HOME CARE SERVICES SPECIFICATION

This document defines the Home Care Services purchased by Kent County Council

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Glossary
1. Introduction

This document sets out the service specification for the provision of a generic Home Care service including the provision of a Care and Support Service for Older People living in Extra Care (See Annex A) for people aged 18 years and over (Adult Social Care or ASC) who are ordinarily resident within the administrative area of Kent County Council. It describes the key features of the service and the outcomes required and should be read in conjunction with the Terms and Conditions of the contract and the Market Position Statement. It is imperative that people are at the heart of adult social care activities receiving services that are easy to access, of good quality, that support their wellbeing and maximise their ability to live independently and safely in their community.

2. Service Requirement

- 2.1 Types of Tasks Required

This specification has been developed to articulate service requirements including the types of tasks required. This list is neither exhaustive nor needed in all cases, and will depend on which tasks are identified as most likely to meet agreed outcomes, as identified in the person’s care and support plan. It is also important to emphasise that the list below is not prescriptive or exhaustive and should not preclude imaginative and alternative solutions which may better suit a person. Where the person requires support in decision making or lacks the mental capacity to make specific decisions for themselves the Principles of the Mental Capacity Act 2005 must be applied.

Care Tasks

Personal Care and support is defined by the regulator as meaning physical assistance given to a person and could be in connection to the following types of tasks:

- Direct assistance with or regular encouragement to perform tasks of daily living
- Training and providing advice and support on self-care skills including signposting to sites such as Support for Carers, Kent 24hr Dementia Helpline etc.
- Assistance to get up or go to bed
- Assistance with transfers from or to bed / chair / toilet
- Washing and bathing using equipment if necessary, shaving and hair care, denture and mouth care, hand and fingernail care, foot care (excluding any aspect of nail care which requires a state registered chiropodist or podiatrist, surgical or cosmetic procedures)
- Toileting, including necessary cleaning and safe disposal of waste/continence pads (including in relation to the process of menstruation)
- Empting or changing catheter or stoma bags where this is an existing care requirement and associated monitoring
- Assistance with skin care such as moisturising very dry skin
- Supporting choice of what to wear for the day
- Dressing and undressing
- Medication management in relation to home from hospital support

**Other support that promotes wellbeing and self-care of the person:**

- Prompts to take medication or safe administration of medication which has been prescribed in accordance with agreed protocols
- Assistance with putting on appliances with appropriate training for example leg calliper, artificial limbs and surgical stockings and assistance with visual and hearing aids e.g. glasses care, hearing aid battery checks
- Care and support planning, meals, shopping, healthy eating and budgeting
- Food or drink preparation including delivery of meals from on-site restaurants/cafe
- Eating and drinking (including the administration of parenteral nutrition), including any associated kitchen cleaning and hygiene
- Dealing with correspondence
- Night settling, preparing the person for the night, making the home safe and secure before leaving
- Support access to employment initiatives
- Support access to activities including employment, education and voluntary work
- Health action plan support
- Assistance in budgeting and debt avoidance management
- Support in claiming benefits
- Support topping up pre-paid keys for gas or electricity meters
- Wellbeing checks (Extra Care)

**Other support that promotes safeguarding:**

- Identification and reporting of possible safeguarding adults concerns including self-neglect.
- Identification and reporting of possible safeguarding children concerns
- Identification and reporting of possible domestic abuse
- Reporting back to the Case Manager where risks or hazards have been identified which may require a risk assessment.
- An awareness of the Prevent agenda and how to report concerns

**Escorting and Social Activities:**

Supporting and facilitating access to social, vocational and recreational activities as stipulated in the care and support plan, including but not limited to:

- Supporting to attend day services and any appointments where required within the care and support plan including transport arrangements
- Assisting with shopping and supporting to handle their own money, including accompanying to the shops, where required within the care and support plan
- Shopping, collecting pensions, benefits or prescriptions, dealing with correspondence, paying bills or other simple errands on behalf of the person where they are not able
- Assisting to access local community based services such as laundry, gardening, shopping, home decoration, household odd jobs etc.
- Helping to make their way to places and to assist in road safety and learning routes
- Attending day care, hospital appointments, accessing social activities etc.
- Shopping and handling their own money, including accompanying the person to the shops
- Collecting pensions, benefits or prescriptions, paying bills or other simple errands
- Supporting with all aspects of safety in the community
- Social interaction including accessing any scheme restaurant/café services on site and help to participate in activities

Cleaning and support around the home

Cleaning the home, which may include vacuuming, sweeping, washing up, polishing, cleaning floors and windows, bathrooms, kitchens, toilets etc. and general tidying, using appropriate domestic equipment and appliances where a person is eligible. Providers will:

- Make beds and change linen
- Dispose of household and personal rubbish
- Assist with the consequences of household emergencies including liaison with local contractors
- Assist with laundry services
- Assist with household tasks such as cleaning
- Wash clothes or household linens, including fouled linen, drying, necessary ironing, storage and simple mending
- Dispose of household and personal rubbish
- Clean areas of any potential slip or trip hazard such as areas fouled by pets subject to a risk assessment
- Light fires, boilers etc., subject to health and safety guidance
- Identify and mitigate as far as possible any hazards or risks around the house and suggest solutions e.g. rugs or obstacles

Supporting Person Centred Planning and Delivery

Where there are specific decisions in the care and support plan for which the person lacks the mental capacity to make for themselves, these should be clearly stated in the care and support plan as best interests decisions which have been made by case management in consultation with the person’s family and friends, advocates where appropriate and the Provider. The Provider should continue to encourage participation of the person in these decisions, take into account the person’s wishes and feelings and notify case management of any changes of circumstances which may necessitate a review of the specific best interests decisions. The Mental Capacity Act should be observed where the person is unable to make specific decisions for themselves. The precise details of the tasks to be completed with any person, will need to be negotiated and agreed between them, relatives, carers, advocates where appropriate and Provider in order to achieve the outcomes stated in the
care and support plan and signposting to helpful sites and services given. The details of the
tasks will be clearly recorded in the care and support plan and linked to outcomes.

**Double handed care**

During some care procedures two Care Workers will be required and this will be specified in
the care and support plan. It is essential that where two Care Workers are required to carry
out care that both Care Workers arrive at the person’s home in time to work together. The
first Care Worker to arrive should not begin to care for the person until the second arrives,
unless some of the care and support plan activities relate to a need a single Care Worker
can meet. Utilisation of moving and handling equipment to better manage transfers and care
delivery should be considered and will be expected where an Occupational Therapist has
assessed and provided advice. Providers must contact the Occupational Therapists within
the local teams where opportunities arise to review care packages where equipment is used
for assisted transfers for an assessment for an increase from single to double handed care,
and for any further increase in double handed care.

Where Providers are working alongside other agencies to deliver care packages, they will
work in partnership with the other Provider(s) to ensure the services are provided in
accordance with the person’s care and support plan and to maximise gains.

- **2.2 Expected Outcomes**

An outcome can be described as the impact a service has on the person. Outcome-focused
services are fundamentally person-centred in approach, recognising that each person is
unique and will have different needs and requirements. Kent County Council has identified a
range of outcomes to be achieved in the delivery of the home care services, to support
people to take greater control of their lives and live as independently as possible, for as long
as possible. Whilst not all are relevant to each care and support package, those relating to
and identifying with the person’s needs (and documented in their care and support plan), will
be the basis on which the effectiveness of the service will be determined.

The implementation of this specification must contribute to the following generic outcomes
for people which are also those sought through the Department of Health Adult Social Care
Outcomes Framework and which Care Quality Commission will be inspecting and
registering Providers against.

**Improved Health and Wellbeing**

The person maintains good physical and mental health for as long as possible, feels
satisfied arrangements are in place to access treatment and are supported in managing their
long term conditions through promotion of self-care, self-determination etc. People will
maintain well-being and feel in control of their lives. They will:

- Feel the service has assisted them to regain confidence
- Receive services that reflect their changing circumstances and where possible are
  encouraged to undertake physical activities appropriate to their health, circumstances
  and abilities
- Maintain good health by being supported to receive medication as prescribed
- Feel confident that Care Workers are aware of their cultural or otherwise special
dietary and nutritional needs
• Have physical, mental and emotional needs identified (including sadness and depression) and supportive measures put in place i.e. befriending
• Be supported to monitor and maintain both nutritional and fluid intake to promote well being

Enhancing quality of life

The person is central to decision making concerning the level of support they receive and is encouraged to carry out errands and access leisure and social activities to maximise independence and mental well-being. They feel part of the community, are informed about and participate in local activities and initiatives. The person will:

• Maintain maximum independence in their own home and local community and be involved in day to day decisions about the care or level of support offered and taking greater control of their life
• Be supported to undertake useful and meaningful activities and lead a fulfilling life, with whatever assistance is required and is supported to access local social, cultural and leisure activities
• Have the opportunity and feel supported to follow their cultural and/or spiritual beliefs
• Have their sexual orientation respected
• Be satisfied with the support they receive to access training and employment (where this is an appropriate outcome for the person)
• Be supported to maintain social/community and family networks
• Receive ongoing information relating to the local community and be satisfied with the arrangements made to assist them in making or retaining contacts with the wider community and encouragement to participate in activities
• Be supported to maintain health and hygiene within their personal environment
• Experience support in accessing dentists, opticians, chiropodists and other healthcare services
• Develop life skills; be supported to reduce debts and manage money better
• Be encouraged to be involved in local decision making
• Be supported to continue to develop their decision making capacity in relation to their own care and support needs

Promoting Independence - delaying and reducing the need for care and support

• The person will be supported to maintain their independence and manage as much as they can themselves, through self-care advice and techniques and expert patient schemes. People will be supported to manage utilising an asset based approach. Where care and support arrangements have to be put in place, the least restrictive option is always first considered and promoted (Deprivation of Liberty). Avoidable admissions to hospital will be prevented as much as possible with people being supported to access the right care at the right time through the Provider’s liaison with health and social care partners. The person will:

• Be supported to better manage their long-term conditions and disabilities and experience improvements through this, wherever possible
• Be supported by the Provider working across the health and social care economy with colleagues in the NHS, public health, social care and within private and voluntary sector Providers and community groups
• Stay in their own home, as independently as possible, for as long as possible
• Have a delayed and / or reduced need to access residential care
• Be supported to consider broader housing options
• Experience increased independence through the utilisation of equipment and Telecare / Telehealth solutions to meet needs previously met in a hands on way
• Be supported to consider safe risk taking and be able to identify and manage risks within their environment, making informed choices based on sufficient information
• Maintain health and hygiene within their personal environment
• Take prescribed medication safely in accordance with the Provider organisation’s medication policy/protocol
• Understand the benefits of eating healthily

Kent County Council will:
• Measure reducing numbers of care packages through improved levels of self-care in Kent
• See and measure reducing intensity of care packages, including delaying increases in care package hours for those able to self-care, or utilise equipment and assistive technologies

Ensuring a positive experience of care and support

The person will speak highly about the service received and can explain its benefits. Families, carers and advocates will be aware of the support delivered and any improvement in outcomes for the person. Families and carers will feel involved and informed about their loved ones needs and the support delivered. The person will:

• Be supported to develop communication skills and have a strong voice in the support received
• Be enabled to control the service they receive, with minor changes enabled to meet day to day changing needs
• Experience a flexible service delivery model and be central to communications in this regard
• Experience consistency in the scheduling of services and times the person expects or requires
• Experience continuity of care, supported by a 'trusted team' of Care Workers, who they trust and respect, with early introductions made to reduce the fear of new people
• Take different opportunities and use a variety of methods to feed back to the Provider regarding care received and have confidence that appropriate policies and procedures are in place
• Be better informed regarding their care choices and better able to access information on Providers of care in their local area
• Experience consistency in the quality of provision
• Be assisted in writing/designing their care and support plan
• Have their individuality promoted and celebrated
• Be supported with any specific issues relating to equality and diversity

Personal Dignity

The person and their family does not experience anxieties about the services received and is satisfied that the person’s personal dignity is maintained at all times with their personal
environment maintained to their own standards. The person:

- Feels that their dignity, privacy and respect is maintained at all times
- Feels confident that the service assists in improving identified aspects of their day to day lives
- Feels confident that their dignity with regard to religious and cultural beliefs is respected
- Feels confident that Care Workers will assist in their personal care with discretion and in such a way that dignity is maintained with the Care Worker taking direction from the person, wherever possible
- Is satisfied that the changes they had hoped to achieve have been realised and the balance between support and assistance is appropriate to their circumstances
- Knows that information relating to them is kept confidential and only shared on a need to know basis.

**Exercising Choice and Control**

The person is informed and enabled to influence the way in which care is provided in a flexible and appropriate way, with services responsive to needs and preferences of the person: They will:

- Feel confident that Care Workers support their choices regarding all aspects of daily living
- Feel confident that the Care Worker will arrive and leave within timescales that enable the completion of the required support and will inform the individual if there is any change in time
- Feel listened to when complaining about or complimenting the service, or when suggesting improvements, including minor changes to accommodate day-to-day changing needs
- Take greater control of their lives and contribute positively to the care and support planning process having had issues of risk explained and having explained information regarding the alternatives available to them and their implications

**Safeguarding Adults whose circumstances make them vulnerable and protecting them from harm**

The person will feel and be safeguarded from neglect and abuse and will know that any concerns will be listened to and acted upon promptly. The person will:

- Be free of deliberate abuse and neglect, with the Provider responding promptly to the sharing of any concerns
- Know who to report concerns to and issues regarding their care and support
- Know that concerns are taken seriously and addressed through the appropriate channels
- Live safely in their own home/community
- Know that home security isn’t compromised by the service
- Feel that specific issues relating to equality and diversity have been managed appropriately
- Be supported to develop good communication skills and be enabled to have a voice regarding any concerns, discrimination and/or harassment
• Feel that their dignity, privacy and respect is maintained and safeguarded at all times
• An awareness of the Prevent agenda and how to report concerns

**Freedom from Discrimination or Harassment**

The workforce is being developed and staff receive the appropriate levels of training required to ensure persons receive care that reflects their specific needs in all areas and that they are shown respect and are not subject to any form of discrimination. The person:

• Feels confident care is provided by a known and trusted team that wraps around their support needs on the basis of their personal attributes, level of skills and training
• Will be assured the workforce complies with the requirements of equalities legislation (Equalities Act 2010.)
• Will be assured that staff are informed of the implications of cultural and religious beliefs and faiths
• Is satisfied that cultural, religious or dietary preferences are reflected in the service they receive
• Feels their sexual orientation is respected

**2.3 Scope**

The scope of this contract includes the standard Home Care / Domiciliary Services. Kent County Council may choose to change any aspect of this specification during the life of the contract. If Kent County Council chooses to do this Kent County Council will discuss with the Provider any proposed changes and how they may be implemented. Changing national or local policies and priorities may also necessitate changes to the specification. The views of Providers, persons receiving support and their Care Workers will be taken into account in any review of the specification and their views will be welcomed at any time during the life of the contract.

A new outcome based care model will be developed as part of Kent County Council’s Your Life Your Wellbeing Transformation Programme. Providers will input in the design and piloting of such activities to create a co-produced model which will inform future contracts. Kent County Council also understands the need to work on the issues of supply and demand and reserves the right to ask for information relating to the Providers’ market workforce to help inform such areas.

**2.4 Service Availability and Referral Pathway**

The service will be commissioned to meet the person’s needs. Social hours rates apply for care and support being delivered between 7am and 7pm Monday to Friday. Unsocial hours rates apply after 7pm and before 7am Monday to Friday, all day Saturday, Sunday and Public Holidays.

The service will operate 365 days per year (366 on leap years) and Providers must respond in a timely and flexible manner to diverse requirements.
Specific hours relating to extra care housing are detailed at Annex A.

The Referral Pathway is highlighted below. Please note that this process is for Older People and People with Physical Disabilities. People with Mental Health problems or Learning Disabilities may not go through the same process in regard to Purchasing Officers and Hospital discharge.

The referral will be allocated to the Provider based on the person’s address, purchasing protocol and particular instructions agreed between the person and their Case Manager.

Service Delivery Orders must include:

- The planned care hours
- A start date for the service
- Any special requirements that the person has and should be supplied with
- A copy of the statement of need/ relevant sections of the care and support plan
- A clear statement of the person’s agreement with the service, or any specific parts of the service for which the person lacks capacity and relevant decisions are therefore made in their best interests by case management in consultation with their families and advocates

- **2.5 Units of Purchase**

This Home Care Service may be purchased in half hour, three quarter hour and hourly units
and the number of units and frequency of delivery will be outlined in the Service Delivery Order (SDO). No change to the current status of the contract will be made without formal consultation. The specific service for each person must be delivered in accordance with the requirements of the SDO, and must not be varied without the appropriate authorisation. Case Managers monitor compliance to the SDO through individual reviews, feedback via Kent County Council’s complaint process and the regulators inspection reports.

In the event the Provider does not deliver in accordance with the commissioned units of delivery, the Council is entitled to remedies in accordance with but not limited to Clause Error! Reference source not found..

- **2.6 Supporting Infrastructure**

Providers must ensure that an out of hours contact is available to provide advice, information and support to Care Workers and persons outside of office hours but within the hours of service provision. This will be staffed by a suitably qualified and experienced supervisor / manager with access to all the information for individuals and Care Workers necessary to ensure the provision of home care staff and service at short notice.

- **2.7 Access, Assessment, Eligibility and Care and Support Planning**

The people who are able to access this service will be:

- Adults for whom home care has been agreed to help meet the outcomes identified in their care and support plan
- From all groups including Adults with Learning Disabilities and/or Physical Disabilities, those with Mental Health problems, Older People, and People with Dementia. It should be noted that this is not an exhaustive list. This may also include the transition of children to adulthood.
- Ordinarily resident and living in Kent

The referral process for accessing the Home Care service can be found at section 2.4, however within the contract term covered by this service specification the Transformation Agenda will bring optimisation and pathway changes intended to streamline the process. Changes are likely to occur to document types and names, and to access and referral pathways. The Provider will use the new documents, pathways and systems as instructed by Kent County Council.

Adult Social Care and Health Staff complete a needs assessment to identify needs. Following this they will work with the person to develop a care and support plan which confirms eligible met needs and eligible unmet needs. The plan thereafter describes the outcomes related to eligible unmet need, what the person wants to achieve and the way Kent County Council has agreed those outcomes will be met.

The service required for a person will not always be prescribed in terms of task requirements, or timescales. A care and support plan will identify a range of desired outcomes for the person, which will be agreed with them, the Provider and Kent County Council. It is expected that the Provider will make the initial arrangement to confirm the times of call with the individual and then confirm this with the Purchasing team.
The regulator requires, under regulation 9 (2)(b) - *designing care or treatment with a view to achieving service users preferences and ensuring their needs are met that*; “The service makes sure there is staff cover across the geographical area so people receive a consistent and reliable service. The service considers travelling time to make sure people receive the amount of care that has been agreed in their care plan”.

Kent County Council has worked with Providers to ensure clustering opportunities and it is expected that Providers work within their cluster to ensure sufficiency of supply and continue their vertical growth within their cluster area thereby supporting Kent County Council’s strategy. Please see Schedule 1 Special Conditions which outlines the clusters within Kent. Providers are also expected to have the flexibility and willingness to take packages of care from neighbouring clusters if the need arises.

Where there are specific decisions in the care and support plan for which the person lacks capacity, these are highlighted in the care and support plan as best interests decisions which are reached following involvement of the person and consultation with families and friends, advocates where appropriate and professionals.

The Provider will need to develop a care and support plan to show how care will be delivered to meet the needs established and provide the detail of how services will help the person achieve their outcomes. The Provider will receive their instructions from the Service Delivery Order (SDO) which initiates and tailors the service for the person.

The Provider will start to provide the service on the start date specified by Kent County Council and shall continue to provide the service until the end date, unless the package is cancelled, suspended or varied in accordance with the Contract.

Providers will:

- Review records at least once a month, to ensure receipt of feedback from the person, carers and staff and to inform whether a more formal Provider or Kent County Council review is necessary
- Review any special requirements regularly and ensure these are integral to all of the person’s records the Provider holds
- Consider the person’s requests for adjustments in the service and make changes in arrangements, provided there has not been a substantial change in the person’s circumstances or needs
- Ensure staff know how to notify the Provider and Case Management of any increase or deterioration in physical or mental health and/or any other relevant events (see 2.9 below) and record these in the person’s notes kept by the Provider
- Ensure processes are in place to notify the case manager of these changes and the circumstances mentioned at 2.9
- Ensure the full time indicated on the SDO and care and support plan is delivered to the person needing the service and appropriate time is allocated for travel

- **2.8 Notifications to Case Management**

Providers must notify case managers immediately of any:
- Safeguarding concerns in respect of the person
- Regular and/or persistent refusal by the person to accept support to meet outcomes mutually agreed in the care and support plan
- Failure to provide the service to the person, missed, late, void or ‘No response’ calls
- Deterioration in the person’s health or well-being
- Improvement in the person’s circumstances
- Serious accidents or incidents involving the person or the Care Worker
- Hospital admissions and/or deaths of the person
- Other changes in the service resulting from a change in circumstances or emergency
- Mental capacity issues – improvement or deterioration of the person’s mental capacity in relation to specific decisions of the care and support plan

With regard to handing back packages of care, Providers must immediately discuss with Case Management and Area Support Managers giving Kent County Council ten working days’ notice (not including weekends or bank holidays) of any proposed hand back, except as otherwise mutually agreed. The Provider and Kent County Council will work together to minimise any disruption and maintain continuity of service to service users.

A communications book must be provided in each person's home, or if a Provider is using an alternative electronic document access must be provided for family members and other Professionals, to keep an ongoing record of the care provided and any refusals of agreed support, any financial transactions and regular feedback from the person on the service. Providers must ensure that Care Workers have adequate English language and literacy skills to undertake their duties in relation to the Contract and delivery of the Services. Should the Council consider that any of the Provider’s Staff do not meet the above language standard, it reserves the right to require the Provider to remove these Staff members from Service delivery.

Providers must ensure that all financial transactions are carried out in accordance with the specific requirements identified in the person’s care and support plan and Care Workers should be supported to fully understand policies and procedures in this regard.

Late/Early calls are defined as a call starting 45 minutes or more from the time stated on the Service Delivery Order.

A missed call is defined as a call not made, or one that is started more than two hours after the time stated on the Service Delivery Order.
2.9 Individual Review – Case Management

A formal review of the individual's care and support plan will be conducted by Kent County Council. The first review will be held within 8 weeks following the commencement of the service for the particular person. Thereafter, a review of the person's care and support plan will be held as often as Kent County Council, the Provider and the person feels is necessary, but at least annually. The Provider should note that this process may change as part of Kent County Council's Transformation programme and review of Care Pathways and Optimisation. Providers will be informed of any changes.

The review will involve as a minimum the person, and the designated Kent County Council representative. The Provider will only be present if the person wishes them to be but they must contribute to, and provide information, for the review. Any other individuals who are able to actively contribute and whose input the person has requested may also be present.

The review will address the extent to which the initial outcomes are being met, determine whether or not eligibility criteria continues to be met and whether the person still requires the service or if the level of service needs to change.

2.10 Individual Review – Provider

It is expected that the Provider will highlight the need for review whether the needs have increased or decreased. The Provider also has a responsibility to report any child or adult safeguarding concerns. The Provider's care and support plan may consequently be amended as necessary to reflect new outcomes as required. In addition, upon significant change to the individual's condition or in the way that the individual would prefer to have their service provided, Providers should signal the need for an early review or re-assessment of the arrangements commissioned by the local authority.

The Provider will undertake continuous reviews during visits and, as a minimum, a six monthly formal review of provision to each individual, and within reason will initiate additional reviews at the case manager's request, or as requested by the individual. The service review will address the extent to which the outcomes required of the service are being met. Where the Provider has identified Telecare/Telehealth (Assistive technology) may be beneficial, this should be notified to the case manager.

The Provider should signal to the case manager the need for a case management review immediately upon either a significant change to the person’s condition, or a change in the way the person would prefer to have their service provided in order that the service review or re-assessment processes can be commenced.

The Provider should contact the GP and emergency services where the circumstances indicate that this is the appropriate course of action.

In the event that an emergency or crisis situation arises the Provider will deploy additional Care Worker time without the prior consent of the local authority for the period of 1 hour. The Provider will notify Kent County Council of such a change and any additional Care Worker hours utilised immediately, clearly stating the reasons for the additional hours and any ongoing need. The person will not be required to make any payment to the Provider.
3 Quality and Safeguarding

3.1 The Requirements of the Regulator


It is a requirement that all Providers will be registered with the Care Quality Commission (or any successor). Providers must maintain registration throughout the duration of the contract as required by legislation. The regulations required for registration, their associated standards and the monitoring of the achievement of those regulations and standards are not, therefore, duplicated in this specification. It is expected that the regulations will be met through registration activity. The Provider will be registered to deliver ‘Personal Care’ services with the national regulator, currently the Care Quality Commission (CQC). It is the Provider’s responsibility to maintain up-to-date knowledge of the current regulators codes and to keep to the correct registration.

Providers will inform Kent County Council within 24 hours when a regulatory inspection has taken place and will share the result of the inspection, positive or negative as soon as they have been informed. The Provider will notify Kent County Council, as soon as they have been informed by Care Quality Commission, of any Regulator Warning Notices placed on the Service/Provider regarding the Provider and/or its associated activities. The Provider will also inform Kent County Council of any advice / comments received from the regulator. The regulator can place fines or formal warnings on a Provider or suspend or cancel an agency’s registration. Kent County Council will be informed of any such activity by the Provider and a failure to do so will mean that Kent County Council will seek to recoup costs and damages incurred from the Provider and may terminate the contract without notice.

The Provider must keep Kent County Council informed of Registered Manager vacancies and any fines this attracts from the regulator. The Provider must inform Kent County Council when new Registered Managers are appointed.

3.2 Kent County Council’s Quality Assurance Requirements

Service Providers must ensure that a quality management system is in place to ensure internal control of quality and consistency of practice and be committed to a process of continuous service improvement. Outcomes and key performance indicators will be reviewed throughout the life of the contract and Kent County Council reserve the right to utilise a 3rd party representative to manage this on our behalf.

Contract review visits may be either pre-planned or unannounced and Kent County Council (or our representative) reserves the right to view all records that relate to both our individuals
and those of self funders that reside in Kent to fulfil safeguarding and Care Act requirements. Kent County Council will utilise contract sanctions to denote non-compliance with the contract and specification. There are three types of contract sanctions:

- Poor Practice Sanctions to express levels of non-compliance with the Service Specification
- Contract Compliance Sanctions to express levels of non-compliance with the Terms & Conditions
- Safeguarding Sanctions where a person(s) is/are reported to be at risk of harm, abuse or neglect.

Each of these contract sanctions have three risk levels starting at Level 1 and escalating up to Levels 2 and 3. A copy of these can be found at Annex B. A Level 3 flag will prevent the Provider from being offered or accepting referrals from Kent County Council. Kent County Council will immediately apply a Level 3 Contract Sanction if:

- The regulator has issued a Warning Notice
- Significant risks to individuals have been identified
- The assessed needs of individuals are not being met

Where contractual non-compliance is evidenced, Kent County Council will require the Provider to draw up an action plan that addresses areas of concern and articulates the milestones to be achieved. This must be returned to us within 7 calendar days of the non-compliance being evidenced. The plan will be agreed by Kent County Council and must be delivered by the Provider.

Kent County Council will escalate sanctions where Providers fail to meet the plan. It is the Provider’s responsibility to evidence that improvements have been made and Kent County Council will not commit to monitoring visits with Providers who have not shared some evidence of improvement following a desk top review.

Continuous non-compliance or more than three episodes of non-compliance within a 12 month period could lead to the termination of an order or the contract itself and the removal of all individuals funded by Kent County Council. Kent County Council will be entitled to terminate the contract or any order without issuing a sanction if Kent County Council finds the Provider to be in serious breach of the contract.

Providers (owners, corporate managers and local managers) must participate in local health and social care Provider meetings organised by Kent County Council and its partners. The Provider will take part in any events in relation to The Care Act, other legislative work and the Transformation agenda. Failure to do so may result in a contract compliance sanction being placed on the Provider.

Kent County Council reserve the right to:

- Publish any information in relation to compliance sanctions or any contractual or quality audits undertaken by us or our representatives
- Publish lists of Providers who attend events managed by Kent County Council and those who do not
- Recoup any costs incurred in supporting the recovery or managed exits of Services, where Providers have demonstrated an unwillingness or inability to improve or manage the Service themselves
• Alter this policy at any time and will provide notice to Providers of any changes.

• **3.3 Complaints and Compliments**

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

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

A record of compliments should be maintained together with evidence if available and be used to reinforce good practice. Providers must be able to evidence how they share feedback on the service via their quality assurance process.

The record of the complaint / compliment must include:

- The date of the complaint / compliment
- Full details of the actual complaint / compliment
- The date the complaint / compliment was received (if different)
- The date when the complaint / compliment was responded to
- The outcome of the complaint
- Details of whether the complainant was satisfied with the response/outcome
- Any further actions arising from the complaint / compliment

• **3.4 Keeping Customers Informed - Information Packs**

Providers will provide an individual guide that will include basic information as below, and will ensure that this is available to the person as the service starts. The information pack will be in an accessible format e.g. large print, appropriate language, photographs, audio tape, Braille, Easy Read, video etc. and will be made available to individuals and their Care Workers. It will include:

- Statement of purpose: aims of the service, philosophy of care and support, who the service is for, including the range and level of care and support services provided, cultural and social needs catered for and support for Care Workers
- Contact details for the service including telephone numbers for the service and its managers (including out of hours and emergency contact numbers)
- Service provision: the type of service, facilities, and range of activities
- A statement of person’s rights to self-determination
- A statement regarding the consequences of unacceptable behaviour
- The procedures/contingency arrangements in place in the event of emergency
temporary closure, service reduction or permanent closure

- Safeguarding information, including procedures followed
- The process of quality assurance
- Information regarding where a copy of the most recent CQC and/or other relevant inspection reports or information can be obtained
- Details of payment options should they pay all or part of their care direct to the Provider
- Complaints procedure

### 3.5 Providing Service Information

Providers will register with Kent County Council's On-Line Service Directory (or any site that succeeds it). Providers will keep their contact details up to date on the site and any failure to do so may result in a contract sanction. These details will be used to communicate with the Provider including any service changes, enhancements, developments, price increases etc.

Kent County Council requires Providers to register a generic email address (i.e. admin@provider.com or office@provider.com) that will not change with any staff turnover within the Provider’s organisation and avoids the need for many amendments and possible miscommunications.

Kent County Council requires Providers to follow Kent County Council’s Contract Change Control process.

### 3.6 Financial Protection

The Provider will have policies and procedures in place for staff on the safe handling of money and property belonging to the person, which covers:

- Recording the amount and purpose of all financial transactions undertaken on behalf of the person. Records which must be signed and dated by the Care Worker and the person or nominated advocate
- Collection of pensions or benefits
- Safeguarding the property of the person whilst undertaking care and support tasks
- Reporting the loss or damage to the property whilst providing care and support

The Provider’s Safeguarding policies and procedures must make clear that staff must not:

- Use credit or debit cards belonging to the person, or have knowledge of the person’s PIN number
- Accept gifts or cash (beyond a very minimal value)
- Use loyalty cards except those belonging to the person
- Undertake personal activities during time allocated to provide care and support to the person
- Make personal use of the person’s property (e.g. telephone)
- Involve the person in gambling syndicates (e.g. National Lottery)
- Borrow from or lend money to individuals
- Sell or dispose of goods belonging to the person and their family
• Sell goods or services to the person and/or buy goods or services from the person
• Incur a liability on behalf of the person
• Take responsibility for looking after any valuables on behalf of the person
• Allow any unauthorised person (including children) or pets to accompany them when visiting the person without their permission and the Case Manager’s approval
• Make or receive telephone calls that are personal or are regarding other individuals. The time allocated to the person must be used to care and support the person

The Provider must have policies and procedures in place for Staff concerning the investigation of allegations of financial irregularities and the involvement of Police, Social Care, Health and Wellbeing (SCHW) and other professional bodies.

3.7 Safeguarding and Freedom from Abuse

In order to ensure that the person is free from abuse and appropriate action is taken where it is suspected, the Provider will:

• Respond to alerts
• Attend Safeguarding Adults Review meetings
• Comply with the requirement that Safeguarding Adults Review Panel requests for Independent Management Reports are completed within six weeks
• Make representation in court as and when necessary
• Ensure staff are familiar with the Kent and Medway Adult Protection Procedures and with the Providers’ own policy and procedures on Safeguarding and Adult Protection
• Ensure the Kent Adult Safeguarding Form (KASAF) (available at http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/adult-protection-forms-and-policies/adult-protection-forms) is completed to notify the local authority if adult abuse is witnessed or reported.
• Work in partnership with officers of the local authority (or any others that the local authority chooses), to make enquires in fulfilling its duties under section 42 of The Care Act 2014; participate in adult protection assessments and enquiries and comply with 2h any recommendations where practicable in post abuse action plans.
• Ensure staff training is provided in safeguarding and is refreshed at regular intervals and ensure staff attend relevant safeguarding adults training appropriate to their position.
• Comply with the Disclosure and Barring Service (DBS) requirements for staff. These checks should be done every three years as a minimum.
• Take positive action to combat discrimination. Individual's needs arising from specific ethnic, religious, cultural, gender, sexuality, disability or age requirements must be identified in their care and support plans. The Provider must ensure that staff are able to meet these needs.
• Respond to the Prevent Agenda following their procedure
4. Workforce Requirements

- **4.1 Workforce**

The Provider is expected to have a written recruitment and selection procedure which reflects equality and diversity policies. The recruitment and selection procedures must meet the CQC minimum standards; ensuring records are maintained to demonstrate best practice in this area. Providers must comply with Disclosure and Barring Service (DBS) requirements for staff.

All roles within the Provider’s organisation must also have written job descriptions and person specifications and an equal opportunities policy for the recruitment, development and care of the workforce (including volunteers) must be in place.

All staff should meet formally on a one to one basis with their line manager to discuss their work on a quarterly basis (every three months) and written records of these supervisions must be kept to demonstrate the range, content and outcome of the discussion at each meeting.

Providers should be able to demonstrate how staff are supported and advised between supervisions and that additional meetings are facilitated where required.

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

Regular meetings must be held at least quarterly with peers and/or other team members to discuss and share issues and best practice. This must be recorded.

All staff must have an annual appraisal and this must include identification of training and development needs with their line manager. A copy of the appraisal will be placed on the personnel file for each Care and Support Worker.

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

A record must be kept of any disciplinary incidents and details entered in the personal file of the Support Worker concerned, referrals to the Independent Safeguarding Authority must be made, if appropriate, and recorded on the Care and Support Worker’s file. Case Managers must be kept informed.

The Provider must have a written policy for the management of violence towards staff and ensure that suitable training is provided to reduce the risk of violence towards staff. Adherence to the Health and Safety at Work Act 1974 will ensure that staff are safe whilst at work.

- **4.2 Workforce Development**
Providers will be registered with the Skills for Care National Minimum Dataset for Social Care (NMDS-SC) and the following criteria must be met:

- All establishments will complete a NMDS-SC organisational record and must update all of its organisational data at least once in the financial year.
- The establishment must fully complete individual NMDS-SC worker records for a minimum of 90% of its total workforce (this includes any staff who are not care-providing).
- Individual records for workers which are included in the 90% calculation must be both fully completed and updated at least once in the financial year.
- The establishment must agree to share information via the facility within NMDS-SC with Kent County Council, CQC and NHS Choices.

Providers must show that they are complying with the relevant regulations covering staff competence and training. Providers must ensure the completion of the Common Induction Standards (or other standards as set out by the CQC) for all new Care Workers and other employees within 12 weeks of starting their employment. This induction must specifically include Mental Capacity Act (MCA) Safeguarding and Dementia training.

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

Registered managers must complete the Manager Induction Standards and have, or undertake a recognised qualification for registered managers within the first year of employment. This must be completed within 2 years of employment. Managers should undertake periodic management training to update their knowledge, skills and competence to manage the Service.

Kent County Council recognise the value of the Social Care Commitment within selection, induction and development processes and where employers have signed up to, and embody the principles of the Social Care Commitment, Kent County Council will view this as a positive commitment to quality.

Staff must be supported to ensure appropriate skills are maintained in order to ensure that the highest level of care and support is provided by qualified and competent staff. Providers will ensure:

- All staff are competent and trained to undertake the activities for which they are employed and responsible.
- Care workers receive specific advice and training about human rights in relation to Home Care services.
- All staff have training on the prevention of abuse within three months of employment and this must be updated annually.
- All staff hold a relevant national occupational standard such as Level 2 Diploma in Health and Social Care. Those who do not already hold a relevant standard should be supported to achieve the above qualification as a minimum.
- Young staff (16-18 year olds) are supported in their work. Young staff should be undertaking an approved training programme – it is advised that the Health and
Social Care Apprenticeship framework is used

- Specialist advice, training and information is provided to support workers working with specific individual groups and / or medical conditions to ensure they are professionally qualified to do so
- Staff have training in the requirements of MCA (Mental Capacity Act 2005) and DOLS (Deprivation of Liberty Safeguards)
- All staff are aware of their Safeguarding responsibilities both for Children and Adults
- All staff are aware of and familiar with the Provider’s policies and procedures
- All staff are aware of their responsibility regarding the Prevent Agenda

5. Key Principles

The Provider must embrace the following key principles in all elements of the service to ensure the maximum possible independence and greatest personalisation possible:

- **5.1 Equality and Human Rights**

The Equality Act 2010 introduced a public sector equality duty which must be exercised by Kent County Council in performing its functions. The Duty underpins this specification and service Providers must pay due regard to:
- Eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advancing equality of opportunity between people who share a protected characteristic and those who do not.
- Fostering good relations between people who share a protected characteristic and those who do not.

Providers must operate in accordance with the Human Rights Act 1998, the statute which made the European Convention on Human Rights (ECHR) part of English law. It requires public authorities and those services they commission to act compatibly with the ECHR.

It is a priority of Kent County Council to meet its Human Rights Act obligations. This service specification has been designed to help promote and protect the human rights of Home Care individuals. Contracted Providers must deliver Home Care in ways that protect individuals’ rights to respect, dignity, privacy and autonomy.

The Equality and Human Rights Commission’s framework for human rights in Home Care has been adopted by Kent County Council and underpins our expectations for the delivery of this service. Kent County Council will take positive steps to protect the human rights of people who receive Home Care services.

Service Providers are under a contractual obligation to promote and protect human rights, with a zero tolerance of neglect and abuse. Providers must find effective ways of communicating with each individual to ensure that they are at the centre of their care and support plans and choice making.

To ensure that each individual is treated with respect and dignity and services provided are appropriate to any special needs they might have, the Provider will:
- Understand and comply with statutory obligations under equalities legislation
- Have a policy suitable for their business, ensuring that staff are made aware of the necessary procedures and requirements
- Provide equalities training for all staff
- Ensure staff meet the Accessible Information Standards

### 5.2 Partnership Working

The principle of improved cross-sector working will be supported through specified KPIs to encourage integrated, participative working with statutory bodies, other Home Care Providers, private and voluntary Providers of social care services and other organisations outside of the social care system.

Kent County Council wishes to work in partnership with Providers in delivering a high quality comprehensive Home Care service to its people. By signing up to a partnership approach Kent County Council and service Providers are making a commitment to:

- Have a contract that is flexible enough to reflect changing needs, priorities, strategy and lessons learnt, and which has individual and Care Worker participation at the centre
- Share key objectives
- Work towards achieving key outcomes
- Communicate with each other clearly and regularly
- Be open and honest with each other
- Share relevant information, expertise and plans
- Avoid duplication wherever possible
- Monitor the performance of all parties
- Seek to avoid conflicts but, where they arise, to resolve them quickly at a local level wherever possible
- Seek continuous improvement by working together to get the most out of the resources available by finding better, more efficient ways of working
- Share the potential risks involved in service developments
- Promote a partnership approach at all levels in the organisations e.g. through joint induction or training initiatives
5.3 Person Centred Support

People must be at the centre of any care and support planning and services should be easy to access and use, of good quality and designed to maximise people’s ability to live independently and safely in their own homes.

This will include:

- Providing services that are personalised to the individual, that meet their needs rather than the needs of the service – developing systems to better match support workers to individuals in terms of their interests to support the establishment of good working relationships, including the development of one page profiles
- Negotiating meaningful and achievable goals with individuals, their families and advocates. Clarifying the responsibilities of all individuals who are supporting the individual to achieve these goals
- Ensuring care and support plans are written with the direct involvement of individuals and consultation of their families where appropriate, listening to their needs and requirements and being flexible regarding when support is provided rather than fitting individuals into pre-arranged rounds of calls

5.4 Strengths Based Approach

Individuals will be encouraged to self-care by identifying and building on their strengths and their own capacity along with those of their family, friends and carers to resolve problems themselves, delivering their own solutions. This will include:

- Valuing the capacity, skills, knowledge, connections and potential in individuals, their families and their communities
- Working in collaboration, helping people to do things for themselves becoming co-producers of support and developing shared care partnerships
- Promoting individuals becoming active consumers of support, preventing passive consumption
- Using a strengths-based approach to maintain and improve social networks and enhance well-being
- Encouraging and supporting self-care and exercise.

5.5 Promoting Safety and Positive Risk Taking

Individuals will be empowered to take appropriate risks in their recovery journey, and managing the tension between promoting safety and positive risk taking. This will be supported by:

- Ensuring people are supported by a ‘trusted team’ and not receiving care from
numerous Care Workers, Kent County Council recognise that continuity of support is important in building trusting relationships

- Individuals and their support team identifying, assessing and then managing risks whilst understanding that risk is a normal everyday experience
- Care Workers accepting the need to work within a wide range of home conditions, subject to a risk assessment
- Ensuring individuals and support workers assess risk dynamically, understanding that decision-making can be enhanced through positive collaborations
- Understanding that risks can be minimised, but not eliminated
- Providers taking responsibility in encouraging a no-blame culture whilst not condoning poor practice
- Providers working with Kent County Council to understand and meet the changing needs and expectations of individuals and their families and supporting them to have more control over their health and care
- Conducting risk assessments where there is potential for significant harm, self-neglect, injury or death. Examples could be but are not limited to the following: choking/falling/scalding/transfers (hoisting)/not following specialist instruction/skin integrity/infection control/Control of Substances Hazardous to Health/labelling and signage (for persons living with dementia)

5.6 Whole Systems Approach

People in hospital when medically fit, who require support on discharge, will be offered an enablement package in the first instance. This is a short term intensive support package focusing on the enablement of the individual.

Providers will be expected to support discharge from hospital for known individuals (who already have a Kent County Council funded care package with the Provider), where there is no change in need and no Kent County Council re-assessment necessary.

Providers will:

- Not need to seek approval from Kent County Council
- Follow the person’s progress through the acute pathway by communicating directly with the hospital ward and person, promoting self-care for some needs from the outset (where appropriate)
- Be expected to work with hospital staff to determine when the person is fit for a safe discharge

The Provider must ensure they are kept aware of all that has happened that will be relevant to their continued care and should visit the person in the acute setting or speak to them via the telephone to ensure they keep in contact.

There may be occasions when the service Provider feels that they are unable to support a Care Package Reinstatement from hospital and in these circumstances individuals and service Providers will still be able to access the same support from Kent County Council via the current channels. Providers must report any safeguarding concerns in the usual way and should trust in their judgement regarding safe discharges from acute settings.
Providers must keep Case Management informed whilst the individual is in hospital and upon their discharge as the care and support plans may need to be altered to reflect any changes in needs. This notification is important as it will prompt SWIFT changes and ensure Providers are paid appropriately.

- **5.7 Informed Decision Making**

Kent’s residents will be provided with improved information, advice and guidance relating to care and support services for adults and carers in Kent in accordance with The Care Act requirements. This will include:

- Being asked for feedback by their Provider and knowing that a customer feedback loop is influencing continuous improvement of their service, along with other quality monitoring systems
- Receiving open and transparent communications from their Provider regarding the quality of their organisation’s services both individually and when benchmarked against competitors
- Knowing that contracted Providers will be maintaining a Key Performance Indicator dashboard to maintain their focus on continuous improvement and the delivery of quality services
- The publishing of KPI analysis and any quality audits conducted by us or any 3rd party representative. Kent County Council have appointed to act on our behalf
- Knowing that the confidentiality of individual information is paramount, unless a disclosure is necessary to protect the health, safety or welfare of the individual or other people

- **5.8 Supporting the Whole Population**

Kent County Council has a duty under The Care Act to support informed choices for all adults within the Local Authority boundary, not just those who are eligible for Kent County Council funding.

Kent County Council will regularly collect and collate information from the Provider regarding all customers of the Provider’s services to meet our responsibilities to self-funders under The Care Act. Kent County Council will expect Providers to engage proactively with any such data requests and expect the measurement of outcomes, KPIs and self-funder data to contribute to our shared understanding.

Kent County Council will expect Provider support in ensuring Kent County Council and Provider communication channels dovetail in the provision of information, advice and guidance.

6. **Service Inputs and Outputs**

- **6.1 Continuity of Care Workers**

To ensure that the individual is comfortable with their Care Worker(s), the Provider will
ensure:

- Individuals are supported by a ‘trusted team’, the Provider should try and match Care Workers to meet specific needs of the individual wherever possible
- The amount of Care Workers in this trusted team should ideally be kept to no more than 4 and in any case as low as possible, or in the case of a high number of support hours delivered, (including double handed, triple handed and live in care workers) 8 Care Workers
- The person is consulted and kept informed about their ‘trusted team’ at all times and any changes that may become necessary

6.2 Records

To ensure that records of visits to the person’s home and details of support given are comprehensive and shared as appropriate, the Provider must ensure that:

- Any refusal of support agreed within the Care and Support Plans must be recorded in the contact book. The Provider must feed this refusal to accept support back to case management immediately
- Kent County Council’s authorised staff are able to see records required by this specification at any time
- They accommodate visits by Kent County Councils’ authorised staff, which may take place at any time and could be unannounced. Kent County Council will be reasonable in exercising this right.
- Staff visiting individuals for the first time sign the individual’s file to show they have read the relevant sections and are familiar with the person's needs
- Appropriate sections of the person’s personal file are accessible to relevant care staff
- The Contact Book is left in the person’s home at all times; completed pages should be removed and placed on the person's file at the Provider's premises after one month
- Staff are aware of the Provider’s policy in regard to confidentiality of records
- Acceptable standards of literacy in English and the first language of the individual are used

Support workers will record the date and time of every visit, the support provided and any significant occurrence. Records will be factual, legible, signed and dated and kept in a safe place as agreed with the person, as per the record keeping policy.

Records will include:

- Assistance with medication
- Care provided
- Any financial transactions undertaken
- Details of changes in the person’s circumstances, support needs, health condition and any mental capacity concerns which raise questions about the person’s ability to consent with specific decisions of the care and support arrangements
- Any accident to the person and/or support worker
- Any other untoward incidents
- Activities undertaken and any particular achievements
• Any information that will assist the next support worker to ensure consistency in the service provision

Individuals will be informed about what is written and will have access to the Contact Book and any contents past or present. Individuals will be encouraged to have records kept in their home. Records will be available to Kent County Council and/or individual on request.

Any significant occurrence or changes in circumstances/support needs should be reported to the Providers and case management teams. Where the individual does not agree, the Provider will record this refusal on the personal file held by the Provider.

All information must be stored in accordance with data protection legislation.

• 6.3 Security

Service Providers must have clear protocols 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 will cover:

• Knocking/ringing bell and speaking out before entry
• Written and signed agreements on key holding
• 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
• Other emergency situations.

Service Providers will ensure that all staff are identifiable employees of the Home Care Provider by supplying a uniform and arranging for identity cards to be provided for all Support Workers entering the home of the Individual. Identity cards must display:

• A photograph of the member of Staff
• The name of the person and employing Organisation in large print
• The contact number of the Organisation
• Date of issue and expiry date, which must not exceed 36 months from the date of issue.

Identity cards must be:

• Available in large print for people with visual disabilities
• Laminated or otherwise tamper proof
• Renewed and replaced within 36 months from the date of issue
• Returned to the Provider when employment ceases.

• 6.4 Transport

To ensure that the person is transported safely and appropriately and in accordance with the legal requirements.
6.5 Health and Safety

Accidents and Injuries:
To ensure the Provider's Staff are informed and deal confidently with accidents, injuries and emergencies the Provider must ensure that:

- All staff are aware of the Providers' policies and procedures for dealing with medical emergencies
- Any accidents or injuries to the person that require hospital or GP attendance that the Care Worker has knowledge of, are reported to the person’s Case Manager and noted in the person’s Contact Book

Care Workers when carrying out caring or domestic tasks with people will not wear nail varnish, artificial nails of any kind and jewellery that is likely to cause a health and safety risk including cross infection.

The Provider shall provide all Personal Protective Equipment necessary for the supply of Services and any small pieces of equipment that help Care Workers to support people back to independence.

Transmittable Diseases:
To ensure that the person, his/her family, staff and visitors are protected from transmittable diseases, the Provider must ensure that:

- A policy in relation to transmittable diseases (e.g. HIV/AIDS and Hepatitis A, B and C) is available and known to all staff
- All staff are trained to work safely with individuals at all times

Protection:
To ensure that the protection of the person’s home is maintained, and is not compromised by any action undertaken by a Care Worker from the Provider’s organisation, the Provider must:

- 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 through the provision of appropriate training
- Have a written risk assessment for the person and be sure that staff know of the policies and procedures which are in place in respect of the individual’s safety
- Make sure that staff do not carry with them more confidential information than they need for a week’s work programme (e.g. lists of names and addresses)
- Ensure, when it is necessary for staff to keep written information detailing passwords or keypad numbers with them, that they understand the need to preserve security. The Provider must also make sure passwords or keypad numbers are not kept alongside names and addresses and key fobs should not carry the name or address of the individual on them
- Liaise and negotiate with the individual if a change of staff or a suspected breach of security occurs, to see whether a change of access code number will be acceptable to them
- Have policies and procedures in place to make sure that staff who leave or change
7. Compliance and Governance

- **7.1 Internal – Roles and Responsibilities**

For Kent County Council:

**Strategic Commissioning** is responsible for the commissioning and procurement of this Home Care contract. This is the team that Providers should inform of any Regulatory Warning Notices or other actions required by this contract that relate to service delivery and service quality. Providers should email communitysupport@kent.gov.uk with this information. Providers will be informed should this email address change; the commissioner will use the generic email address that the Provider has given. The commissioning team also lead on contract management, arrangement of price uplifts, any Contract variations, and the review of outcomes and key performance indicators although Kent County Council reserve the right to utilise a 3rd party representative to manage this (wholly or in part) on our behalf.

**Purchasing Staff** support Case Management teams in managing and controlling the offering of care packages to Providers in line with the Purchasing Protocol (attached at Annex C). They will issue the Service Delivery Order and confirm the persons' details and care and support plan.

**Assistant Directors and their Service Managers within Older People and People with Physical Disability teams** have the responsibility of overseeing the case management of SCHW’s new geographical areas which have been aligned to the Clinical Commissioning Groups geographical areas. Providers should escalate practice concerns to Service Managers if they have not been resolved by Case Management in their geographical area.

**Assistant Directors and their Team Managers within the Learning Disability teams** have the responsibility of overseeing the case management of locality teams which have been aligned to the Clinical Commissioning Groups geographical areas. Providers should escalate concerns to Team Managers and only then to Assistant Directors if necessary.

**Assistant Directors and their Locality Service Managers within the Mental Health teams** have the responsibility of overseeing case management of teams which are currently locality based but are moving towards being aligned to the Clinical Commissioning Groups geographical areas. Providers should escalate practice concerns to Locality Service Managers and then to Assistant Directors if necessary.

**Team Managers** are deployed to arrange and review services of sufficient quality for people who have been found on assessment to be owed a duty under various enactments. Case Managers should also be taken to include Care Manager (within Learning Disability), Care Co-ordinator (within Mental Health), Case / Care Manager Assistants, Occupational Therapist, Nurse, Social Worker, Physiotherapist qualified/state registered, Purchasing Officer and any other authorised representative.

**The Payments Team** is responsible for the payment cycle, individual billing and any issues
relating to payment.

**Safeguarding** has the role of safeguarding vulnerable adults and statutory duties regarding adult protection. Providers are expected to work with all safeguarding adults to address any relevant issues.

**The Complaints Team** has the responsibility of co-ordinating activity and investigation to support complaint resolution.

- **7.2 Legal / Legislation**

**Statutes governing Home Care:**

The Care Act 2014 is the biggest reform in health and social care for 60 years; the act should make care and support more consistent across the country and puts the wellbeing of individuals at the heart of health and social care services.

Section 29 National Assistance Act 1948 (NAA 1948) and Section 2 Chronically Sick and Disabled Persons Act 1970 are the key provisions for Home Care and community based services. There is significant overlap between the various statutes but it is these two provisions that the majority of a person's legal entitlement to support within the home stems from.

Section 30 NAA 1948 allows a local authority to provide the services itself or to make arrangements for the services to be provided by a third party. Section 1 Local Government Act 1997 in general terms permits a local authority to contract with that third party to provide the necessary support to people for whom they have a responsibility for.

However, such a contract does not discharge the local authority of its duty to the person to ensure that they receive the necessary care. The local authority must ensure that the support provided is both adequate and effective. In the event that the care provided to the person is inadequate and inconsistent this could amount to breach of statutory duty. This will of course depend on the seriousness of the complaint and the reasons for the failings e.g. staff sickness, the behaviour of the person etc. Notwithstanding this there is the potential risk of there being a case for maladministration against the local authority for failing to have systems in place which keep under review the quality of care delivered and compliance of the contract with the Home Care Service.

**Regulation of Home Care**

The Health and Social Care Act 2008 sets out the framework for the regulation of care services. Section 8 is an introduction to Chapter 2 of Part 1 of the Act which deals with registration of provision of health and social care. Its starting point is to define a “regulated activity” as an activity that involves or is connected to the provision of health or social care. Section 9 (3) defines “social care” as including all forms of personal care and other practical assistance.

Any person who carries out a regulated activity without being registered as a service Provider will be guilty of an offence under section 10 and is liable on summary conviction to a fine not exceeding £50,000 or to imprisonment for a term not exceeding 12 months or
both. If convicted on indictment then the penalty will of course be greater and there is no upper limit on the fine that the court could impose. The requirement to register pursuant to section 10 applies to a natural person, a partnership or a company.

The Mental Capacity Act 2005 is the primary legislation for all adult social care and the 5 statutory principles should be an integral part of all the work of care Providers. Section 44 of the MCA 2005 introduces two new criminal offences, namely ill treatment and wilful neglect of a person who lacks capacity to make relevant decisions.

Additional legislation is listed below however the list should not be regarded as complete or exhaustive but constitutes guidance for Providers. Providers must ensure they remain aware of, and comply with all relevant and applicable legislation.

- Care Standards Act 2000
- Data Protection Act 1998
- Equality Act 2010
- Human Rights Act 1998
- Mental Capacity Act 2005
- Public Interest Disclosure Act 1998
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- Management of Health and Safety at Work Regulations 1992
- Management at Work Regulations 1992
- Personal Protective Equipment Regulations 1992
- Provision and Use of Workplace Equipment Regulations 1992
- Workplace (Health Safety and Welfare) Regulations 1992
- Control of Substances Hazardous to Health Regulations 1989
- Health and Safety at Work etc. Act 1974
- Criminal Records Bureau Disclosure Service 2000
- 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
- National Association for the Care and Resettlement of Offenders (NACRO) leaflet
- The Care Act 2014
- The Health and Social Care Act 2012
- The Health and Social Care Act 2008
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010
- Essential Standards of Quality and Safety March 2010
- The Law
- This Specification

8. Strategic Direction and Legislative Context
8.1 Understanding Kent County Council’s Strategic Commissioning Direction

Kent County Council is continuing its journey to transform adult social care in Kent. This Home Care service is supporting us towards making this vision a reality. Providers are expected to attend the Strategic Provider meetings and those detailed in Schedule 14 Contract Management.

9. Performance Monitoring and Management

9.1 Performance Monitoring

The Service Provider and Kent County Council will performance manage this service to ensure current delivery meets the required standard. Kent County Council will continue to use electronic methods for collecting and collating all key performance indicator data, all Providers will be expected to work with Kent County Council to deliver this effectively and to ensure compatibility with Kent County Council’s systems and requirements.

Key Performance Indicator requirements are laid out in Schedule 14 Contract Management.

Individuals and their Carers will be asked to provide feedback via a questionnaire sent out by Kent County Council. The questionnaire will measure the individual/carer’s satisfaction with the quality of service delivery and whether the service has achieved the outcomes identified.

Any future additional performance monitoring requirements will be introduced through discussion with individuals and Providers and will be informed by the review and development of the service.

9.2 Contract Reviews

Kent County Council reserve the right to utilise 3rd Party Auditors in undertaking any performance management elements including contract monitoring, quality assurance and KPI measurement. Kent County Council will develop the roles of various Kent County Council staff in relation to this contract, its contract management and reviews, therefore a range of Kent County Council representatives may conduct any of the performance management elements.

Schedule 14 Contract Management details the requirements of both the Providers and of Kent County Council. The Council reserves the right to undertake a review of the supply arrangements with Providers within the Clusters at any time and to work with Providers to ensure optimum delivery arrangements. During the first three months of the contract Kent County Council will work with Providers to agree a set of roles, responsibilities and expectations around the Purchasing Protocol and process.
2017 Home Care Service Specification

Glossary

A

Adult Protection - safeguarding vulnerable adults from abuse, harm and exploitation.

Area Referral Management Service (ARMS) - the main access points for people wanting to contact Social Care, Health and Wellbeing about themselves or others. They deal with contacts regarding adults with a physical and/or learning disability, people with sensory needs and older people.

Assistive technology - any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of people with support needs.

B

Breach (of contract) - an action in the direct opposition to defined agreed requirements.

Branch – the physical office registered with the CQC from which packages of care are serviced.

C

The Care Act – the paper that takes forward the Government’s commitments to reform social care legislation and improve the quality of care following the findings of the Francis Inquiry.

Care Package - a combination of services put together to meet a person’s needs arising from an assessment or a review.

Care and Support Plan - document produced by the Case Manager giving particulars of how to support, enable and achieve independence and wellbeing. It is a written statement regularly updated and agreed by all parties, setting out the health and social care support that an individual requires in order to achieve specific outcomes and meet assessed needs.

Care Quality Commission (CQC) – the regulatory body that ensures that standards of quality and safety are being met where regulated activity is provided. The body has a wide range of enforcement powers if services do not meet the standards required.

Care Worker - a member of staff employed by you to carry out the Home Care service.

Case Manager - a professional the Council has deployed to arrange and review Home Care services for people who have an assessed need. In this agreement Case Managers could also include Care Manager (within Learning Disability), Care Co-ordinator (within Mental Health), Case / Care Manager Assistants, Occupational Therapist, Nurse, Social Worker,
Physiotherapist qualified/state registered, Purchasing Officer and any other authorised representative.

**Case / Care Management** - a targeted, community-based and pro-active approach that assesses people who may have care needs, reviews packages of care and produces co-ordinated care and support plans.

**Cluster** – the geographic boundary(s) that the County has been divided into for the provision of the Services.

**Commission** - the process by which local authorities decide how to spend money to get the best possible outcomes for individuals and communities, based on identified needs.

**Commissioner** - Members of the Councils’ staff who have responsibility for determining what services will be purchased in order to meet assessed eligible needs.

**Common Induction Standards** - standards that are set by the CQC that state that all adult social care practitioners should reach within 12 weeks of starting their job.

**Communication / Contact book** - book used by staff to record interaction with the individual.

**Co-produce** - active input into service design by the people who refer into and use the service.

**Core Team** – means the care workers who are rostered to provide the relevant care to the Service User under the Contract. The Provider will seek to match Care Workers to meet specific needs of the individual wherever possible. This team does not include workers on scheduled annual leave / holiday, however would be impacted by other absences including sickness, failure to report to work and any other reasonable explanation.

**Declined Package of Care** – will be defined and confirmed via the Strategic Provider Forum by the end of the first quarter of the Contract. For the first quarter of the Contract KPIs relating to this definition will be monitored but not enforced.

**Deprivation of Liberty Safeguards (DOLs)** – extension of the Mental Capacity Act (2005) which aims to ensure that the person in receipt of social and health care are looked after in a way that does not inappropriately restrict their freedom.

**Disclosure and Barring Service (DBS)** – the tool that helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

**Expert patient schemes** - a self-management programme for people with support needs or are living with enduring conditions.
Home Care (previously referred to as Domiciliary Care) – Care provided in an individual’s home following an assessment of need.

Improvement Plan - a response to raise standards in key areas in service development and delivery within agreed specified timescales.

Kent Enablement at Home (KEaH) - the Council’s in-house provider of enablement services.

Key Performance Indicator (KPI) - criterion that helps to measure service quality and providers’ contractual obligations.

Key Performance Indicator dashboard - a tool that communicates service achievement in a succinct way that facilitates the process of action being taken to raise the quality of the service.

Late/Early Call – Calls made more than 45 minutes after/before the time stated on the Service Delivery Order.

Locality Team - integrated community health and social care professionals managing the care of people with LD and MH issues (some areas).

Manager Induction Standards - benchmark for managers new in post in adult social care.

Market Position Statement - a declaration that summarises Commissioners’ purchasing intentions which also provides intelligence to Providers (the market) to enable them to plan how to respond to the Commissioner’s needs.

Missed Call – Non-attendance by staff or attendance more than two hours after time of call identified on the Service Delivery Order.

(Contract) Mobilisation - The development and execution of proposed service provision.

Must (must) / Will (will) - to be obliged or required by law.

Needs assessment - appraisal of a person’s care and support needs for community care services.

Newly Offered – refers to packages of care that have not been previously offered to the Provider.
**O**

Ombudsman / Local Government Ombudsman - Officer whose role is to investigate complaints where individuals have been treated unfairly or have received poor service from government departments and other public organisations and NHS in England.

Outcome – Consequence, impact or result of an activity, plan, process or agreed intervention and the comparison with the intended projected result.

**P**

People / Person - refers to the users of this service.

Personal Care – care and support provided to people that includes assistance with bodily functions such as washing, bathing or shaving, toileting/continence, getting in or out of bed, eating, drinking and taking medication.

Policy - a set of statements which help individuals to make sound judgments based on legislation, legal terms and conditions and any regulatory requirements.

Procedure - the method by which a policy is put into practice.

Protocol - a code of correct conduct.

Purchasing Protocol - the process that the Purchasing Officers and Area teams need to follow to allocate the packages of care to ensure continuity of the clusters that have been designed in collaboration with the Provider market.

Purchasing Officer - an employee of the Council who is authorised to buy goods and services.

**R**

Registered Manager – the person appointed by the Provider to carry out duties as stated in the Health and Social Care Act (2008). Providers must meet the Regulator’s requirements in this regard. All Providers must have a Registered Manager and each regulated activity is required to be supervised by the Regulated Manager.

Regulator - the body which is established by statute and whose powers the Provider is subject to. Currently, this is the Care Quality Commission.

Regulatory inspection - an organised examination of an organisation’s systems and processes by an authorised body with enforcement powers.

Response time – is the time taken between the package of care being offered to the Provider and the Provider informing the Purchasing Officer if they can take the package of care.
Safeguarding - describes the multi-agency process of protecting vulnerable adults from abuse or neglect and putting systems in place to prevent harm.

Self care advice - an umbrella term that includes a range of different situations whereby people are given information on how to better manage conditions or impairments with minimal or no involvement of services.

Service Delivery Order - initiates and tailors the service for the person

Social hours - Between 7am and 7pm Monday to Friday.

Strengths based approach - Person led activities that focus on positive outcomes with emphasis on the resources and traits that the person has.

Supervision - a formal recorded meeting on a one to one basis with the Staff member's line manager to enable administrative case management; review, discussion of and reflection on the Staff member’s work; learning from practice; personal support; professional development and mediation. Supervision will take place at least quarterly (every three months). Written records of these Supervisions must be kept to demonstrate the range, content and outcome of the discussion at each meeting.

Supporting People - the act of assisting a person to complete a task or access the community to remain as independent as possible.

Support Plan / Person Centred Plan - a statement of intent written by the Provider (usually in conjunction with the person using the service) describing goals and aspirations of the individual.

SWIFT – the Council’s database that contains key information on the needs and treatment of people as well as the organisations providing care.

Transformation Agenda – the Council’s innovative way of working with its partners with renewed focus on rapid response, prevention, targeted interventions, supporting careers and empowering people.

Unsocial hours – service times after 7pm and before 7am Monday to Friday and all day Saturday, Sunday and Public Holidays.

Warning Notices - to formally make aware in advance of actual or potential harm to the service or persons receiving care and support.
Annex A – Extra Care

Provision of a Care and Support Service for Older People living in Extra Care

Extra-Care housing offers a home for older people to live in that consists of self-contained flats (unlike residential care) and where flexible 24-hour care is provided (unlike ordinary sheltered housing). The buildings are designed for the comfort and accessibility of older people and there are opportunities for a range of social and leisure activities. In the majority of cases, Extra-Care housing provides a home for life.

Within Extra Care schemes care and support services will be available to Customers as in the community and in sheltered housing schemes. The main differences are the inclusion of care available onsite and the requirement that the scheme is staffed 24 hours a day, 7 days per week.

The Provider shall be aware that members of the public from outside an Extra Care Scheme will have access to some areas of the premises.

Partnership

A key aspect of the success of existing and new schemes within Kent is the close partnership working between the different agencies commissioning and providing the services onsite. It is expected that the Providers will continue to develop this positive approach to involvement with all parties and that a Partnership and Operational protocol is developed by all partners during an induction period in order to deliver a seamless service to the Service Users living in the scheme.

The Provider will, participate in finalising the Operational Policy which is a joint agreement between (principally) the Housing Provider and the Care Provider that sets out respective roles and responsibilities in the day to day running of the scheme, and supports co-ordination of their services.

The Provider will ensure that their staff receives an induction which will include a familiarisation with the scheme and the Operational Policy. The Housing Provider will provide support to the Care Provider in this aspect of the Induction.

It is a requirement that the Provider retains a good working relationship with the Housing Provider and others associated with the operation of the scheme which allows access to the building and development of services that benefit the tenants and also members of the local community.

We expect the Provider to work within the schemes, in partnership with the Housing Provider to build on the sense of community which exists or develop it where it does not and to use the resources available in the wider community to enhance the life opportunities of those people living within the scheme.

The Provider may be required to maintain during the period of the Contract a Licence to occupy the Premises given to it by the Housing Provider. The Provider will notify the Council within 1 day of any dispute with or notice served on it by the Housing Provider. If the
Provider loses its Licence to occupy the Premises the Council will be entitled to terminate the Contract.

The Provider will be expected to comply with the scheme Operational Policy and in the first instance try to resolve any issues with the other providers delivering services at an Extra Care Scheme. Additional tasks within each scheme may include reporting on tenancy matters such as repairs or tenant difficulties which affect the tenure to the Housing Provider.

The Council and the Housing Providers have agreed that any applicable Allocations Policy/Nominations Agreement will maintain a balanced community within the Scheme - about one third of Service Users will have high care needs, one third medium care needs, and one third low or no care needs.

The Provider will be expected to participate in Lettings panels to provide an overview of the levels of care needs of service users to inform nominations made.

Service

The Service shall be available 24 (twenty-four) hours a day 365 days of the year. The Service will principally be delivered in an extra care scheme, but subject to the individual requirements of Service Users’ Support Plans, may be delivered in the community following a hub and spoke model of care.

Services will be flexible and responsive to the individual Service Users' personal needs and views. This will require staff to spend time on gaining an understanding of each individual's history, personality, health, relationships, attitudes and aspirations.

The Service Provider must avoid creating inappropriate user dependency in the delivery of services.

The Provider will ensure that it has sufficient Staff on duty at all times to provide the levels of Service required.

The Service Provider is expected to ensure continuity of care for Service Users and develop a meaningful relationship of trust and co-operation.

The services provided within an extra care scheme are defined as follows:

**Individual Care Planned Calls** - the provision of care and support to Service Users in accordance with their individual Support Plans and outcomes specified and may include overnight planned calls. Service users may receive their care either within an Extra Care Scheme, or externally in the community, depending on the outcomes required.

The Provider will deliver support, assistance, care and advice to Service Users. It will assist them with their daily living activities including help in walking, bathing, dressing, feeding, preparation of meals, supervision of self-administration of medications, but it is not limited to those activities. It will also help Service users maintain their links with the wider community including accessing and using scheme restaurants and participation in activities.
There is no guarantee of hours to be provided within the Individual Care (Planned Calls); this will be dependent on the assessed needs of Service Users living in the scheme at any particular time.

The precise pattern of Service delivery, and therefore of workforce deployment, will be flexible according to the individual needs and preferences of the Service user.

**Waking Night Cover** – an on-site service to respond to Service User-related emergencies between the hours of 10pm to 7am 365 days a year
This is the element of the Service that the Provider will be contracted to deliver daily between the hours of 10pm and 7am to all Service Users living in an Extra Care Scheme. The purpose of the service is to ensure that at least one member of staff is on duty to provide waking overnight cover at the scheme, enabling the Provider to respond to emergencies related to Service Users care or support needs.

The Provider will be responsible for responding to Emergency Alarm calls raised by Service Users in a timely fashion. The Provider will prioritise evening visits to Service Users who have been discharged from hospital or who are ill and respond to out of hours emergency calls and requests for assistance, providing help or personal care.

The Housing Provider will have its own Emergency Response Service which provides out-of-hours response to property-related emergencies.

In agreement with the Housing Provider the Provider may use the laundry facilities provided in an Extra Care scheme during the period of the Waking Night Cover as long as this does not interfere with the Provider’s ability to respond to emergencies.

In agreement with the Housing Provider the Provider may use the laundry facilities to offer an optional chargeable laundry service to Service Users who do not already have this service specified in their Support Plan. Such an arrangement will be between the Provider and the Service User and will not form part of this Contract.

In the case of new schemes the Waking Night Cover must be available from the date when the first Service Users move into the scheme.

**Background Support** – an on-site presence between the hours of 7 am and 10 pm 365 days a year enabling a response to Service User-related emergencies or crisis.

This is the element of the Service which is the minimum staff cover that must be supplied by the Care Provider on a daily basis between the hours of 7 a.m. and 10 p.m. The Provider has to ensure there is at least one member of staff on duty at the Extra Care scheme during these times to be able to respond to Service user-related emergencies or crisis and support hospital discharge, even if there are no planned calls.

In this aspect of the service the Provider is also expected to work within the schemes, in partnership with the Housing Provider and other organisations to build on the sense of community which exists or develop it where it does not and to use the resources available in the wider community to enhance the life opportunities of those people living within the scheme.
In the case of new schemes the Background Support Service must be available from the date when the first Service Users move into the scheme.
Annex B – Contract Sanctions

The Provider shall also refer to Schedule 14, Contract Management, section 3.1 Quality Assurance in relation to contract sanctions.

Adult Protection

An Adult Protection Level 1 means:
"Adult Protection concerns have been identified and are being investigated. There is a low risk of harm, abuse or neglect to service users."

An Adult Protection Level 2 means:
"An Adult Protection case is being assessed/investigated and it is possible that other service users may be at risk of significant harm due to abuse or poor practice. Some or all service users are being assessed in relation to these concerns.”

This sanction also constitutes an ‘Improvement Notice’ under clause 41.4 of the Home Care Services Contract which states:

‘If the Provider fails to supply any of the Services in accordance with the provisions of the Contract and such failure is capable of remedy, then the Council shall instruct the Provider to remedy the failure and the Provider shall at its own cost and expense remedy such failure (and any damage resulting from such failure) within 10 Working Days or such other period of time as the Council may direct.’

An Adult Protection Level 3 suspension prevents new placements being made until further notice and means that:
"An Adult Protection case is being assessed/investigated and there is evidence of significant risk to other service users due to abuse or poor practice.”

This sanction also constitutes an ‘Improvement Notice’ under clause 41.4 of the Home Care Services Contract which states:

‘If the Provider fails to supply any of the Services in accordance with the provisions of the Contract and such failure is capable of remedy, then the Council shall instruct the Provider to remedy the failure and the Provider shall at its own cost and expense remedy such failure (and any damage resulting from such failure) within 10 Working Days or such other period of time as the Council may direct.’

Poor Practice

A Poor Practice Level 1 Warning means:
“Poor practice concerns have been identified and are being investigated. There is a low risk of harm, abuse or neglect to service users.”

This sanction also constitutes an ‘Improvement Notice’ under clause 41.4 of the Home Care Services Contract which states:
'If the Provider fails to supply any of the Services in accordance with the provisions of the Contract and such failure is capable of remedy, then the Council shall instruct the Provider to remedy the failure and the Provider shall at its own cost and expense remedy such failure (and any damage resulting from such failure) within 10 Working Days or such other period of time as the Council may direct.'

**A Poor Practice Level 2 warning means:**

“Poor practice concerns have been identified and are being investigated. There is a moderate risk of harm, abuse or neglect to service users.”

This sanction also constitutes an ‘Improvement Notice’ under clause 41.4 of the Home Care Services Contract which states:

‘If the Provider fails to supply any of the Services in accordance with the provisions of the Contract and such failure is capable of remedy, then the Council shall instruct the Provider to remedy the failure and the Provider shall at its own cost and expense remedy such failure (and any damage resulting from such failure) within 10 Working Days or such other period of time as the Council may direct.’

**A Poor Practice Level 3 Suspension means:**

“Serious poor practice concerns have been raised and are being investigated. There is a significant risk of harm, abuse or neglect to service users.”

This sanction also constitutes an ‘Improvement Notice’ under clause 41.4 of the Home Care Services Contract which states:

‘If the Provider fails to supply any of the Services in accordance with the provisions of the Contract and such failure is capable of remedy, then the Council shall instruct the Provider to remedy the failure and the Provider shall at its own cost and expense remedy such failure (and any damage resulting from such failure) within 10 Working Days or such other period of time as the Council may direct.’

**Contract Compliance**

**A Contract Compliance Level 1 Warning means:**

“Contractual concerns have been identified and are being investigated. There is a low risk of harm, abuse or neglect to service users.”

This sanction also constitutes an ‘Improvement Notice’ under clause 41.4 of the Home Care Services Contract which states:

‘If the Provider fails to supply any of the Services in accordance with the provisions of the Contract and such failure is capable of remedy, then the Council shall instruct the Provider to remedy the failure and the Provider shall at its own cost and expense remedy such failure
A Contract Compliance Level 2 Warning means:
“Contractual concerns have been identified and are being investigated. There is a moderate risk of harm, abuse or neglect to services users.”

This sanction also constitutes an ‘Improvement Notice’ under clause 41.4 of the Home Care Services Contract which states:

‘If the Provider fails to supply any of the Services in accordance with the provisions of the Contract and such failure is capable of remedy, then the Council shall instruct the Provider to remedy the failure and the Provider shall at its own cost and expense remedy such failure (and any damage resulting from such failure) within 10 Working Days or such other period of time as the Council may direct.’

A Contract Compliance Level 3 means:
“Serious contractual concerns have been raised and are being investigated. There is a significant risk of harm, abuse or neglect to service users.”

This sanction also constitutes an ‘Improvement Notice’ under clause 41.4 of the Home Care Services Contract which states:

‘If the Provider fails to supply any of the Services in accordance with the provisions of the Contract and such failure is capable of remedy, then the Council shall instruct the Provider to remedy the failure and the Provider shall at its own cost and expense remedy such failure (and any damage resulting from such failure) within 10 Working Days or such other period of time as the Council may direct.’
Annex C – Home Care Purchasing Protocols

The following highlights the different methods the Council’s Purchasing Teams will use to allocate packages of care to Providers. Providers are expected to work within their cluster to ensure sufficiency of supply. Kent County Council reserves the right to change or amend the cluster protocol.

Price with Market Share:

Providers are prioritised based on Price, with the cheapest Provider being offered the package of care first. Providers’ Market Share within each cluster will be monitored and Kent County Council reserves the right to allocate packages of care to any Provider contracted in the cluster in order to maintain a sustainable market share balance.

Sole Provider:

Where there is only one Provider contracted in the cluster all packages of care will be offered to this Provider. Kent County Council will monitor levels of placements and reserves the right to review and amend, if appropriate, the approach of having a sole Provider.

Geographical Location:

Package of care are allocated based on the geographical location of the service user. This may be either: a) the Provider(s) working within designated boundaries within the cluster, or b) the Provider already has packages of care nearby.

Week On Week Off:

This can apply to two or more Providers. Each Provider will be offered all packages of care for one week in turn (i.e. if three Providers, each will be offered packages of care for one week, every third week). Market Share within each cluster will be monitored and Kent County Council reserves the right to change the protocol in order to maintain a sustainable market share balance.