

Day Service for Older Adults

SPECIFICATION

This document defines the Day Service for Older Adults
purchased by Kent County Council

December 2005

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Kent County Council's contract for Day Service for Older Adults

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Kent County Council's contract for Day Service for Older Adults

Glossary

Care Manager

The person we have deployed to arrange and review the day service for older adults who have been found on assessment to be eligible for day care services.

Care Plan

The written statement produced by a Care Manager, which sets out the social care support that a Service User requires to meet his or her social needs and aspirations. This will be agreed by all of the parties to it and updated regularly.

Must and Will

Means that the activity referred to is mandatory.

Organisation

The day service provider for older adults providing support for people who require day services.

Policy

Is a set of general statements, which help staff and individuals to make sound judgements.

Procedure

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

Service Delivery Order

The Service Delivery Order (SDO) initiates and tailors the service for a Service User.

Service User

A person who has been found, on assessment, to be in need of services and to qualify under our eligibility criteria for day services. You will have an SDO for them.

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 the individual's Care Plan, which has precedence over other general guidance.

Specification

Our "Specification For Day Service for Older Adults " (i.e. this document).

Support Plan

The document drawn up by the Service Provider which 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. It is defined as a detailed plan that is developed between the Service User and the Organisation providing the care, which identifies the way in which the care is to be provided and the activity to be undertaken. The Support Plan arises from the needs assessment, the Care Plan, and the risk and manual handling risk assessment.

Support Worker

A member of staff employed by you to carry out day services.

We

The Kent County Council and any person to whom we may assign this Agreement. Unless the context otherwise requires, 'us' will also be taken to refer to 'we'.

You

The legal owner of the Organisation, as detailed in Appendix 1 of the Service Agreement, or any person either authorised to act on your behalf or succeeding to your ownership of the Organisation.

1.Introduction

In entering into a contract with Kent County Council to provide a Day Service for Older Adults, you are undertaking to comply with the law and this Agreement.

This Specification is for a Day Service for Older Adults. An effective Day Service should aim to provide a service for older adults with the aim of ensuring that they can participate in and help steer the services required, taking into account their specific needs. The Day Service should also enable service users to make informed decisions and to facilitate access to services across the health, social and voluntary sectors. The specific service for each Service User must be delivered in accordance with the requirements of the Service Delivery Order and the Care Plan provided by the Care Manager, and must not be significantly varied without the prior agreement of the Care Manager and the Service User. Care Managers monitor compliance to Service Delivery Orders through regular reviews.

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

This Specification states Kent County Council requirements, and should be read in conjunction with the Service Agreement. The terms used are the same throughout both documents.

Compliance with the contract will take place through monitoring of the service via Service User feedback, Carer feedback, Care Management visits and Contracts visits.

2.The Purpose of the Service

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

The Service User must be at the centre of all decisions about how they are supported. The Service Provider should provide services in such a way that the Service User is able to feel secure, confident and included in all decisions regarding the service provided to them.

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

- ❑ Self Worth
- ❑ Ability to realise aspirations
- ❑ Social life
- ❑ Being Valued as a Member of one's Community

These are explained more fully in the following pages, together with key processes required to support these outcomes.

Activities

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

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

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

The following, non-exhaustive list, gives examples of the type of activities we would expect to be provided:

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

In addition to the above, the focus of the service for people with mental health needs must be:

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

3.Required Outcomes

Kent County Council requires providers to provide high quality support, working with us and the Service User to achieve confidence in all aspects of the Service User's life. Through the provision of the Day Service, the following will be achieved.

Confidence in one's:

- 3.1 Self-Worth
- 3.2 Ability to Realise Aspirations
- 3.3 Social Life
- 3.4 Being Valued as a Member of One's Community

3.1 Self-Worth

Defined as:

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

Required Outcomes

Evidence that the Service User:

- is treated with dignity and respect at all times
- makes informed decisions
- maintains maximum independence
- is involved in day to day decisions about the service
- has continuity of Support Worker(s)
- feels confident that assessments of need and Care Plans inform the service delivery
- knows that they are able to trust the integrity and skill of their Support Worker(s)
- knows that their personal information is kept confidential

Key processes to support outcomes

To enable the achievement of the outcomes You must:

- ❑ enable the Service User to be independent
- ❑ support the Service User in making decisions about their own life, providing information, assistance, and support where needed
- ❑ support the Service User in making decisions about all aspects of the service eg via surveys, meetings, etc
- ❑ ensure that the Service User 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 Service User, not 'for' them, minimising their intervention and supporting the Service User to take risks, as set out in the Care Plan, and not endangering health and safety
- ❑ limit the number of Support Workers helping the Service User
- ❑ ensure that the Service User is made aware of information written about them and why. Information must be factual and shared with the service user and us
- ❑ make sure that staff have the competence to enter appropriate detail in an individual's personal record in an objective manner
- ❑ involve the Service User in drawing up their Care Plan
- ❑ make sure that staff have the competence to communicate to the Service User in an appropriate manner when changes happen or become necessary
- ❑ have an appropriate training programme in place for staff, including specific training for dementia prior to starting work.
- ❑ if you assist with medication, it is not given without the valid and informed consent of the Service User.
- ❑ adhere to the rules set out in the booklet "*Administering Medication: guidance for providers of Domiciliary Care and Community Support Services*" in all cases
- ❑ discuss with the Service User 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 Service User'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, or the safety of others, the Service User's General Practitioner and Care Manager must be informed immediately
- ❑ ensure that staff respect the wishes of the Service User and do not impose their own standards

- ❑ have a procedure in place to ensure confidentiality which ensures that the Service User 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 Service User and/or their advocate with courtesy at all times
- ❑ address the Service User by the name they prefer at all times

3.2 Ability to Realise Aspirations

Defined as:

The Service User is encouraged to define and realise their own goals and aspirations. A Day Service assists the Service User in their aspirations by supporting long-term learning or social opportunities; or shorter-term activities. A Day Service offers the Service User focussed encouragement, motivation and support in order to achieve these aspirations, and any practical assistance necessary for their facilitation.

Required Outcomes

Evidence that the Service User:

- experiences and performs useful and meaningful activities, with whatever assistance is required.
- achieves their optimum potential and fulfilment, and engages in activities that will promote this aspiration, even though an element of risk may be involved
- has their cultural, spiritual and religious needs respected
- is aware of eligibility for welfare benefits
- has physical, mental or emotional needs (ie sadness or depression) identified and appropriate assistance sought
- 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 age, culture or disability
- is aware of your complaints procedure. The complaints procedure must be accessible, publicised and meaningful
- is listened to

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 Service User's Care Plan, together with the subsequent reviews and strategies agreed to minimise the risk. Risks and possible consequences must always be explained to the Service User
- ❑ support the Service User to achieve their optimum potential and fulfilment, and encourage them to engage in activities that will promote this aspiration
- ❑ encourage the Service User to maintain skills and abilities to perform functional and meaningful activities
- ❑ respect the Service User's cultural, spiritual and religious needs
- ❑ assist the Service User to claim welfare benefits where eligible
- ❑ train staff to recognise signs and symptoms of sadness and depression
- ❑ assist the Service User through personal crises where support is required
- ❑ value the Service User's choice. 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 Service User to meet their own support needs
- ❑ not discourage the Service User if they wish to complain about the support they are provided with
- ❑ allow the Service User time to talk about issues concerning them. The Support Worker must be trained in listening skills, and must recognise body language

3.3 Social Life

Defined as:

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

Required Outcomes

Evidence that the Service User:

- obtains information about social activities, which are available in the locality of their community
- engages in social relationships with others
- 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 boundaries inherent in the Support Worker role
- is aware that Support Workers will be provided to match their needs
- is aware that Support Workers have the right to refuse assistance in an activity that they find discriminatory of their rights/beliefs
- 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 Service User in obtaining information about the range of social activities available to them
- encourage the Service User to engage in social relationships and activities with others
- ensure that the Care Manager consults with the Support Worker and the Service User 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

- ❑ encourage the Service User to participate in stimulating, engaging and rewarding activities, but the Support Worker must recognise that some people may have limited aspirations in life
- ❑ ensure that staff are aware of your policies and procedures regarding the social boundaries inherent in the Support Worker role
- ❑ have policies and procedures in place which allow a Support Worker to refuse assistance in an activity that is against their rights/beliefs
- ❑ support the Service User to plan a journey where required. If this involves the Support Worker using their own car, the Service User can be assured the worker holds the proper requirements for owning and driving a car for business
- ❑ not restrict the Service User from undertaking valued activities unnecessarily
- ❑ allow the Service User to choose which community social facilities they wish to attend, and not necessarily only those environments specific to their age, culture or disability

3.4 Being Valued as a Member of One's Community

Defined as:

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

Required Outcomes

Evidence that the Service User:

- lives independently within their community
- where they have the mental capacity, is aware of the consequences of their actions, and is advised appropriately over legally and socially acceptable behaviour
- 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 local General Practitioners and the Social Security Office
- is encouraged to participate in the local community
- establishes good relationships with their neighbours
- feels safe in their home
- has a voice in the community, and knows who can assist them if no one is listening

Key processes to support outcomes

To enable the achievement of the outcomes you must:

- ❑ increase the Service User'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 Service User to gain a knowledge of the local community and the services available to them
- ❑ encourage the Service User to gain a knowledge of the local transport system
- ❑ encourage the Service User to make full use of the neighbourhood and community services that are available to them
- ❑ direct the Service User to information regarding formal policies, and explain the policies to the Service User. This should include information regarding Council Tax and benefits that are available to the Service User
- ❑ direct the Service User to advice on the range of welfare benefits and opportunities available to them. If necessary, arrangements with the local Citizen's Advice Bureau or similar organisation can be made to fulfil this role
- ❑ encourage and assist the Service User to have a local GP, Dentist and other related health professional as required
- ❑ share with the Service User a knowledge of basic home safety procedures
- ❑ support the Service User in voicing their opinion about local community issues and advise them how to access services if no one is listening to them

4. Further Requirements

The Kent County Council Social Services Directorate sets out below additional requirements, many of which are necessary to ensure links with our roles and processes. The contract will be monitored to ensure compliance with the Specification.

4.1 Support Plan

The Support Plan is prepared by you, and follows on from the Care Managers Care Plan. 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 aspirations of the Service User are recorded in the Support Plan, and changes are made when necessary, we require that:-

1. The plan sets out in detail the action that will be taken by the Day Care Service to meet the assessed needs, including specialist needs and communication requirements, and identifies areas of flexibility to enable the Service User to maximise their potential and maintain their independence.
2. The Support Plan is drawn up with the involvement of the Service User and/or their advocate on their behalf, their relatives and any other professional as appropriate. It takes into account the Service User'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. A copy of the Support Plan must be sent to the Care Manager.
3. The Support Plan establishes individualised procedures for Service Users in relation to the taking of risks in daily living and for those Service Users 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.
4. The information and detail provided in the Support Plan is appropriate for the complexity of the service to be provided.
5. The Support Plan will be reviewed by the Service User, Day Services Manager, and any other relevant person after four weeks of the start date, after three months and six monthly thereafter. Your review includes any special requirements of the Service user and forms part of their personal record. An updated copy of the Support Plan must be sent to the Care Manager.
6. You consider the Service User's requests and make changes in the arrangements for the delivery of the services, provided that there has not been a change in the Service User's circumstances or needs, and provided that the change will not lead to a change in the Care Plan. With the Service User's knowledge, agreed changes must be notified, in writing, to the Care Manager.
7. Any increase or deterioration in physical or mental health noticed by staff must be referred to the Day Services Manager and Care Manager, and must be recorded in the Service User notes maintained by you.
8. The Support Plan is signed by the Service User or their representative on their behalf, and is available in a language and format that the Service User can

understand. A copy of the plan is held by the Service User unless there are clear and recorded reasons not to do so.

9. Support is provided in a way that maintains and respects the privacy, dignity and lifestyle of the person receiving support at all times.

4.2 Freedom from Abuse

In order to ensure that the Service User 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 Service User 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. You must have an emergency procedure in place to deal with people who wander or go missing.
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 Service User. The procedures reflect local multi-agency policies and procedures.
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 Service User.
5. In the event of alleged abuse occurring you must report this immediately to a Social Services Duty Officer or named Care Manager in order to facilitate a proper investigation to take place.
6. The Service User handles their own money and administers their own monetary transactions. Where the Support Worker is required, due to a limiting condition, to physically handle the Service User's money, this should be recorded on the personal record, and be part of the Care Plan.
7. Apart from collecting dinner money, the Support Worker should refrain from handling the Service User's money, unless there are very exceptional Care Plan-specific reasons as to why this is necessary. You must have policies and procedures in place for staff on the safe handling of money and property belonging to the Service User, which cover:
 - payment for the service/contribution made by the Service User (if appropriate),
 - payment of bills,
 - recording the amount and purpose of all financial transactions undertaken on behalf of the Service User appropriately on the personal record, which must be signed and dated by the Support Worker and the Service User,
 - collection of pensions,
 - safeguarding the property of the Service User whilst undertaking support tasks, and
 - reporting the loss or damage to property whilst providing support.
8. The policies and procedures must make clear that staff do **NOT**:
 - accept gifts or cash,
 - undertake personal activities during time allocated to provide support to the Service User,
 - make personal use of the Service User's property (e.g. telephone),
 - involve the Service User in gambling syndicates (e.g. national lottery, football)

- pools),
 - borrow or lend money,
 - sell or dispose of goods belonging to the Service User and their family,
 - sell goods or services to the Service User,
 - buy goods or services from the Service User,
 - incur a liability on behalf of the Service User,
 - take responsibility for looking after any valuables on behalf of the Service User, and
 - allow any unauthorised person (including children) or pets to accompany them at the Day Centre without the permission of the Service User, their relatives or representative and the Care Manager.
9. You have policies and procedures in place for staff regarding the Service User'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 Service User'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.
 10. 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.
 11. Staff who are believed to have committed any offence defined by regulations are immediately reported to the Protection of Children (POCA) list, and the Protection of Vulnerable Adults (POVA) list.
 12. 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.
 13. 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 Service User's best interest, consistent with 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.
 14. Physical and verbal aggression by the Service User, 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 Service User, including people with special needs. The physical intervention used should be the minimum necessary and consistent with safety.
 15. Training on prevention of abuse is given to all staff within six months of employment and is updated every two years.

4.3 Security

In order to ensure that information regarding the Service User 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. Support Workers respect information given by the Service User or their representative in confidence and handle information about the Service User, in accordance with the Data Protection Act 1998 and your written policies and procedures, and in the best interests of the Service User.
3. The Service User 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.
4. The Support Worker knows when information given to them in confidence must be shared with their manager and other social/health care agencies.
5. Suitable provision is made for the safe and confidential storage of the Service User's records and information, including the provision of lockable filing cabinets and the shielding of computer screens from general view when displaying personal data.
6. You make sure that staff who leave or change duties return all written information about their work.
7. In the event of an emergency, clear protocols are in place in relation to entering the home of the Service User. 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 Service User, and
 - other emergency situations.
8. Identity cards are provided for all Support Workers. The cards should display the name of the person and employing Organisation in large print.

4.4 Access to Information

In order to ensure that the Service User'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.

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.

4.5 Records

In order to ensure that the Service User's records 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 Service User has a different first language, a realistic balance needs to be adopted in translating information for the Service User.
2. The personal record is kept, with the permission of the Service user, by the Organisation. The Service User's personal file must be accessible to relevant support staff.
3. The Service User and/or their advocate (with the permission of the Service User) are able to see their personal files kept on your premises in accordance with the Data Protection Act 1998, and are informed in writing that these files may be reviewed.
4. With the Service User's knowledge, the Support Worker records dates of attendance, the service provided and any significant occurrence. Records must be made on the day of each attendance 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 Service User,
 - details of any changes in the Service User's circumstances, health, physical condition and support needs,
 - any accident, however minor, involving the Service User and/or Support Worker,
 - any other untoward incidents, and
 - any other information and steps taken which would inform any other Support Worker, carer or professional to ensure consistency in the provision of support
5. All written records are legible, factual, non-discriminatory, signed and dated, as agreed with the Service User.
6. 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.
7. Staff assisting a Service User for the first time, sign the Service User's file to show that they have read it and are familiar with the Service User's needs.

4.6 Support Workers

In order to ensure that the Service User 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 Service User 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. Upon arrival at the day centre, the Support Worker asks the Service User if there are any particular support needs or requirements that they have on that attendance.
3. You ensure that there is continuity in relation to the Support Worker who provides the service to the Service User and that the Support Workers spend time getting to know service users.
4. The Service User and/or their advocate are central to all decisions relating to their support, at all times.
5. In instances where you decide to make a change without the agreement of the Service User, you record the reason in the personal record and the Service User must be given the opportunity to sign the document indicating their disagreement.

4.7 Equalities

In order to ensure that each Service User 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 Service User'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. Wherever possible, Support Workers communicate with the Service User in their first or, where agreed, their preferred language.

4.8 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 a Service User or Service User'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 Service User.
5. You make sure that your staff group are knowledgeable of the ethnic background of the Service User.

4.9 Health & Safety

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 Service User, staff and others involved in the provision of Day Care Services, taking into account the findings of risk assessments,
 - procedures to be followed when safe systems of work, identified as necessary to safeguard the Service User, staff and others involved in the provision of Day Services, cannot be implemented,
 - responsibility and procedures for reporting and investigating accidents and dangerous occurrences including those specified under RIDDOR for both the Service User and staff,
 - reporting procedures to follow when either the Service User 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 a Service User that require hospital or GP attendance are reported to the Service User's Care Manager and noted in the Service User's personal record.
6. All staff know your procedures for dealing with medical emergencies.
7. Nominated staff have training in first aid.
8. You must make sure that staff are trained to work safely with all Service Users and follow "*Universal Precautions*" at all times.
9. You must make available protective clothing where required.

4.10 Risk Assessment

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

1. If required, following on from the Care Manager's Risk Assessment, you ensure that an assessment is undertaken, by the nominated person, of the potential risks to the Service User 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 updated annually or more frequently if necessary.
2. The Risk Assessment includes an assessment of the risks for the Service User in maintaining their independence and daily living at the Day Service.
3. The manner in which the risk assessment is undertaken is appropriate to the needs of the Service User, and the views of the Service User 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 Service User 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. A responsible and competent person is on call and contactable at all times when support staff are on duty.

4.11 Transport

In order to ensure that the Service User 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 service users),
 - ❑ 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 Service User to enter and exit vehicles.
4. Staff are aware of issues that make it important where a service user should sit in the vehicle.
5. Drivers must be aware of the personal safety of the Service User and must ensure, if advised by the Day Service staff, that the Service User is seen safely indoors.

4.12 Staff Recruitment

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

1. All staff must be subject to an Enhanced Criminal Records Bureau check.
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 Service User 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,
 - POVA 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 Conduct and 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 Day Care Services.

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.

4.13 Staff Induction

In order to ensure that staff are appropriately trained to meet the Service User'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 Support Workers are matched to the support needs of Service Users, and they are able to communicate effectively with the Service User using the individual's preferred method of communication.
2. 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.
3. 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 Service Users.
4. 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 Service User 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.
5. 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 Service User,
 - 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 Service User.
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.

4.14 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 Service User, 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. Newly appointed Support Workers who do not already hold a relevant qualification are required to demonstrate their competence and register a relevant NVQ within six months of employment and complete the full award.
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.

4.15 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 Service User, at least one of the meetings should incorporate direct observation of the Support Worker providing support to the Service User 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).
10. A record is kept of all disciplinary incidents and details entered in the personal file of the Support Worker concerned.

5. Guides, References and Other Useful Documents

Statutes

Statutes and statutory instruments can be downloaded free of charge at www.legislation.hmso.gov.uk

- ❑ Department of Health Protection of Vulnerable Adults Policy (consultation document) 2003 (POVA)
- ❑ Department of Health Policy Guidance and Supplementary Practice Guidance for Adult Placement Schemes 2002
- ❑ Care Standards Act 2000
- ❑ Race Relations Amendment Act 2000
- ❑ Protection of Children Act 1999 (POCA)
- ❑ Management of Health and Safety at Work Regulations 1999
- ❑ Data Protection Act 1998
- ❑ Human Rights Act 1998
- ❑ Public Interest Disclosure Act 1998
- ❑ Lifting Operations and Lifting Equipment Regulations 1998
- ❑ Provision and Use of Work Equipment Regulations 1998
- ❑ Disability Discrimination Act 1995
- ❑ Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- ❑ Management at Work Regulations 1992
- ❑ Manual Handling Operations Regulations 1992
- ❑ Personal Protective Equipment Regulations 1992
- ❑ Workplace (Health Safety and Welfare) Regulations 1992
- ❑ Food Safety Act 1990
- ❑ NHS & Community Care Act 1990
- ❑ Control of Substances Hazardous to Health Regulations 1989
- ❑ Sex Discrimination Act 1975, 1986
- ❑ Mental Health Act 1983
- ❑ Race Relations Act 1976
- ❑ Health and Safety at Work etc Act 1974

Staff

- ❑ Criminal Records Bureau Disclosure Service 2000
- ❑ Care Standards Act 2000
- ❑ National Minimum Wage Act 1998 and Regulations 1999
- ❑ Working Time Regulations 1998 and 1999
- ❑ 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

Catering facilities

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

Other Documents

- Multi-Agency Adult Protection Policy, Procedures and Protocols for Kent and Medway

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