must be ensured

# **Health**

## **Definition**

To enjoy a healthy lifestyle and to have any specific physical, mental or emotional health needs identified and met through access to primary, secondary and specialist health services.

## **Specific outcomes**

Evidence that the Service Users are enabled to:

- **register with a General Practitioner of their choice**
- **have routine health checks to monitor their general health, any chronic conditions and to identify any changes in health needs**
- **be referred to secondary and specialist health services as appropriate to any specialist health needs, including dieticians, speech therapists and physiotherapists**
- **access National Health Service screening services including cervical, breast, dental, hearing and vision**
- **have medication regularly reviewed by appropriate health professionals**

- **access services providing advice on alternative/complimentary medicines if required**
- **be aware of the risks of smoking and have access to support to help stop smoking should they choose**
- **access a healthy diet through the choice of meals available to them**
- **participate in exercise and activities that are conducive to a healthy lifestyle and appropriate to age and physical abilities**
- **access adaptations and equipment as required**
- access appropriate voluntary education and information on the elements of a healthy lifestyle
- support Service Users to maintain and improve their health through supporting and encouraging safe and hygienic processes
- provide access to sex education to enable informed choices and safe practices to be followed.

#### Key processes to support outcomes

To enable the achievement of the outcomes, the Service Providers must:

- promote the personal well-being and health of Service Users
- ensure that Key Workers are familiar with the health status of Service Users and routinely monitor health and well-being in order to identify any changes which might require further investigation
- maintain a schedule of planned visits to the Service User's General Practitioner , Dentist, Optician and other screening services together with a written record of the outcomes
- enable Service Users to make a choice of the General Practitioner within realistic boundaries
- support Service Users to attend appointments as necessary
- access appropriate voluntary organisations for advice on specialised disability

# Services for People with an Autistic Disorders

## Introduction

This supplement is in addition to the “*Specification for Support Provided by Care Homes for Adults with a Disability*”. It sets out the outcomes required from a care home contracted by Kent County Council to offer specialised care to people with an autistic disorder.

Decisions regarding specialised care must be in accordance with the Council’s eligibility criteria.

The length of the placement purchased will be agreed with the care home, Service User, and the Multi Disciplinary Team prior to admission and be reconsidered at the Support Plan review.

The placement must be reviewed at least once a year at meetings involving the Service User, Service Provider, Care Manager and other relevant persons to establish if the agreed goals are being achieved.

## Outcomes

**The outcomes sought for people with one of the range of autistic conditions are essentially the same as for other people with a disability. However, there are particular processes required to achieve these outcomes.**

## Key processes to support the desired outcomes

The Service Provider must provide:

- detailed and specific structures to achieve social interaction, communication and independence skills
- highly planned and structured activities
- consistency and stability in the environment and in all communications
- continuous motivation and positive interaction

- specialised training for Staff in interaction programmes and ongoing training to reinforce and update the specialist skills required

Training must provide Staff with the ability to support people with autistic disorders and must include as a minimum:

- understanding and interpreting the verbal or non-verbal communications of a person with an autistic disorder
- interpreting situations, events and concepts, into language that can be understood by a person with an autistic disorder
- sensitivity in the recognition of anxiety levels
- managing and reducing challenging behaviour
- the value of repetitive reinforcement
- using structure to compensate for a lack of motivation

## Physical Intervention (formerly referred to as restraint)

The Service Provider must have a Physical Intervention policy, which is available to all Staff.

The Health and Safety at Work etc. Act 1974 places a firm responsibility on the Service Provider to ensure the safety of Service Users, Staff and other people.

It is the responsibility of the Service Provider to ensure that:

- the needs of the Service User have been properly assessed (including a risk assessment)
- Physical Intervention is:
  - rarely or never used
  - an emergency response to immediate danger only
  - strictly time limited

- The decision to use restraining measures is recorded in the Support Plan, as is the method by which such measures may be used
- expert opinion about the Physical Intervention has been sought
- a multi-disciplinary approach is taken
- the number of occasions an individual is exposed to unplanned Physical Intervention is minimised
- a programme of review has been agreed
- review meetings are held regularly at the agreed intervals
- a review meeting takes place following an unplanned Physical Intervention

In the event of Staff shortages, the Service Provider will need to brief relief Staff on the Physical Intervention policy as well as the Support Plans and guidelines for practice for the particular intervention.

A Service User is not subjected to Physical Intervention more than other Service Users on the grounds of gender, race, colour, ethnic or national origin.

Records are stored safely and remain confidential.

The Service Provider is responsible for ensuring all Staff are properly trained in Physical Intervention.

**Training should include as a minimum:**

- risk assessment and risk management
- strategies for primary and secondary prevention
- helping the individual to develop positive behaviours
- breakaway techniques
- working as a team
- recording keeping

**The Service Provider is responsible for regularly reviewing Staff records, and must ensure that:**

- Staff adhere to policies
- Staff are carrying out their duties in a manner agreed by the organisation

# Services for People with Challenging Behaviour

## Introduction

This supplement is in addition to the “*Specification for Support Provided by Care Homes for Adults with a Disability*”. It sets out the outcomes required from a care home contracted by Kent County Council to offer specialised care to people with challenging behaviour.

Decisions regarding specialised care must be in accordance with the Council’s eligibility criteria.

The length of the placement purchased will be agreed with the care home, Service User, and the Multi-Disciplinary Team prior to admission and reconsidered at the Support Plan review.

The placement must be reviewed at regular meetings involving Service Provider, Care Manager and other relevant persons to establish if the agreed goals are being achieved.

## Outcomes

**The outcomes sought for people who display challenging behaviour are essentially the same as for other people with a disability. However, there are particular processes required to achieve these outcomes.**

### Key processes to support the desired outcomes

Demonstrable practice of appropriate behaviour models derived from Applied Behaviour Analysis. Practice will be ethical and properly supervised.

The behaviour model must include the following elements:

- observational skills
- recording skills and systems

- behavioural intervention strategies and techniques
- skills in examining and evaluating data and presenting evaluations from such data.

An active support model for focusing on individual person centred activities and the organisational and financial resources to support them. This will include methods of getting to know Service Users well.

Risks are clearly identified and written risk assessments are put in place according to the care home’s policy relating to risk taking.

Ethical methods of Physical Intervention are used with clear specification of strategies for managing challenging behaviour. Time limits are put in place in accordance with the care home’s policy relating to Physical Intervention. Staff must be trained in these.

Effective communications systems are in place within the home and with the commissioners of the service.

Staff must be provided with knowledge of the legal frameworks. (including: Mental Health Act, Adult Protection and Manual Handling).

The Service Provider is able to identify and arrange outside professional support and arrange this when required. There is evidence that recommendations are implemented, and that this is backed up by sound recording systems.

There is evidence of the active development of appropriate networks in the community

### Physical Intervention (formerly referred to as restraint)

The Service Provider must have a Physical Intervention policy, which is available to all Staff.

The Health and Safety at Work etc. Act 1974 places a firm responsibility on the Service Provider to ensure that the safety of Service Users, Staff and other people is protected.

It is the responsibility of the Service Provider to ensure that:

- the needs of the Service User have been properly assessed (including risk assessment)
- Physical Intervention is:
  - rarely or never used
  - an emergency response to immediate danger only
  - strictly time limited
- the decision to use restraining measures is recorded in the Support Plan, as is the method by which such measures may be used
- expert opinion about the Physical Intervention has been sought
- a multi-disciplinary approach is taken
- the number of occasions an individual is exposed to unplanned Physical Intervention is minimised.
- A programme of review has been agreed

A Service User is not subjected to Physical Intervention more than other Service Users on the grounds of gender, race, colour, ethnic or national origin.

Records are stored safely and remain confidential.

Service Providers are responsible for ensuring all Staff are properly trained in Physical Intervention.

**Training should include as a minimum:**

- risk assessment and risk management
- strategies for primary and secondary prevention

- helping the individual to develop positive behaviours
- breakaway techniques
- working as a team
- recording keeping

**The Service Provider is responsible for regularly reviewing Staff records, and must ensure that:**

- Staff adhere to policies
- Staff are carrying out their duties in a manner agreed by the organisation
- review meetings are held regularly at the agreed intervals
- a review meeting takes place following an unplanned Physical Intervention

In the event of Staff shortages, the Service Provider will need to brief relief Staff on the Physical Intervention policy as well as the Support Plans and guidelines for practice for the particular intervention.

# **Services for People with Severe and Profound Disabilities**

## **Introduction**

This supplement is in addition to the “*Specification for Support Provided By Care Homes for Adults with a Disability*”. It sets out the outcomes required from a care home contracted by Kent County Council to offer specialised care to people with severe and profound disabilities.

Decision regarding specialised care must be in accordance with the Council's eligibility criteria.

The length of the placement purchased will be agreed with the care home, Service Users, and Multi Disciplinary Team prior to admission and be reconsidered at the Support Plan review.

The placement must be reviewed at regular meetings involving the Service Provider, Care Manager and other relevant persons to establish if agreed goals are being achieved.

## **Outcomes**

**The outcomes sought for people with severe and profound disabilities will be the same as for other people with a disability. However, there are particular processes required to achieve these outcomes.**

### **Key processes to support the desired outcomes:**

#### **Living environment**

The Service Provider must provide:

- Service User involvement in the running of the household
- adequate space to accommodate each Service User's specialist equipment (e.g. wedge cushions and beanbags)
- adequate space that ensures privacy for individual tasks

- pictures around the home to aid communication (e.g. choice of meals, TV, clothes and visits out)
- an environment which offers stimulation and visual experiences (e.g. sensory gardens, smells, colours, space and access)

#### **Care**

The Service Provider must provide:

- time to get to know the Service Users involving any friends, carers, relatives and therapists
- an assessment of what the Service Users enjoys
- closely monitored and reported health issues, with senior Staff making regular health checks and ensuring good skin care and hygiene
- for Service Users to have massage, aromatherapy, reflexology, if appropriate and available
- access to snooze room, jacuzzi and hydrotherapy
- access to physiotherapy, speech therapy and occupational therapy.
- For individual targets to be set, monitored and reviewed regularly
- Assessments of Service Users' dietary needs, ensuring that their food is varied and nutritious
- the means to identify and arrange outside professional support when required
- evidence that recommendations made as part of a professional support are implemented and recorded in Support Plans
- evidence of the active involvement of Service Users in the community

## **Communication**

The Service Provider must provide:

- a policy of verbally interacting with all individuals regardless of their level of communication
- an effective communication system between Staff, residents and care managers

## **Staff recruitment and training**

The Service Provider must provide:

- a consistent Staff group, monitoring Staff turnover in order to ensure a stable team whose members have got to know the Service Users
- Staff who are trained in a range of communication skills (e.g. Makaton)
- Staff must be provided with knowledge of the legal frameworks (including Mental Health Act 1983, Adult Protection and Manual Handling)
- specialist training for Staff who work with people with severe and profound disabilities. This must be ongoing and updated as necessary

# IMPORTANT INFORMATION

## Part One

*Service Providers provide sufficient information which enables Service Users to choose the right home for them.*

### Introduction to the Care Home

1. The prospective Service User should make an introductory visit to view the accommodation, facilities and to discuss his or her individual requirements. This is to ensure the best match between the Service User's requirements and the resources offered by the Service Provider.
2. Service Providers may wish to offer the potential Service User a complimentary meal or an invitation to stay for a short period. This enables the Service user to meet other residents and experience daily life with the home before seeking admission.
3. Prior to admission, the Service Provider must give written information to new Service Users, their representatives, and Care Managers, in an appropriate format.
4. The care home's brochure should clearly confirm the ability of the home to match the individual's needs. It should help potential Service Users to make an informed choice about whether to seek admission.
5. As a minimum, the brochure must include:
  - name and status of the organisation
  - name of manager/owner
  - aims and objectives of the service undertaken
  - any conditions of admission and number of Service Users accepted
  - details of facilities

6. Additional information should include:
  - the complaints procedure
  - discharge arrangements for all Service Users
  - any rules of the care home
  - a copy of a standard contract between Service Provider and Service User for consideration before signing

***Expected Outcome:*** Service Users choose the right home for themselves.

### **Written contract**

*The Service Providers give the Service User a contract which clarifies his or her position in the Home.*

1. Prior to the Service User entering the care home the Service Provider must make a formal contract with him or her.
2. In cases where a Service User's interests are represented by a relative or another person, that person must be involved in agreeing the contract.
3. The contract must be fair, comprehensive and written in plain and intelligible language. It must accord with the Service Provider's Contract with Kent County Council.
4. The contract must include:
  - assessment and Support Plan
  - trial period
  - fees and what they cover
  - facilities
  - visiting
  - medical arrangements

- staffing
  - insurance
  - privacy and confidentiality
  - personal monies
  - regular reviews
  - complaints
  - temporary absence
  - ending the contract
5. The Service Provider must ensure that a copy of each Service User's contract (and any later variation to it) is made freely available to the Service User and his or her representative.
6. Service Users have a right to clarity and a sense of safety provided by the contract.

***Expected Outcome:*** *Service Users have a sense of security in the home.*

Service Providers must maintain the following policies, procedures and records as outlined in Part One of this Specification. They will be asked to produce these to provide evidence of compliance with them at any time by suitably authorised staff from Kent County Council.

- **Brochure**
- **Written contract between Service User and Service Provider**

## **Part Two**

### **The living environment**

*Service Providers provide a home which preserves respect and dignity.*

#### **Accommodation**

1. The exterior of the building must be maintained in good condition and be in keeping with the surrounding environment.
2. Exterior signs and notices must be for the purposes of identification only and must not use language that is contrary to the good care principles.
3. Service Users should have a key to their room if they request it as well as any other means of ensuring privacy.
4. Service User's rooms should have doors that can be locked from the inside using snap bolts or other means to ensure access in emergencies must be provided.
5. Such provision must take account of Service User's wishes and locks may be made inactive by agreement as set out in the Service User's Support Plan.
6. Service Users should be involved in decisions on the materials and colours used when redecoration is undertaken.
7. Service users must have access to any garden area of the home.

***Expected Outcomes:*** *Service Users have privacy.*

### **Furniture, equipment and personal effects**

*Service Providers provide a homely environment*

1. Service Users must be allowed to bring into the care home some items of their own furniture to personalise their room, so long as this does not create a risk to other Service Users.
2. The personal property of the Service User must be respected at all times. It must not be moved, or shared with other Service Users or Staff without the Service User's permission.
3. All furniture and fittings must be maintained in a clean and safe condition and repairs carried out as soon as practicable.
4. All furniture must conform to the British Standard 5852 for fire retardancy and toxic fumes.
5. Service Users must be allowed to bring their own electrical equipment to the care home.
6. Electrical equipment must be inspected for safety and evidence of the inspection retained in accordance with PUWER (1992) regulations.
7. All equipment must be operated in accordance with relevant Health and Safety regulations. All these matters must be dealt with in the contract between the Service Provider and the Service User.

***Expected Outcomes:*** *Service Users enjoy their personal possessions.*

## **Bathing**

*Service Providers ensure that bathing can be done safely.*

1. All baths, bath equipment, water heating systems and showers must conform to the relevant British Standards and be maintained by qualified engineers.
2. All hot taps must be clearly identified for those Service Users who cannot read.
3. Hot water systems must meet all the requirements of the Regulatory Body and records should be available to demonstrate this.
4. Hot water taps that will only be used by Staff should have notice warning of "very hot water" placed above them.
5. Hot water pipes and radiators that may reach temperatures greater than 43 °C must have shielding to prevent direct contact with skin.
6. Floor coverings and bath and shower bases must be maintained in a clean and hygienic condition and be of non-slip material.
7. Bathing and shower facilities must be accessible to all Service Users.
8. All aids, hoists and assisted toilets must meet the assessed needs of Service Users.
9. Bathrooms and toilets must be able to be locked from the inside and allow access in emergencies.

***Expected Outcome:*** *Service Users bathe safely.*

## **Catering arrangements and meals**

*Service Providers ensure that meals are nutritious and safely prepared.*

1. Kitchens used for all food preparation, handling and storage must conform to the requirements of the Food Safety Act 1990.
2. Kitchens, equipment and serving areas must be planned and laid out to minimise risks to Staff and Service Users.
3. Staff engaged in food preparation or feeding of Service Users must have Food Hygiene training to a least the minimum required by the current Food Safety Legislation.
4. Service Users are involved in planning the menu and where appropriate in shopping and preparing of food.
5. Choice and flexibility of menu is evident to reflect individual preferences and presented in a way which enables Service Users to make a choice.
6. Service Users have flexibility in the time and place of eating.
7. Individual preferences and dietary requirements must be catered for as well as a Service User's cultural and religious needs.
8. Service Users needing help with feeding should be assisted to eat appropriately presented food served to them in sensitive manner.
9. The advice of the community dietician should be sought if a Service User has a medical condition that includes dietary needs.

***Expected Outcome:*** *Service Users enjoy a varied and nutritious diet.*

## **Domestic cleaning**

*Service Providers ensure a clean environment.*

1. Cleaning should be conducted in a thorough and routine fashion.
2. Cleaning must be undertaken in a safe manner.
3. Cleaning materials must not be used or stored in a manner hazardous to the Service Users.
4. All communal areas must be kept clean and hygienic.
5. Windows must be cleaned on a regular basis.
6. Toilets and sinks must be cleaned and disinfected regularly. Baths and showers cleaned after individual use.
7. Cleaning routines must be sensitive to the Service User's needs and privacy.
8. Staff undertaking cleaning must take care not to damage Service User's personal possessions.
9. Accidental damage by Staff must be reported and repairs must be arranged at the Service Provider's expense.
10. Cleaning of kitchen and food preparation must be appropriately recorded.

***Expected Outcome:*** *Service Users live in a clean and safe environment.*

## **Access for people who are physically disabled**

*Service Providers provide a suitable environment for people who are physically disabled.*

1. The building must be accessible by all Service Users including users of wheelchairs and walking aids.
2. A Service User must have access to all communal parts of the home and his or her private space including safe access to any outdoor areas.
3. Sensory loss must be catered for in the provision of Braille or tactile and visual signs and audible hazard alarms. Consideration should be given to the installation of loop systems.
4. Door widths, ramps and grab rails must conform to building regulations.
5. Lifts must meet the requirements as laid out by the Registration Authority. Staff must be instructed in ensuring safe operation.
6. Lifts must be properly maintained and records of routine inspection and maintenance specified by the manufacturers must be kept.

***Expected Outcome:*** *Physically disabled Service Users are able to get around the home and garden.*

Service Providers must maintain the following policies, procedures and records as outlined in Part Two of this Specification. They will be asked to produce these to provide evidence of compliance with them at any time by suitably authorised staff from Kent County Council.

- **Electrical equipment safety reports**
- **Lifts inspection and maintenance records**

## **Part Three**

### **Care Plan prior to admission**

1. The Care Manager is responsible for compiling a Care Plan with the multi-disciplinary team and will involve the Service Provider, Service User, the Service User's family, advocate and any other relevant contributors.
2. This will include planned objectives and outcomes, and a programme of regular monitoring and reviewing of the placement.
3. The Service Provider will be informed of Service User's medication and any factors that may cause disruptive or challenging behaviour. Subject to the Service user's consent, this will include any other matters relevant to the Service User's well being.
4. The Service Provider will be given a copy to place with the Service User's records.

### **Support Plan after admission**

*Service Providers Support Plans are comprehensive.*

1. Admission of the Service User implies acceptance of the requirements of the Care Plan by the Service Provider.
2. The Service Provider must draw up a Support Plan with the Service User, and his or her advocate or carer, which sets out how the requirements of the Plan will be met.
3. Staff must be involved in admissions, assessments, support planning and reviews.
4. Each Service User should have a copy of his or her Support Plan in a format which he or she can understand.

5. The Service Provider must keep up-to-date Support Plans, which are informed by daily records and regular monitoring and reviewing. There must be written procedures ensuring confidentiality of all records that refer to the individual Service User.

***Expected Outcome:*** *Service Users influence the service they receive.*

### **Support Plan Reviews**

*Service providers Support Plans are regularly reviewed.*

The Care Plan will be reviewed by the Care Manager, Service User and the Service Provider in the Service User's own environment at intervals of no longer than six months, except where it is agreed these can be up to twelve months.

1. The Service Provider will review support plans at least once a month.
2. This will include any special requirements of the Service User and form part of his or her personal records.
3. Written procedures must be in place to ensure the confidentiality of all records that refer to the individual Service User.
4. Where Service Users are dissatisfied, they may require help to find a person to advocate on their behalf in a review, as well as expressing their views through the complaints procedure.
5. The Service Provider must agree to notify the Service User's Care Manager of any substantial deterioration in his or her state of health or concerns about an increased risk.

***Expected Outcome:*** *Service Users are involved in agreeing any changes to their support.*

## Medication

*Service Providers have a policy on self-medication and homely remedies.*

1. The Service Provider must have a written policy relating to the management of medicines.
2. Prescribed medicines are the property of the individual Service User for whom they were prescribed and must not be used for the treatment of others.
3. Where a Service User administers his or her own medication, any prescriptions must be noted in the Service Provider's records for that individual.
4. Suitable storage facilities must be provided for those Service Users administering their own medication, with access limited to the individual Service User and designated Care Staff.
5. Medical treatment must not be given without the valid and informed consent of the Service User. If the Service User does not have the capacity to give consent, the Service Provider must inform the Service User's General Practitioner.
6. Some Service Users will be used to family members assisting them with medication at home. Staff employed by the Service Provider may continue to assist the Service User provided the Staff member is adequately trained.
7. In all cases, the rules set out in the Good Care Guide "*Control of Medicines for Adult Service Users*" must be adhered to.

***Expected Outcome:*** *Service Users maintain good health as a result of proper use of medications.*

## Health care

*Service Providers enable Service Users to access primary health care services.*

1. Service Providers must promote and maintain Service Users' health. Service Users must be given opportunities for appropriate physical activity and encouraged to follow healthy eating habits.
2. Service Users must have the facilities to attend to their own personal hygiene requirements.
3. Service Users must be given appropriate and specialist attention if needed and particular health needs must be identified on admission.
4. Service Providers must follow appropriate hygiene precautions to promote and maintain health and to recognise illness or infection promptly. The Good Care Guide "*Preventing Infection in Residential Homes*" and the "*Universal Precautions*" supplied with this Specification provide further information.
5. Service Providers must ensure that Service Users have access to preventative specialist health care services such as Dentist, Optician, Chiropodist etc.
6. The Service Provider must monitor the Service User's psychological health and provide access to preventative and restorative care.
7. The Service Provider must ensure that any changes in the Service User's health are recorded. Where these are significant, the Care Manager, the Service User's General Practitioner and family should be informed after consultation with the Service User.

8. The Service Provider must be aware of the requirements to inform the Medical Officer of Health of outbreaks of notifiable infections and diseases. Any prescribed action order by the Medical Officer of Health must be carried out without delay.
9. The Service User must be consulted about any referral for medical advice or treatment.
10. Service Providers must support the treatment prescribed by the Service User's General Practitioner or Consultant.
11. If the Service User is known to be refusing medication and/or medical treatment, the Service Provider must discuss the reason with the Service User and advise him or her to accept the advice of the General Practitioner or Consultant.
12. If refusal continues the Service User's right must be respected and this decision recorded in his or her personal record.
13. If there is any immediately risk to a Service User's life, or the safety of others, the Service User's General Practitioner and Multi-Disciplinary team member must be contacted as soon as possible.
3. Mobility training and the provision of special aids if required by a Service User must be arranged in consultation with his or her Care Manager.
4. Mobility aids must only be used where recommended by the relevant specialist. Staff must be trained in assisting Service Users in their proper use and in a manner agreed with the Service User.
5. Mobility aids should be regularly inspected to ensure they are in good repair and the results recorded. Defective aids must not be used.
6. Changes in a Service User's auditory or visual ability and any apparent requirement for hearing or visual aids must be recorded and the Care Manager informed.
7. Prescribed aids should be obtained without delay and the Service Provider may assist in this if requested to do so.
8. Staff must make a regular check of all aids with the Service User's consent and results noted in the Service User's personal record.

**Expected Outcome:** Service users maintain good health.

**Expected outcome:** The most is made of Service User's abilities.

### Disability Aids

*Service Provider has written records assuring mobility and sensory needs are met.*

1. Ramps and handrails must be installed with the advice of the occupational therapist and in accordance with building regulations. Maintenance records must be kept for inspection.
2. The Service Provider must record any changes in a Service User's physical mobility and inform the Care Manager.

## Money Matters

*Service Providers safeguard Service Users' money.*

1. If the Service User becomes mentally incapable of managing his or her own affairs, the Service Provider must inform the Service User's Care Manager.
2. If Service User possesses or acquires substantial financial or property assets, the Service Provider must advise the Care Manager who will make necessary arrangements for the proper administration of the assets.
3. The personal expenses allowance of a Service User's Income Support benefit is his or her personal income and must not be used to contribute to the weekly charge for the residential care service.
4. Any money handled by the Service Provider's Staff on the Service User's behalf must be fully accounted for. Records and receipts must be held in the Service User's personal file.
5. The Service Provider will supply basic essentials, for example personal hygiene requisites. Should a Service User wish to purchase additional requisites of his or her choice he or she must be able to do so.

***Expected Outcome:*** *Service Users are in control of their monetary affairs.*

## Welfare Benefits

In the event of a Service User requiring assistance when making welfare benefit claims, the Service Provider must contact the Service User's Care Manager who will make arrangements for appropriate advice to be given.

## Probity

*Service Providers ensure that staff do not profit from Service Users vulnerability.*

1. The Service Provider must have a written policy relating to Probity, which forms part of Staff Members' terms and conditions of employment.
2. Staff or their relatives must not agree to be an executor of a Service User's will.
3. Staff or their relatives must not accept gifts or agree to be a beneficiary of a Service User's will. If they are named as a beneficiary they must report this to their supervisor and to the Service User's Care Manager immediately.

***Expected Outcome:*** *Service Users are protected from financial abuse.*

## Equality

*Service Providers establish and promote equality.*

1. Service must be provided in a manner that is sensitive to the requirements of each Service User.
2. The needs of the Service Users arising from specific ethnic, religious or cultural, gender, sexuality, disability or age requirements must be identified in the individual's Support Plan.
3. Service Providers must make a plan to meet these needs and ensure Staff are aware of how to carry them out.
4. If requested, Service Providers must ensure that Service Users are put in contact with an individual or group community with which they have an affinity.

5. Service Providers are expected to take positive action to combat discrimination.
  6. Wherever possible at least one staff member caring for individual Service Users, such as a Key Worker, should be recruited from a similar ethnic background as him or her.
  7. Staff must understand religious and cultural preferences and accommodate appropriate choices of the following:
    - food
    - manner of eating
    - dress
    - religious days and festivals
    - beliefs about death
    - method of worship
4. The duties of a Key Worker within the home will include:
    - attending to the individual's specified requirements whilst on duty
    - ensuring continuity of care
    - providing a familiar Staff contact for relatives
    - arranging appointments
    - being a confidant in personal relationships
    - contributing to reviews
    - ensuring the Support Plan is adhered to.
  5. The Service Provider will be proactive in ensuring a Service User's needs are continually met in the event of his or her Key worker leaving.

**Expected Outcome:** Service Users beliefs are understood and practices respected.

**Expected Outcome:** Service Users are supported by competent Key Workers.

### **Key Workers**

*Key workers are properly trained and understand their role.*

1. The Support Plan may determine that, within the home, an individual member of Staff will be a Key Worker for a Service User.
  2. The Key Worker who supplements the care team, should be selected for his or her ability to relate positively to the Service User and have the necessary skills, training and supervision to enable him or her to support the Service User.
  3. Staff must understand the value of key working and have clearly defined Key Worker roles with a knowledge of the Service User's interests and needs.
- **Confidential service records for each Service User.**
  - **Procedures in relation to the confidentiality of all records relating to Service Users.**
  - **Policy for the administration of medicine.**
  - **Disability aids maintenance report.**
  - **Records of financial transactions for Service Users.**
  - **Policy relating to probity.**

## **Part Four**

### **Additional Personal Care and Support**

#### **Communication Difficulties**

*Service Providers must ensure that Service Users communicate.*

1. Service Users with communication difficulties must be enabled to express their own opinions about the accommodation and what is planned for their care, in private if preferred.
2. Where spoken English is the second language of a Service User, visitors fluent in the Service User's native or preferred form of language should be encouraged.
3. Care Staff should learn basis words in the Service User's language or means of communication.
4. Where there are suspected problems in communicating due to language difficulties, the services of an interpreter must be engaged to resolve them. Contacts for interpreters should be included in the Support Plan.

***Expected Outcome:*** Service Users express their views.

#### **Challenging Behaviour**

Severe challenging behaviour is described as:

***'Behaviour of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in jeopardy'.***

OR

***'Behaviour which is likely to seriously limit use of, or result in, the person being denied access to community facilities'.***

*(BILD and NAS Physical Interventions – A Policy Framework)*

*Service Providers must ensure Service Users are enabled to communicate in non challenging ways.*

1. The Service Provider must have a Physical Intervention Policy (formerly known as Restraint) which is made available to all Staff.
2. The Service Provider must explore the reasons for a Service User's challenging behaviour or severe challenging behaviour, in conjunction with Health professionals and Care Management. The Good Care Booklet attached to this specification – "Supporting Adults with a Learning Disability who Challenge Services" - sets out good practice.
3. Behaviour programmes recommended by a clinical specialist in the field of challenging behaviour should be agreed as part of the Service User's Support Plan.
4. The Support Plan should be regularly reviewed and include all the agencies involved with the care of the Service User, as well as the Service User's relative or advocate.

***Expected Outcome:*** Service Users communicate in non challenging ways.

#### **Acceptance of Risk**

*Service Providers must ensure that risk assessments are carried out on all activities for every Service User.*

1. The Service Provider must have a written policy and procedure on risk taking and methods of assessing risks.
2. The risks that can be taken and those that must be avoided must be specified in the Service User's Support Plan together with subsequent reviews and strategies to minimise the risks.

3. The risk element of the Support Plan must be subject to negotiation and change. Service Users must be involved and consulted.
4. Service Users have a right to achieve their optimum potential and fulfilment by joining in activities that will promote this goal, even though there must be an element of risk involved.
5. Risk and possible consequences should be explained to the Service User.
4. The Service Provider must encourage staff to take action when there is suspicion of abuse occurring within the workplace, no matter who is the perpetrator or who is the victim.
5. The Service Provider must respect and not penalise those who report suspicions of abuse.
6. In accordance with the Public Interest Disclosure Act 1998 the Service Provider must have a policy relating to 'Whistle Blowing'.

**Expected Outcome:** *Service Users take risks as assessed within the agreed Support Plan.*

### **Freedom from Abuse**

*Service providers must ensure a home free from abuse.*

1. Abuse is an action that may be reasonably considered to be to the detriment of the Service User. Examples are:
  - fraud and theft from a Service User
  - neglect of a Service User
  - cruelty, assault and verbal abuse of a Service User
  - sexual harassment, sexual abuse (including procurement of a Service User)
  - racist abuse, harassment or discrimination
  - conspiracy to defraud or disadvantage a Service User
  - financial malpractice
2. The Service Provider must have a written Adult protection policy and procedure that conforms to the Multi Agency Adult Protection Policy for Kent and Medway.
3. Staff must receive training on the indicators of abuse and must be supported in the efficient reporting and recording of abuse. Regular monitoring and reviewing of the systems must be in place.
7. In the event of abuse occurring within the home, the Service Provider must report this to Social Services duty officer immediately, to allow for a proper investigation to take place.
8. Where the alleged abuse is of a criminal nature the policy must be notified immediately. The Good Care Guide "Adult Protection - what you should know" sets out good practice.
9. As established in the Care Standards Act 2000, the names of unsuitable staff must be notified to the Department of Health to be included on the Protection of Vulnerable Adults list.

**Expected outcomes:** *Service Users are free from abuse.*

Service providers must maintain the following policies, procedures and records outlined in Part Four of this Specification. They will be asked to produce these to provide evidence of compliance with them at any time by suitably authorised staff from Kent County Council.

- **Policy and procedure relating to Risk Taking**
- **Policy relating to Physical Intervention (formerly known as Restraint)**
- **Policy and procedure relating to the Protection of Vulnerable Adults**
- **Policy in relation to 'Whistle Blowing'**

## **Part Five**

### **Absence and Discharge**

*Service Providers must know the whereabouts of Service Users at all times*

1. The Service Provider must have a written procedure for absent and missing persons.
2. All Staff must know the procedure for dealing with emergencies when a Service User is missing. This must include:
  - time for assumption of a person missing
  - search procedure of building(s) and grounds
  - telephoning likely places
  - informing Police
  - informing relatives where appropriate
  - informing the Care Manager
3. The Service Provider must inform the Care Manager when a Service User is absent from the home due to being unexpectedly admitted to hospital, going to relatives or friends for an unplanned visit.
4. In cases of hospitalisation, the Service User's relatives must also be informed unless the Service User has specifically requested otherwise.
5. Service Providers will hold a placement for a period of up to six weeks when a Service User is admitted to hospital. During this time the Service User's room must not be used.
6. If the Service User is in hospital or absent longer than six weeks, a Support Plan review must be arranged with the Care Manager and any other relevant parties.

7. On discharge from hospital, any special care requirements will be recorded in the Service User's health record and the Support Plan will be reviewed and amended accordingly.
8. If the Service Provider seeks to discharge a Service User, the Service User's Care Manager must be consulted.
9. If an agreement cannot be reached with the Care Manager, the Service Provider must issue a formal notice to terminate the Service Delivery Order and Care Plan.

***Expected Outcome:*** *The Service User feels secure in his or her chosen home.*

### **Dying and Death**

*Service Providers are prepared to deal with the death of a Service User.*

1. The Service Provider must have a policy and procedure relating to the care of people who are dying and what to do in the event of a death.
2. There must be a record of the Service User's wishes regarding funeral arrangements.
3. Where the death of a Service User occurs, relatives must be informed sensitively, but without delay.
4. If there are no relatives the relevant public body must be informed.
5. Other residents in the home must also be informed sensitively, but without delay.
6. The Service User's Care Manager must also be informed without delay.

***Expected Outcomes:*** *Service Users know that death is handled sensitively.*

Service Providers must maintain the following policies, procedures and records as outlined in Part Five of this Specification. They will be asked to produce these to provide evidence of compliance with them at any time by suitably authorised staff from Kent County Council.

- **Policy and procedure in relation to Absent and Missing persons.**
- **Policy and procedure in relation to Dying and Death.**

## **Part Six - General Management**

### **Health and Safety**

*Service Providers ensure Staff understand the importance of Health and Safety in their role.*

1. The Service Provider must have a written Health and Safety policy in accordance with the Health and Safety at Work Act etc 1974. It is the responsibility of the Service Provider to ensure the health, safety and welfare of Service Users, Staff, volunteers and visitors whilst on duty.
2. Further regulations provide for the assessment of risk in the workplace. These are:
  - Management of Health and Safety at Work Regulations 1992
  - Workplace (Health Safety and Welfare) Regulations 1992
  - Manual Handling Operations Regulations 1992
  - Personal Protective Equipment Regulations 1992
  - Provision and Use of Workplace Equipment Regulations 1992
  - Control of Substances Hazardous to Health Regulations 1989
3. The general approach of the Service Provider to managing safety must be based on risk assessment, as laid out in these regulations.
4. Before tasks are allocated to Staff an assessment must be made of the possible risks relating to the environment, equipment, activities and the particular Service User involved.
5. A plan must be made with the member of Staff to minimise risk and to promote safe working practice.

***Expected Outcome:*** Service Users are safe in the home.

### **Accidents and Injuries**

*Service Providers ensure staff are able to deal with accidents and injuries.*

1. All accidents, near accidents or injuries involving Staff, Service Users, volunteers or visitors must be recorded in the accident register.
2. Any accidents or injuries requiring hospital or GP attendance to a Service User must be reported to the Service User's Care Manager.
3. Where accidents must be reported, the Service Provider should ensure that this is to the appropriate enforcing authority.
4. A first aid kit must be available for treating minor accidents to Service Users or Staff.
5. One member of Staff trained in Appointed Persons First Aid (as a minimum) must be available at all times.
6. All staff must know the procedure for dealing with medical emergencies.
7. Reporting must comply with Reporting Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

***Expected Outcome:*** Service users are appropriately treated for any minor injuries.

*Service Providers must impede the transmission of disease.*

*in relation to transmittable diseases (eg HIV/AIDS and Hepatitis A, B and C).*

2. The Service Provider must ensure that Staff are trained to work safely with all Service Users and follow "Universal Precautions" (attached to this Specification) at all times.

***Expected Outcome:*** Service Users are protected from transmittable disease.

## **Safety Inspections of Premises**

*Service Providers must ensure that the premises are safe.*

1. The Service Provider must inspect the premises regularly. Records of safety inspections must be maintained.
2. Any faults must be recorded together with details of actions to isolate equipment or rectify the fault. The date of completion of the action must also be recorded.
3. Staff must ensure that Service Users are trained to work safely when using equipment and materials.
4. Safety guards for equipment must be maintained in a safe state and used according to the manufacturer's instructions.
5. All dangerous materials used for cleaning or gardening must be stored in a locked cupboard and not left unattended when being used.
6. Staff must ensure that safe moving and handling techniques, in accordance with manual handling regulations, are used when moving Service Users, equipment or materials.
4. When serious faults occur the Service Provider must ensure that Staff maintain extra vigilance and that they and Service Users know about any necessary additional warning measures.
5. All Service Users and Staff must be familiar with the fire precaution measures and the procedure in the case of fire. These must be presented in an accessible format for Service Users.
6. Staff must be aware of the location of fire extinguishers and their particular responsibility during evacuation.
7. All Service Users and Staff must be involved in fire evacuation drills at least once a year.
8. Staff training must include coping with difficult individuals in emergency situations, the use of extinguishers and using other appliances.

***Expected outcome:*** Service Users are protected from the risk of fire.

*Expected Outcome:* Service Users are protected from harm in their home.

## **Fire**

*Service providers must ensure that all Fire Procedures are carried out effectively.*

1. The Service Provider must display instructions and procedures at appropriate points as designated by the Fire Officer. Records of fire inspections must be maintained.
2. The premises must have an Inspection Certificate showing that the local Fire Service prevention standards are met.
3. Smoke and heat detectors and fire alarms must be tested according to the manufacturer's instructions and the results recorded. All faults should be rectified without delay.
1. All vehicles used to transport Service Users must be maintained in accordance with the manufacturer's instructions.
2. The vehicles must be taxed, comprehensively insured and hold a valid MOT certificate.
3. The drivers of the vehicles must hold a valid driving licence.
4. Seat belts complying with legal requirements and British Standard Specifications must be fitted for all passengers.

5. If people in wheelchairs are being transported, then wheelchair anchor points and grips must conform to the relevant British Standard Specification and be used in accordance with the manufacturers instructions.

**Expected Outcome:** *Service Users travel safely.*

### **Access to Information**

*Service providers must ensure that Service Users rights are protected.*

1. The Service Provider must allow suitably authorised staff of Kent County Council to access records required by this Specification.
2. Access will be allowed to all parts of the building and equipment used in the care of Service Users.
3. Visits by authorised Kent County Council Staff may take place at any time and may be unannounced.
4. Each Service User will have a personal confidential file where all matters relating to the Service User will be recorded.
5. The personal file must contain a copy of the Support Plan including risk assessments, information on health requirements and outcomes of subsequent reviews.
6. Service Users must have access to their records on request.
7. Third parties must be advised that information they contribute may be shown to the Service User.
8. Information from third parties that predates the Data Protection Act 1998 may be withheld *if providing access might cause serious harm to the physical or mental health of the data subject or another person* Order (SI2000-No.415)

9. Staff members working with individuals who may need information urgently, must have access to personal records at all times.

10. Access to confidential information must not be made possible to unauthorised persons or other Service Users.

11. Information regarding Service Users must not be passed to third parties without the express permission of the Service User, his or her advocate or Care Manager.

12. All records maintained must comply with the requirements of the Data Protection Act 1998.

**Expected outcome:** *Service Users know their rights to access their personal records.*

Service Providers must maintain the following policies, procedures and records as outlined in Part Six of this Specification. They will be asked to produce these to provide evidence of compliance with them at any time by suitably authorised staff from Kent County Council.

- **Health and Safety policy**
- **Emergencies procedure manual**
- **Accident registers**
- **Transmittable diseases policy**
- **Safety inspection records**
- **Fire inspection records**
- **Test records for heat detector and fire alarms**

## **Part Seven**

### **Quality Monitoring of the Service**

*Service providers have a system to regularly monitor and evaluate their care home's performance.*

1. The first step in monitoring and evaluating the quality of service is getting the views of the Service Users.
2. Service Providers must listen to and act upon these views.
3. Regular Service User meetings should be held. They should be used to discuss the running of the home and for Service Users to suggest ways in which the service could improve. The meetings must be recorded.
4. The Service Provider must ensure that the resources, Staff training and numbers of Staff are sufficient to ensure the desired outcomes of the service as laid out in this Specification.
5. The Service Provider must operate a system to monitor quality such as the self-monitoring system laid out in "A Guide to Quality Management for Service Providers" attached to this Specification.
3. The Service Provider must formally record every complaints, its investigation and outcome.
4. Both Staff and Service Users must know the complaint procedure.
5. The procedure must show a time frame in which the Service Provider will resolve a complaint.
6. The complaints procedure must encourage early discussion and informal resolution of any problems identified by Service Users.
7. Where informal discussion fails to achieve a satisfactory resolution for the Service User the Staff member receiving the complaint must report it to his or her manager, who will attempt to achieve a satisfactory outcome.
8. If a complaint cannot be resolved to the Service User's satisfaction, he or she must be supported to make a formal complaint to the his or her Care Manager or the Kent County Council.
9. The complaints record must given details of the actual complaint, the response and whether the complainant was satisfied with the outcome.
10. The Service Provider must inform the Service User's Care Manager of all formal complaints.
11. The Service Provider must enable Service Users to contact their Care Managers to discuss any concerns in private.

**Expected outcome:** *Service Users are involved in the running of the home.*

### **Complaints**

*Service Providers must welcome complaints as an opportunity to improve service and an aid to quality management.*

1. The Service Provider must have a clearly written complaints procedure (together with the Kent County Council's complaints leaflet) which is given to a Service User, his or her family, carer or advocate at the time of admission.
2. The procedure must be in a format that is understood by the Service User.

*Service Users "speak up" about the service they receive.*

## **Staff Meetings and Supervision**

***Expected outcome:*** *Service Providers enable staff to feel involved in the running of the home.*

1. The Service Provider should hold regular Staff meetings, which are recorded.
2. Service Providers must offer regular supervision to Staff and managers to guide their work performance and identify training and development needs.
3. The Service Provider must have clear mechanisms of support, which Staff are aware of and which are easily accessed.
4. The Service Provider must ensure there is an adequate staff 'change over' system between shifts.
5. Supervision sessions must be recorded and kept in individual Staff files.

***Expected Outcome:*** *Service Users have confidence in the Staff.*

Service Providers must maintain the following policies, procedures and records as outlined in Part Seven of this Specification. They will be asked to produce these to provide evidence of compliance with them at any time by suitably authorised staff from Kent County Council.

- **Self monitoring Quality Assurance system**
- **Complaints procedure**
- **Record of complaints and actions taken**
- **Staff supervision records**

## **Part Eight**

*Service providers ensure a good quality of service with the right calibre of Staff.*

### **Staffing Matters**

It is expected that an organisation with which Kent County Council contracts demonstrates within its practice and policies a culture which values and respects all members of Staff, enabling them to give a high standard of support to all Service Users.

### **Recruitment and Selection**

1. Specifications relating to the selection, appointment and training of Staff are the responsibility of the Service Provider.
2. All procedures listed below apply equally to paid or unpaid workers (staff or volunteers).
3. All records concerning the selection of volunteers and the duties undertaken by them must be kept.
4. Volunteers must not be used to cover work designated to paid Staff or to cover staffing shortfalls.
5. Service Users should be involved in the selection of Staff and volunteers.
6. In the interests of assured quality and the protection of Service Users, a written recruitment and selection procedure must including the following:
  - application form
  - written job description
  - written person specification
  - interview procedure
7. The following actions must be carried out and recorded each time a member of Staff is employed:
  - checking identity of care workers
  - taking up references

- checking of references
- checking of previous work history
- checking with the Criminal Records Bureau Disclosure Service

#### Job descriptions must include:

- duties
- responsibilities

#### Person Specification must include:

- qualifications required
- skills needed
- experience required

#### The Service Provider must:

- ensure that all new staff are employed only after completion of a satisfactory check from the Criminal Records Bureau Disclosure Service.
- Ensure that staff are employed in accordance with the code of conduct and practice set by the General Social Care Council as described in the Good Care Guide – 'Recruitment and Selection'.

***Expected outcome:*** *Service Users are happy with and receive good care from new members of Staff.*

## **Contract of Employment for Staff**

*Service Providers must ensure that Staff have confidence in their employer.*

1. In accordance with the Employment Rights Act 1996, it is the responsibility of the Service Provider to ensure each member of staff is issued with a contract clearly stating the terms and conditions of his or her employment.
2. Further legislation provides for the terms of the contract of employment. These are:
  - National Minimum Wage Act 1998
  - Working Time Regulations 1998
  - Data Protection Act 1998
3. The Service Provider and Staff member must verify the contract of employment.
4. A copy of the contract of employment must be kept in the Staff member's personal file.

*Expected Outcome: Service Users have trust in a stable staff team.*

## **Induction Training**

*Service Providers must begin to induct new staff immediately they take up post.*

1. The Service Provider must have a comprehensive induction procedure for all members of Staff so that they are fully conversant with and subscribe to the care home's philosophy.
2. The induction programme must include whatever Staff need to ensure competent service delivery.
3. All new Staff will complete an induction programme within six weeks of starting work.
4. The completion for each subject must be signed and dated by the Service Provider and Staff member and placed in the Staff member's personal file.

5. The induction programme must include as a minimum:
  - Aims and values of the home
  - Rights of the Individual Service User
  - His or her job role (*to detail personal care and some knowledge of the Service User Group*)
  - Health and Safety
  - Basic First Aid
  - The "Universal Precautions" and good hygiene practice
  - Fire Precautions, procedures and equipment
  - Emergency Procedures
  - Complaints Procedure
  - Confidentiality regarding Service Users

*Expected Outcome: Service users have confidence in new staff.*

## **Essential Training for all Staff**

*Service Providers must provide a competent, confident staff team.*

1. Training in essential skills must be completed within six months of starting employment. A training and development plan must be in place to follow this.
2. All staff must have the equivalent of at least 3 days paid training each year.
3. It is recommended that the Good Care Guides produced by the Kent County Council are used in Staff training.
4. Where possible, training should involve Service Users.

5. NVQ levels II/III provide a guide to the level of training expected for Staff.
6. Staff training and training levels must take into account the requirements of Service Users with special needs.
7. The completion of each subject must be signed and dated by the Service Provider and Staff member and placed in the individual Staff members's personal file.

8. The training programme must include as a minimum:

- Support Planning
- Food Hygiene
- Personal Care
- Infection Control
- Pressure Area Care
- Administration of Medicines
- Manual Handling
- Adult Protection
- Managing Risk
- Communication Skills
- Dealing with Difficult Behaviour
- Managing Aggressive Behaviour
- Personal Safety and Violence at Work
- Security for Service Users and their Property
- Equal Opportunities
- Dying and Death

### **Additional Training for Managers**

The training programme for managers must include as a minimum:

- Supervising Staff
- Supporting Staff

- Recruitment and selection of Staff and volunteers
- Training in the home's specialism if relevant
- Management training (NVQ, DMS, etc.)

The Service Provider must provide a continuous Staff development programme with clear evidence of the competencies expected of all Staff.

***Expected Outcome:*** *Service Users enjoy the benefits of a staff team which is well trained and managed.*

Service Providers must maintain the following policies, procedures and records as outlined in Part Eight of this Specification. They will be asked to produce these to provide evidence of compliance with them at any time by suitably authorised staff from Kent County Council.

- **Recruitment and selection procedure job descriptions.**
- **Contract of Employment for Staff.**
- **Policy for the recruitment of volunteers**
- **Records relating to the selection of volunteers and the duties undertaken by them**
- **Policy and procedure in relation to the prevention and management of violence to Staff.**
- **Induction programme for new Staff.**
- **Essential training programme for all Staff.**
- **Additional training programme for managers.**
- **Staff members' personal files.**

*It is acknowledged that Small Homes with three or less residents may employ few or no Staff and so, for those procedures relating to Staff, they may be asked for less comprehensive written documentation than larger homes.*

## **Part Nine**

### **Open employment staff policy**

*Service Providers must ensure that they select the best person for the job regardless of race, gender, age, disability and sexual orientation.*

1. The Service Provider must operate an Open Employment Policy for the employment of staff.
2. This policy must comply with the requirements of the Race Relations Act 1976 and the amended act 1999, Sex Discrimination Act 1975 and Disability Discrimination Act 1995 as applicable and take the form of a written document.
3. The policy must make clear that action will be taken to ensure that no employee or job applicant is discriminated against on the grounds of gender, ethnic or national origin, disability, marital status, sexual orientation, religious or political beliefs or trade union activity.
4. The Service Provider will ensure:
  - The victimisation, discrimination and harassment are disciplinary offences
  - An appointed person in the organisation has responsibility for the effective operation of the policy
  - A plan is in place for communicating the policy to all staff
  - A plan is in place for implementing the equal opportunities policy, detailing what actions are to be taken
  - Monitoring and reviewing application of the equal opportunities policy to ensure it takes place and who is responsible for undertaking the review
5. Where there are more than twenty five employees, the Service Provider must give written instructions to managers and supervisors on:
  - Equality in recruitment and selection
  - Training
  - Promotion

- Discipline
  - Dismissal of staff
6. The Service provider must:
- Give training in equalities for any member of staff responsible for recruitment and selection
  - Monitor the ethnic origin of all applicants for employment and those appointed
  - Address any under representation of ethnic minorities

***Expected Outcome:*** *Service Users enjoy a diverse staff team.*

Service providers must maintain the following policies, procedures and records as outlined in Part Nine of this Specification. They will be asked to produce these to provide evidence of compliance with them at any time by suitably authorised staff from Kent County Council.

- **Equal opportunities policy.**
- **Open policy for the employment of Staff.**
- **Written instructions for managers and/or supervisors of homes with more than twenty five employees.**

## **Part Ten**

### **Contract Compliance**

1. By agreeing to the Contract the Service Provider undertakes to comply with this Specification and to provide the service in the style and manner described in the Good Care Guides.
2. It is expected that Service Providers will work in co-operation with Kent County Council to achieve the common aim of a good quality service.
3. The service must be delivered in accordance with the requirements of the Service Delivery Order and Care Plan and must not be amended without the permission of the Care Manager.
4. Care Managers will monitor compliance to Care Plans through review.
5. Officers from Kent County Council's Contracting function will monitor compliance with the contract through the "*Monitoring for Quality*" document (attached to the Specification) and other measures.

## **Part Eleven**

### **Further Reading**

Information on some specific items shown in the Specification and detailed below can be obtained from your local Public Library.

### **Catering Facilities**

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

### **Policies, Procedures, Records**

- Care Standards Act 2000
- Control of Substances Hazardous to Health Regulations 1989
- Data Protection Act 1998
- Disability Discrimination Act 1995
- Health and Safety at Work Act 1974
- Human Rights Act 1998

- Management of Health and Safety at Work Regulations 1992
- Management at Work Regulations 1992
- Manual Handling Operations Regulations 1992
- Mental Health Act 1983
- NHS & Community Care Act 1990
- Personal Protective Equipment Regulations 1992
- Provision and use of Workplace Equipment Regulations 1992
- Public Interest Disclosure Act 1998
- Race Relations Act 1976
- Race Relations Amendment Act 2000
- RIDDOR 1995
- Sex Discrimination Act 1975, 1986
- Workplace (Health Safety and Welfare) Regulations 1992

### **Staff and Training**

- Criminal Records Bureau Disclosure Service 2000
- Care Standards Act 2000
- Employment Rights Act 1996
- National Minimum Wage Act 1998
- Working Time Regulations 1998
- Public Interest Disclosure Act 1998 (Whistle Blowing)
- Rehabilitation of Offenders Act 1984
- NACRO leaflet
- Race Relations Act 1976 & Amendment Act 2000
- The PUWER (1992) Regulations (ISBN0-7176-0414-4) are available from the Health & Safety Executive
- Part V Police Act 1997

This Specification refers to the following “Good Care” Guides published by the County Council

**Good Care Guides:**

- Adult Protection - what you should know
- Control of Medicines for Adult Service Users
- Good Care of people with Learning Difficulties
- Good Care of people with Physical Difficulties
- Personal Relationships and Service Users
- Preventing Infection in Residential Homes
- Recruitment and Selection of Staff
- The Universal Precautions
- Working with People with Mental Health Difficulties
- Supporting Adults with Learning Difficulties who Challenge Services
- First Steps to Equality

**Other Documents**

- Multi-Agency Adult Protection Policy, Procedures and Protocols for Kent and Medway
- Physical Intervention Policy for Adults with a Learning Disability
- Policy for the Administration of Medication for Adults 2001

**These documents can be obtained from:**

Kent County Council  
Social Services Directorate  
Customer Care Services  
Room 3.13 Brenchley House  
123-135 Week Street  
Maidstone  
Kent ME14 1RF

**Recommended Reading**

- Kent Registration’s book on dietary requirements
- UKCC Guidance on Record Keeping 1999

**We have consulted, researched and read in order to bring you a comprehensive Specification. We are pleased with the outcome and hope you are too.**

**However, we are always keen to improve our service and welcome feedback on this document. We will listen carefully to comments, compliments and complaints and learn from them.**

*Our address is:*  
Kent County Council (Social Services)  
BH-3 Service Policy and Standards (Contracting)  
123-135 Week Street  
Maidstone,  
Kent ME14 1RF