

Day Services for Adults with a Disability

SPECIFICATION

This document defines the Day Services for Adults with a Disability purchased by Kent County Council

July 2005



Kent County Council's contract for Day Services for Adults with a Disability

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Glossary

Care Manager

The person we have deployed to arrange and review Day Services for Adults with a Disability who have been found on assessment to be eligible for Day Services.

Care Plan

The plan produced by the Care Manager that gives particulars of the intended outcomes of the service for a Service User and their needs, which you will address. It is a written statement, regularly updated, and agreed by all parties, setting out the health and social care support that a Service User requires, in order to achieve specific outcomes and meet particular needs.

Day Services

Any activities throughout the waking hours, away from the Service Users home.

Must and Will

Means that the activity referred to is mandatory.

Nominated Representative

- (a) The client's care manager
- (b) The client's advocate
- (c) The client's nominated relative or carer (external to the service provider)

Organisation

The Day Services provider for Adults with a Disability providing support for people who require Day Services. Each branch or franchise will be treated as a separate Organisation.

Policy

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

Procedure

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

Service Delivery Order

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

Service User

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

Should

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

Specification

Our "Specification For Day Services for Adults with a Disability" (ie. this document).

Support Plan

The document drawn up by the Service Provider which supports the Care Manager's Care Plan. It sets out realistic targets promoting the Service User's right to lead as independent a life as possible. It is defined as a detailed plan that is developed between the Service User and the Organisation providing the care, which identifies the way in which the care is to be provided and the activity to be undertaken. The Support Plan arises from the needs assessment, the Care Plan, and the risk and manual handling risk assessment.

Support Worker

A member of staff employed by you to carry out Day Services.

We

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

You

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

1. Introduction

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

This Specification is for Day Services for Adults with a Disability. An effective Adults' with a Disability Day Service should provide a service for adults with the aim of ensuring they can participate in and help steer the services required, taking into account their specific needs. The Day Service should also enable clients to make informed decisions and choices. The Day Service should work within a multi-disciplinary approach (to include social health and voluntary sector). The specific service for each Service User must be delivered in accordance with the requirements of the Service Delivery Order and the Care Plan provided by the Care Manager, and must not be significantly varied without the prior agreement of the Care Manager and the Service User. Care Managers monitor compliance to Service Delivery Orders through regular reviews.

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

Compliance with the contract will take place through monitoring.

2. The Purpose of the Service

The purpose of a Day Service is to support the Service User in improving their quality of life. A Day Service should assist the Service User to lead an independent and fulfilling life, help them to maintain a healthy lifestyle, and to promote and enhance effective personal support networks. This supports Kent County Council's commitment to helping people live safely and independently, and be socially included within their local communities. A successful Day Service should support the Service User to take greater control of their own life and encourage them to remain as independent as possible within their own home, the community and within their chosen way of life.

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

Working with you to achieve this aim, we have set four outcomes we require from the provision of Day Services for Adults with a Disability. These are explained more fully in the following pages, together with key processes required to support these outcomes.

2.1. The Nature of the Service

Under this Specification, the nature of a Day Service is the provision of services away from the Service User's home during waking hours. This day service definition excludes Services contracted and provided under a Community Support Services contract.

By the year 2006, the Government white paper "Valuing People" has made it clear that Government wishes to modernise Day Services by seeing more opportunities for people with learning disabilities to do the things they say they would like to do. These things include being able to learn new skills through further and adult education, spending time with friends and most important of all the chance to get a real job. They also include taking part in a wide range of social and leisure activities that do not necessarily need to be undertaken within a day centre setting. Government would like current services modernised to increase the real choice people have over how they spend their days. Modernisation is not about reducing the amount of support offered, but agreeing how to achieve the outcomes people with learning disabilities have identified, making sure the right support is in place at the right time.

"Valuing People" has identified that certain factors need to happen to enable the modernisation of day services for people with a learning disability by 2006:

- People need support to do what they want
- People need support to make friends and relationships
- People need support to develop the skills they need to gain employment if they wish to.
- Communities need to welcome people with learning disabilities

This modernisation means that:

- People with disabilities and their carers must be involved in deciding what services should look like
- New types of services need to be commissioned to give people with disabilities a variety of opportunities
- Commissioned services must be suitable for people with a range of needs.

Transport to and from Private and Voluntary Day Services

There is no automatic entitlement for transport to and from Day Services. Transport requirements are determined on an individual basis and the decision will be based on Care Plans and travel risk assessments.

The principles outlined in the Kent County Council Transport Policy, namely that Service Users should be encouraged and supported to acquire the skills and confidence to travel independently by using a variety of forms of transport to access services, should apply. The key objective is to promote greater independence rather than creating dependence and this should be the overall aim of all services. Any agreement regarding transport arrangements to and from Day Services will be subject to regular review.

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3. Required Outcomes

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

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

3.1. Self-Worth

Defined as:-

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

Required Outcomes

Evidence that the Service User:-

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

Key processes to support outcomes

To enable the achievement of the outcomes you must:-

- ❑ enable the Service User to be independent
- ❑ support the Service User in making decisions about their own life, providing information, assistance, and support where needed
- ❑ ensure that the Service User is kept fully informed about the service they receive and is provided with information in an appropriate format. This information can be shared with the Service User's permission with nominated individuals, ie. advocates, care manager, family members
- ❑ ensure that the Support Worker carries out tasks 'with' the Service User, not 'for' them, minimising their intervention and supporting the Service User to take risks, as set out in the Support Plan, and not endangering health and safety
- ❑ limit the number of Support Workers offering personal care to the Service User
- ❑ ensure that the Service User is made aware of information written about them and why. Information must be factual and shared with the client and us. Information must be recorded in a format appropriate to the individual's communication need
- ❑ make sure that staff have the competence to enter appropriate detail in an individual's personal record in an objective manner
- ❑ ensure that the Service User is central in drawing up their Support Plan
- ❑ ensure that the Service User is involved in the planning of the service by encouraging participation in Service User meetings
- ❑ ensure that regular Service User meetings are held as standard practice and the meetings are minuted
- ❑ make sure that staff have the competence to communicate with the Service User in an appropriate manner
- ❑ have an appropriate training programme in place for staff
- ❑ adhere to the rules set out in the booklet '*Administering Medication: Guidance for Providers of Domiciliary Care and Community Support Services*' in all cases
- ❑ ensure that staff respect the wishes of the Service User and do not impose their own standards
- ❑ have a procedure in place to ensure confidentiality which ensures that the Service User knows when and why it is appropriate for their confidential information to be shared
- ❑ have safeguards to ensure confidential information is not retained by staff who leave or change roles.
- ❑ treat the Service User and/or their advocate with courtesy at all times

- address the Service User by the name they prefer at all times

3.2. Being Valued as a Member of One's Community

Defined as:-

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

Required Outcomes

Evidence that the Service User:-

- lives as independently as possible within their community
- is aware of their right to vote
- gains an informed knowledge and understanding of the local community and the services available to them, such as local General Practitioners and the Department of Work and Pensions
- is encouraged to participate in the local community
- has a voice in the community, and knows who can assist them if no one is listening

Key processes to support outcomes

To enable the achievement of the outcomes you must:-

- ❑ encourage the Service User to gain a knowledge of the local community and the services available to them
- ❑ encourage the Service User to gain a knowledge of the local transport system where appropriate
- ❑ encourage the Service User to make full use of the neighbourhood and community services that they wish to use
- ❑ provide access to policies relevant to the Service User, eg. smoking, fire evacuation etc
- ❑ direct the Service User to advice on the range of welfare benefits and opportunities available to them, where appropriate
- ❑ encourage the Service User to have a local GP, Dentist and other related health professionals as required
- ❑ share with the Service User a knowledge of personal safety
- ❑ support the Service User in voicing their opinion about local community issues and advise them how to access services

3.3. Ability to Realise One's Aspirations

Defined as:-

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

Required Outcomes

Evidence that the Service User:-

- ❑ experiences and performs useful and meaningful activities, with whatever assistance is required
- ❑ achieves their personal goals and aspirations, and engages in activities that will facilitate this outcome, even though an element of risk may be involved
- ❑ has their cultural, spiritual and religious needs respected
- ❑ is assisted appropriately through personal crises
- ❑ has their choice valued
- ❑ is motivated or enabled to meet their own personal needs
- ❑ defines their own needs, and if personal development is their choice then this is encouraged no matter what their age or personal circumstances
- ❑ is valued for their strengths and abilities, and is not restricted from opportunities because of age, culture or disability
- ❑ is aware of your complaints procedure. The complaints procedure must be accessible, publicised and meaningful
- ❑ is listened to
- ❑ is supported to understand their personal responsibilities and understand the consequences and/or risks involved

Key processes to support outcomes

To enable the achievement of the outcomes you must:-

- ❑ seek advice on physical assistance when required
- ❑ identify predictable risks in the Service User's Support Plan, together with the subsequent reviews and strategies agreed to minimise the risk. Risks and possible consequences must always be explained to the Service User
- ❑ support the Service User to achieve their personal goals and aspirations, and encourage them to engage in activities that will promote this outcome
- ❑ encourage the Service User to maintain skills and abilities to perform functional and meaningful activities
- ❑ respect the Service User's cultural, spiritual and religious needs
- ❑ assist the Service User through personal crises where support is required
- ❑ value the Service User's informed choice
- ❑ motivate and enable the Service User to meet their own personal needs
- ❑ support the Service User if they wish to complain about the service they receive from you
- ❑ allow the Service User time to talk about issues concerning them. The Support Worker must be trained in appropriate communication skills
- ❑ identify with the Service User in their Support Plan the mutual and individual responsibilities

3.4. Social Life

Defined as:-

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

Required Outcomes

Evidence that the Service User:-

- obtains information about social activities, which are available in the locality of their community
- undertakes individual activities that have been risk assessed and is not restricted from valued activities unnecessarily
- participates in stimulating, engaging and rewarding activities
- has an opportunity to socialise within the community, understanding the mutual and individual responsibilities and the associated risks
- is made aware as far as possible of the social boundaries inherent in the Support Worker role
- knows how they will journey to visit a social facility, and the costs involved
- is encouraged to be as independent as possible in any activity

Key processes to support outcomes

To enable the achievement of the outcomes you must:-

- ❑ support the Service User in obtaining information about the range of social activities available to them
- ❑ facilitate opportunities for the Service User to socialise within the community
- ❑ ensure that the Support Worker and the Service User consults with the Care Manager to discuss the risks associated with individual activities. The Support Worker has a duty to point out the risks associated, but not restrict the activity unnecessarily
- ❑ encourage the Service User to participate in stimulating, engaging and rewarding activities
- ❑ ensure that staff are aware of your policies and procedures regarding the social boundaries inherent in the Support Worker role
- ❑ support the Service User to plan a journey where required. If this involves the Support Worker using their own car, the Service User can be assured the worker holds the proper requirements for owning and driving a car for business
- ❑ not restrict the Service User from undertaking valued activities unnecessarily
- ❑ allow the Service User to choose which community social arenas they wish to attend, and not necessarily only those environments specific to their age, culture or disability

Further Requirements

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

4.1. Support Plan

The Support Plan is prepared by the Service User and you, and follows on from the Care Plan. The Support Plan details what is required to achieve the outcomes specified in the Care Plan. In order to ensure that the support needs, wishes, preferences and personal aspirations of the Service User are recorded in the Support Plan, and changes are made when necessary, we require that:-

1. The plan sets out in detail the action that will be taken by the Day Care Service to meet the assessed needs, including specialist needs and communication requirements, and identifies areas of flexibility to enable the Service User to maximise their potential and maintain their independence.
2. The Support Plan is drawn up with the involvement of the Service User and/or their advocate on their behalf, their relatives and any other professional as appropriate. It takes into account the Service User's wishes and preferences in relation to the way in which the support is provided and their own chosen lifestyle – as long as it conforms to legal requirements and does not compromise your Organisations' obligations. A copy of the support plan must be sent to the Care Manager.
3. The Support Plan is written in a way that it maintains and respects the privacy, dignity and lifestyle of the person receiving support at all times.
4. The Support Plan establishes individualised procedures for Service Users in relation to the taking of risks in daily living. The Support Plan should concentrate on individuals' capacities and build on an individual's positive attributes. Care Management should be made aware of individual risk assessments.
5. The Support Plan is signed by the Service User or their representative on their behalf, and is available in a language and format that the Service User can understand. A copy of the plan is held by the Service User unless there are clear and recorded reasons not to do so.
6. The information and detail provided in the Support Plan is appropriate for the complexity of the service to be provided.
7. The Support Plan will be reviewed by the Service User, a named Support Worker, and any other relevant person after four weeks of the start date, and then formally reviewed on an individually agreed basis thereafter on a no longer than 12 months period. Your review includes any special requirements of the Service User and forms part of their personal record.
8. From time to time Service Users may request changes in arrangements for the delivery of services. You should listen and be responsive to these requests. With

the Service User's knowledge, agreed changes must be notified, in writing, to the Care Manager.

9. Changes in an individual's needs, welfare or behaviour identified by staff must be referred to the Service Manager and this must be recorded in the Service User notes maintained by you and brought to the attention of the individual's Care Manager. It is the responsibility of the Service Manager to notify the appropriate professionals of these changes.

4.2. Additional Support Needs

In exceptional circumstances, Care Managers may assess that the care needs of a particular Service User are such that provision of extra input is essential. The Care Manager may approve a separate payment for the extra input. The extra input will normally be for a short period of time and will be subject to regular review, but exceptionally may be for the duration of the service. The Care Manager will agree with You the exact requirements of the extra input, and payment for it will usually be based on an hourly rate.

4.3 Administration of Medication

In order to ensure that the Service User maintains good health as a result of proper use of medication, we require that:-

1. You must have a written policy relating to the management of medicines. This must reflect Kent County Council's Policy for the Administration of Medication.
2. Prescribed medicines, which are the property of the individual Service User for whom they are prescribed, must not be used for the treatment of others.
3. Where a Service User administers his or her own medication, a record must be kept in the Support Plan with an agreed risk assessment.
4. Suitable arrangements are made for the safe storage of medication, and access limited to designated Support Workers.
5. Where an individual Service User administers their own medication, access to suitable storage should be limited to the individual Service User and designated Support Workers.
6. Medical treatment must not be given without the valid and informed consent of the Service User, along with written instruction from a medical practitioner. Where the Service User does not have the capacity to give consent, consent must be obtained in writing from the Service User's parent/carer/Care Manager.
7. Staff employed by you may assist the Service User provided they have received adequate training.
8. Any refusals to take medication must be recorded and the Service User's Care Manager, community nurse and home carers, where appropriate, informed.
9. You must not supply 'Over the Counter/Homely Remedies', to Service Users.
10. In all cases the guidance set out in the 'Kent County Council, Social Services, Directorate, Policy for the Administration of Medication April 2003' must be reflected in your medication policy.

4.4 Communication

In order to ensure that the Service User receives a quality service, where their needs are heard and understood, and information is shared, stored and actioned in appropriate ways, we require that:-

1. There is a policy for communicating with all individuals regardless of their level of communication. This will include the use of appropriate, agreed methods, for example, Makaton sign language, symbol boards.
2. Where a Service User has an agreed Speech and Language Therapy Programme, you will support them with this where requested, either by the Service User, the Care Manager or other professional.
3. There is a policy for effective communication between Staff, Service Users, parent/carers, advocates and other professionals. This should reflect the Organisation's Confidentiality Policy.
4. The Service User is encouraged to communicate for themselves whenever possible, with appropriate support where necessary.
5. There are regular staff meetings with all staff groups, at least 3 monthly. Written records must be maintained.
6. There are regular Service User Meetings, where individuals are facilitated to share their views on the service provided. This will include future developments and changes to the service, proposed by you or the Service User. These meetings will be recorded in a format accessible to all. You will be able to evidence where Service Users have effected change within the provision.
7. There will be a quiet place available for the Service User to meet with professionals in private.
8. Any changes to the service received by the Service User, should be sent in writing to the Care Manager.
9. Any immediate concerns regarding the health, safety, welfare or needs of any Service User should be urgently communicated to the Service User's Care Manager or the duty officer over the phone. Records of all phone calls should be kept on the Service User's file.
10. Staff are trained to communicate with all Service Users, and have a basic awareness of disabilities that may cause communication difficulties. For example, autism, sensory impairment or physical disability.

4.5 Freedom from Abuse

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

1. You ensure staff are familiar with, and follow, the Kent and Medway Adult Protection Procedures and your own policy and procedure on Adult Protection.
2. In accordance with your written policies and procedures, the Service User is safeguarded from any form of abuse or exploitation including physical, financial, psychological or sexual abuse, neglect, discriminatory abuse, self-harm, inhuman or degrading treatment through deliberate intent, negligence or ignorance.
3. You have robust procedures in place for responding to suspicion or evidence of abuse or neglect (including whistle blowing and referrals to the Protection of Vulnerable Adults List (POVA)) to ensure the safety and protection of the Service User. The procedures reflect local multi-agency policies and procedures.
4. All allegations and incidents of abuse are followed up promptly and the details and action taken are recorded in a special record/file kept for the purpose, and on the personal file of the Service User.
5. The Service User handles their own money and administers their own monetary transactions. Where the Support Worker is required, due to a limiting condition, to physically handle the Service User's money, this should be recorded on the personal record, and be part of the Care Plan.
6. The Support Worker should refrain from handling the Service User's money, unless the Care Plan gives specific reasons as to why this is necessary. You must have policies and procedures in place for staff on the safe handling of money and property belonging to the Service User, which cover:-
 - ❑ payment for the service/contribution made by the Service User (if appropriate),
 - ❑ payment of bills,
 - ❑ recording the amount and purpose of all financial transactions undertaken on behalf of the Service User appropriately on the personal record, which must be signed and dated by the Support Worker and the Service User,
 - ❑ collection of pensions,
 - ❑ safeguarding the property of the Service User whilst undertaking support tasks, and
 - ❑ reporting the loss or damage to property whilst providing support.

7. The policies and procedures must make clear that staff must **NOT**:
 - ❑ accept gifts or cash,
 - ❑ undertake personal activities during time allocated to provide support to the Service User,
 - ❑ make personal use of the Service User's property (eg. telephone),
 - ❑ involve the Service User in gambling syndicates (eg. national lottery, football pools),
 - ❑ borrow money from or lend money to the Service User,
 - ❑ sell or dispose of goods belonging to the Service User and their family,
 - ❑ sell goods or services to the Service User,
 - ❑ buy goods or services from the Service User,
 - ❑ incur a liability on behalf of the Service User,
 - ❑ take responsibility for looking after any valuables on behalf of the Service User, and
 - ❑ allow any unauthorised person (including children) or pets to accompany the Service User to the Day Centre without the permission of the Service User, their relatives or representative and the Care Manager.
8. You have policies and procedures in place for staff regarding the Service User's will and bequests. The policies and procedures must prevent the involvement of any staff or members of their family in the making of, or benefiting from, the Service User's will, soliciting any other form of bequest or legacy, acting as a witness or executor, and being involved in any way with any other legal arrangement.
9. You have policies and procedures in place for staff concerning the investigation of allegations of financial irregularities and the involvement of Police, Social Services and professional bodies.
10. Owners and managers declare any interest or involvement with any other separate organisation providing support services, or responsible for commissioning or contracting those services. This includes where partners or other close family members own or manage, at a senior level, other businesses providing care and support. You will keep a register that is open to inspection.
11. Action to prevent self-harm or self-neglect, or abuse or harm to others, is made only, when consistent with your responsibilities in law. The action is recorded in full within the risk assessment and the plan for managing the risks, and entered into the Support Plan. This action should only be put in place with the agreement of the Service User and advocate unless they are seen to be mentally incapable of making this decision.
12. Physical and verbal aggression by the Service User, their relatives or friends is responded to appropriately by using non-physical intervention. Physical intervention is only used as a last resort, in accordance with Department of Health guidance, and protects the rights and best interests of the Service User, including people with special needs. The physical intervention used should be the minimum necessary and consistent with safety.
13. Awareness Training on prevention of abuse must be given to all staff on induction and formal training within 6 months of start of employment and is updated every two years.

4.6. Security

In order to ensure that information regarding the Service User is secure, and is not compromised by any action undertaken by a Support Worker from your Organisation, we require that:-

1. You make staff aware of the risk of unintended breaches of confidentiality and make sure staff are able to identify situations in which it may occur. The principles of confidentiality are observed in discussion with colleagues and the line manager, particularly when undertaking training or group supervision sessions.
2. Support Workers respect information given by the Service User or their representative in confidence and handle information about the Service User, in accordance with the Data Protection Act 1998 and your written policies and procedures, and in the best interests of the Service User.
3. The Service User must be aware of your policies and procedures on confidentiality, and be given a summary which specifies the circumstances under which confidentiality may be breached and includes the process for dealing with inappropriate breaches of confidentiality.
4. The Support Worker knows when information given to them in confidence must be shared with their manager and other social/health care agencies.
5. Suitable provision is made for the safe and confidential storage of the Service User's records and information, including the provision of lockable filing cabinets and the shielding of computer screens from general view when displaying personal data.
6. You make sure that staff who leave or change duties return all written information about their work.
7. In the event of an emergency, clear protocols are in place in relation to entering the home of the Service User. In some cases it may be necessary for staff to have keys. The protocols should cover:-
 - knocking/ringing bell and speaking out before entry,
 - written and signed agreements on keyholding,
 - safe handling and storage of keys outside the home,
 - confidentiality of entry codes,
 - alternative arrangements for entering the home,
 - action to take in case of loss or theft of keys,
 - action to take when unable to gain entry,
 - securing doors and windows,
 - discovery of an accident involving the Service User, and
 - other emergency situations.
8. Identity cards are provided for all Support Workers. The cards should display the name of the person and employing Organisation in large print.

4.7. Records

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

1. Acceptable standards of literacy in English are used. If the Service User has a different first language, a realistic balance needs to be adopted in translating information for the Service User.
2. The personal record is kept, with the permission of the Service User, by the Organisation. The Service User's personal file must be accessible to relevant support staff.
3. The Service User and/or their advocate (with the permission of the Service User) are able to see their personal files kept on your premises in accordance with the Data Protection Act 1998, and are informed in writing that these files may be reviewed.
4. With the Service User's knowledge, the Support Worker records dates of attendance, the service provided and any significant occurrence. Records must be made on the day of each attendance and include (where appropriate):-
 - ❑ assistance with medication, including time and dosage on a special medication chart,
 - ❑ other requests for assistance with medication and action taken,
 - ❑ financial transactions undertaken on behalf of the Service User,
 - ❑ details of any changes in the Service User's circumstances, health, physical condition and support needs,
 - ❑ any accident, however minor, involving the Service User and/or Support Worker,
 - ❑ any other untoward incidents, and
 - ❑ any other information and steps taken which would inform any other Support Worker, carer or professional to ensure consistency in the provision of support.
5. All written records are legible, factual, non-discriminatory, signed and dated, as agreed with the Service User.
6. Any concerns must be telephoned through to the Care Manager immediately. When the Care Manager requests to speak to the Support Worker, this must be carried out quickly.
7. Staff assisting a Service User for the first time, sign the Service User's file to show that they have read it and are familiar with the Service User's needs.

4.8. Support Workers

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

1. Staff are reliable and dependable, and are appropriately trained and competent to respond flexibly to the needs and preferences of the Service User which arise on a day to day basis, and that the service is provided in a way that meets the outcomes identified in the Support Plan.
2. The Support Worker must be appropriately matched with the Service User. The Service User should be included in this process.
3. Upon arrival at the Day Service, wherever this may be delivered, the Support Worker asks the Service User if there are any particular support needs or requirements that they have at that time.
4. You ensure that there is continuity in relation to the Support Worker who provides the service to the Service User, and the Service User is advised in advance, where possible, of any changes, and that they have a valid input into these changes.
5. The Service User and their advocate, where appropriate, are central to all decisions relating to their support, at all times.
6. In instances where it is necessary for you decide to make a change without the agreement of the Service User, you record the reason in the personal record and the Service User must be given the opportunity to have their disagreements documented. This must be shared with the Care Manager, advocate and others, if the Service User wishes this to be done.

4.9. Equalities

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

1. You understand and comply with your statutory obligations under equalities legislation, including:-
 - having a policy suitable for your business and ensuring that staff are made aware of the necessary procedures and requirements,
 - arranging equalities training for all staff, and
 - producing a brief report each year describing the progress you have made in meeting the requirements of the Race Relations Amendment Act 2000.
2. You take positive action to combat discrimination. The Service User's needs arising from specific ethnic, religious, cultural, gender, sexuality, disability or age requirements must be identified, understood and entered in their Support Plan. You must ensure that staff are able to meet these needs.
3. Wherever possible, Support Workers communicate with the Service User in their first or, where agreed, their preferred language.
4. You will ensure, as far as is reasonably practicable, that each Service User has equal access to the full range of community facilities for health, leisure, education, housing and transport.
5. You will ensure the Service User has the right to exercise control and choice even if this means risks are taken, providing these risks are assessed and are at acceptable levels.

4.10. Open Employment Staff Policy

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

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

4.11. Health and Safety Arrangements

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

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

10. If You are providing food as part of the Day Service, You are legally bound to comply with the Food Safety Act 1990, ensuring that all requirements relating to food preparation and serving safely and hygienically are adhered to.

4.12. Risk Assessment

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

1. You carry out a generic risk assessment for all activities undertaken within the Day Service.
2. Following on from the Care Manager's risk assessment, you ensure that an assessment is undertaken, by the nominated person, of the potential risks to the Service User and staff associated with delivering the package of support (including, where appropriate, the risks associated with assisting with medication and other health related activities). The risk assessment will include Safe Systems of Work to be implemented to minimise the risk. The assessment is updated annually or more frequently if necessary, for example with the commencement of a new activity.
3. The risk assessment includes an assessment of the risks for the Service User in maintaining their independence and daily living.
4. The manner in which the risk assessment is undertaken is appropriate to the needs of the Service User, and the Service User and other relevant parties are involved in the process.
5. You ensure that a separate moving and handling risk assessment is undertaken by a member of staff who is trained for the purpose, whenever staff are required to help the Service User with any moving and handling task, as required under the Manual Handling Operations Regulations 1992.
6. The risk management plan, as part of the Support Plan, is implemented and reviewed annually, or in the event of any significant change.
7. A procedure is in place for reporting new risks which arise, including changes to the Service User's needs and abilities, defective appliances, equipment, fixtures or security of the premises.
8. Only staff who are both trained to undertake risk assessments and competent to provide the support, are assigned to emergency situations and where pressure of time does not allow a risk assessment to be undertaken prior to provision of the support.
9. A responsible and competent person is on call and contactable at all times when support staff are on duty.
10. Under the provisions of the Management of Health and Safety At Work Regulations 1999 and Fire Precautions (Workplace) Regulations 1997, you are required to undertake a fire risk assessment of your premises. This risk assessment should inform the formulation of fire safety precautions, an emergency plan, training for staff and monitoring arrangements.

4.13. Travel Arrangements for Accessing Services.

If the Care Manager requests transport as part of the Day Service, in order to ensure that the Service User is transported safely and appropriately, we require that:-

1. You understand and meet your statutory obligations under current legislation, and have policies and procedure in place to ensure that these are met. This includes ensuring that all vehicles are:-
 - taxed,
 - appropriately insured (business use for travel between clients),
 - MOT'd with a valid certificate, and
 - maintained in accordance with the manufacturer's instructions.
2. When people in wheelchairs are being transported, wheelchair anchor points and grips conform to the relevant British Standard Specification and are used in accordance with the manufacturer's instructions.
3. When seats are regularly removed and replaced in minibuses to cater for Service Users needs, daily checks must be made of the seat fixing mechanisms to ensure that they continue to be safe and working properly.
4. If replacement vehicles are used when the regular vehicles are not available, they must conform to all of the above standards.
5. Staff be assessed as competent in assisting the Service User to enter and exit vehicles.
6. Staff are aware of issues that make it important where a client should sit in the vehicle.
7. If you use other organisations to transport service users, you must ensure that they comply with the above and that their staff have had the appropriate checks as detailed within section 4.16 Staff Recruitment.

4.14. Access to Information

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

1. You allow our suitably authorised staff to see records required by this Specification.
2. You accommodate visits by our authorised staff that may take place at any time and may be unannounced. We will be reasonable in exercising this right.
3. All records are maintained and are kept up to date, in good order and in a secure manner. All records must be retained for a period of not less than three years beginning on the date of the last entry.
4. Access to confidential information must not be made available to unauthorised persons or other Service Users.
5. Information regarding Service Users must not be passed to third parties without the express permission of the Service User, his or her advocate or Care Manager.

4.15. Performance, Quality Monitoring and Complaints

In order to ensure a quality service you will monitor the Day Care Services activities against requirements of this Specification. This process will include consultation with Service Users. You should review services provided annually against individual Service Delivery Orders.

The consultation process should be appropriate to the needs and communication skills of each Service User. Practical steps to maintain a quality service include:

1. Service User's being enabled to participate in a review of services specifically delivered to them.
2. clear objectives of the service so that both staff and Service Users have a clear idea of what is trying to be achieved.
3. an annual action plan, setting down what to do to progress towards objectives.
4. an annual review of the service provided, involving staff and Service Users to determine how well targets have been met.
5. participation by Service Users through a regular system of meeting individuals to gather ideas for improvement.
6. self quality monitoring with opinion surveys, questionnaires and check lists related to the service. The results should inform future good practice.
7. publicity of the service provided with a brochure setting out the philosophy, objectives and facilities on offer.
8. a clearly laid out complaints procedure that is easily accessible and has time limits laid out for a response.

4.16. Staff Recruitment

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

1. You comply with requirements for staff to have criminal record checks
2. There is a rigorous recruitment and selection procedure, which meets the requirements of legislation, equal opportunities and anti-discriminatory practice and ensures the protection of the Service User and their relatives past or present.
3. Face to face selection interviews are undertaken, on premises which are secure and private, for all staff who are short-listed and may be engaged.
4. Before making an appointment, two written references are obtained, one of which should be from the immediate past employer, and these are followed up by a telephone call prior to confirmation of employment. Any gaps in the employment record are explored. Verbal references should be obtained for previous employment in care and of the 2 written references.
5. New staff are confirmed in post only following completion of satisfactory checks. These checks include:-
 - verification of identity,
 - POVA list
 - Enhanced Criminal Records Bureau Check
 - work permit (if appropriate),
 - driving licence (if appropriate),
 - certificates of training and qualifications claimed,
 - any other legal requirements should be adhered to.
6. All managers and staff are provided with a written job description and a person and work specification, identifying their responsibilities and accountabilities.
7. The person specification includes the personal qualities required to undertake the work and the appropriate attitudes to be adopted. Activities that should not be undertaken by the Support Worker are also identified.
8. New staff are provided with a written contract specifying the terms and conditions under which they are engaged, including the need to comply with the Organisation's Staff Handbook for staff or policies and procedures.
9. Staff are required to provide a statement that they have no criminal convictions, or to provide a statement of any criminal conviction that they do have past or present.

4.17. Staff Induction and Further Training

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

1. Staff, individually and collectively, have the skills and experience to deliver the services and support which the Organisation is contracted to provide under this agreement. The skills and experience of the Support Worker are matched to the support needs of the Service User, and they are able to communicate effectively with the Service User using the individual's preferred method of communication.
2. There is a structured induction process, which is completed by new members of staff, which encompasses the Learning Disability Awards Framework.
3. Induction may be undertaken in a number of different ways:-
 - ❑ a formal course or programme of learning,
 - ❑ completion of a workbook, checklists and other forms of open learning
 - ❑ shadowing or working alongside an experienced colleague, or
 - ❑ a combination of all three – a written record of evidence must be collated before working alone with the Service User.
4. The induction process includes a minimum 3 days orientation programme when the employee is supernumerary at the start of employment. The induction process must be completed within six months. The following topics will be covered in the induction programme:-
 - ❑ the nature of support provision and the basic skills required,
 - ❑ core values, including providing a 'needs-led' service,
 - ❑ code of personal conduct,
 - ❑ terms and conditions of employment including disciplinary and grievance procedures,
 - ❑ the requirements of legislation,
 - ❑ policies and working practices of the Organisation,
 - ❑ health and safety training including an introduction to manual handling, infection control, fire procedures and prevention of violence to staff.
 - ❑ general health of the Service User and the role of the Support Worker in monitoring their health on an on-going basis, when requested by a health professional.
 - ❑ communication skills,
 - ❑ prevention of any form of abuse or exploitation of the person receiving support, and whistle-blowing,
 - ❑ anti-discriminatory practice including cultural awareness,
 - ❑ standards to which the Support Worker should work (including the implications of these standards),
 - ❑ confidentiality,
 - ❑ gifts and bequests,
 - ❑ principal activities which must not be undertaken,
 - ❑ contextual knowledge about the Organisation for which they are working, and
 - ❑ quality assurance and monitoring.

- compliance with the philosophy of support (maintaining independence, privacy, dignity),
 - confidentiality of information,
 - limits of responsibility,
 - provision of non-discriminatory practice,
 - receiving sexual or racial harassment,
 - health and safety,
 - moving and handling,
 - prevention of any form of abuse,
 - dealing with accidents and emergencies,
 - handling and administering medicines,
 - handling money and financial matters on behalf of the Service User,
 - acceptance of gifts and legacies,
 - dress code,
 - use of protective clothing,
 - protocols and procedures for beginning and ending the working day
 - personal safety and out of hours working,
 - not smoking, drinking alcohol or taking illegal substances whilst on duty,
 - ways in which staff and managers may raise concerns about the management and provision of the service, including disclosure of bad practice,
 - maintaining accurate records, and
 - other relevant policies and procedures.
5. Staff are provided with the required training on health and safety.
6. Specialist advice, training and information is provided for the Support Worker working with specific user groups and/or medical conditions by someone who is professionally qualified to do so. Specialist training would normally be expected for staff working with:-
- people from ethnic minority communities and/or religious groups,
 - people with special communication needs,
 - people with sensory loss,
 - people with dual sensory impairment,
 - people with complex health and support needs,
 - people who have learning disabilities,
 - people with mental health problems including dementia,
 - people with challenging behaviours,
 - people with physical impairment,
 - people with identified syndromes.
7. Within the whole staff group there is the range of skills and competence required to work with, and meet the needs of the Service User.
8. The manager or supervisor of the Support Worker providing specialist support services has a knowledge and understanding of the specialisms for which they are responsible.
9. Staff performing managerial or supervisory roles should receive training for any additional duties or responsibilities.

4.18. Staff Qualifications

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

1. You have allocated financial resources, and have plans and operational procedures to achieve and monitor the requirements for workforce training and qualification.
2. There is a staff development and training programme within the Organisation, which is reviewed and updated annually. The programme must meet all legal requirements and be able to fulfil the aims of the Organisation and also meet the changing needs of the Service User.
3. Each new member of staff undertakes a training needs analysis on completion of induction or probationary period. This must be incorporated into the staff training and development plan.
4. The need for refresher and updating training is identified at least annually during staff appraisal and incorporated into the staff development and training programme.
5. All staff must be competent and trained to undertake the activities for which they are employed and responsible.
6. Newly appointed staff who do not already hold a relevant qualification are required to demonstrate their competence and be enrolled on further training in order to have formal accredited skills.
7. Unqualified existing staff members should also complete accredited training.
8. Managers will hold or obtain a nationally recognised management qualification equivalent to NVQ level 4 in management.
9. Records of training and development undertaken and copies of the certificates are kept within the individual personnel files.
10. All staff must receive regular training updates to maintain knowledge, skills and competence and meet legal requirements.

4.19. Staff Meetings and Supervision

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

1. You have clear and easily accessible mechanisms of support, which staff are aware of.
2. You debrief staff after emergencies, incidents or challenging situations.
3. You ensure that staff are clear about the differences between friendship and support for service users and ensure these boundaries are upheld.
4. All staff meet formally on a one to one basis with their line manager to discuss their work at least three monthly and written records kept on the content and outcome of each meeting.
5. With the consent of the Service User, at least one of the meetings should incorporate direct observation of the Support Worker providing support to the Service User with whom they regularly work.
6. Regular staff meetings are held at least quarterly with peers and/or other team members and are recorded.
7. All staff have an annual appraisal of their overall standard of performance and identification of training and development needs. A copy of the appraisal is placed on the personnel file of each Support Worker. The appraisal will normally be undertaken by the line manager.
8. Managers and supervisors receive training in supervision skills and the undertaking of performance appraisals.
9. A record is kept of all disciplinary incidents and details entered in the personal file of the staff member concerned.

5. Policies and Procedures

All the policies and procedures detailed below are required under this Specification.

1. Multi-Agency working.
2. Safe Handling of Money and Property belonging to the Service User.
3. Adult Protection / Freedom from Abuse.
4. Probity.
5. Confidentiality and Access to Information.
6. Recruitment and Selection of Staff.
7. Staff Induction and Training.
8. Disciplinary and Grievance Procedure.
9. Health and Safety.
10. Risk Management.
11. Emergencies.
12. Missing Person.
13. Transport.
14. Administering of Medication.
15. Complaints, Compliments and Quality Monitoring.
16. Equal Opportunities.
17. Accidents, Incidents and Near Misses.
18. Communication.

6. Guides, References and Other Useful Documents

Statutes

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

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

Staff

- ❑ Criminal Records Bureau Disclosure Service 2000
- ❑ Care Standards Act 2000
- ❑ National Minimum Wage Act 1998 and Regulations 1999
- ❑ Working Time Regulations 1998 and 1999
- ❑ Public Interest Disclosure Act 1998 (Whistle Blowing)
- ❑ Part V Police Act 1997
- ❑ Employment Rights Act 1996
- ❑ Rehabilitation of Offenders Act 1984
- ❑ The Provision and Use of Work Equipment Regulations (1998) (ISBN0-7176-0414-4) are available from the Health and Safety Executive
- ❑ National Association for the Care and Resettlement of Offenders (NACRO) leaflet.

Catering facilities

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

Good Care Guides published by Kent County Council

- ❑ Older People Living at Home
- ❑ People with Mental Health Difficulties
- ❑ People with Learning Disabilities
- ❑ Older People with Dementia
- ❑ Administering Medication: Guidance for Providers of Domiciliary Care and Community Support Services
- ❑ Care Programme Approach: Guidance for Service Providers
- ❑ Personal Relationships and Service Users
- ❑ Recruitment and Selection of Staff
- ❑ Adult Protection
- ❑ Universal Precautions
- ❑ First Steps to Equality
- ❑ Second Steps to Equality
- ❑ Equality in Employment
- ❑ Culturally Competent Care.

Other Documents

- ❑ Working Together to Safeguard Children
- ❑ Multi-Agency Adult Protection Policy, Procedures and Protocols for Kent and Medway.

Note: *Additional 'Good Care Guides' and 'Other Documents' can be obtained from the address below at a nominal price.*

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