

CONTRACT REFERENCE: DN128278

**CONTRACT FOR THE PROVISION OF DOMICILIARY CARE AND
SUPPORT FOR RESIDENTS AT HEATH VIEW EXTRA CARE HOUSING
SCHEME IN CONGLETON**

SPECIFICATION

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1. Introduction

- 1.1. Cheshire East Council is the third largest unitary authority in the North West of England. It covers an area of 1,116km² and has a population of ~375,000. Approximately 27% of the population are aged 60 or above.
- 1.2. This specification covers the Provision of Extra Care Domiciliary Support at Heath View, Heath Road, Congleton CW12 4BB which is owned and managed by Plus Dane (Cheshire) Housing Association Limited. Heath View has 45 rental apartments and on 31 March 2016, 47 people were living there.
- 1.3. All scheme residents are categorised into four Care Bands according to their care needs. The information in the table below was correct at 31 March 2016.

Band	Care/Support Hours per Week	Percentage of Residents in Band
Wellbeing	Emergency Care and Support only	34%
Low	Up to and including 2.5 hours	11%
Medium	Over 2.5 hours and up to and including 10 hours	36%
High	Over 10 hours and up to and including 18 hours	19%

- 1.4. If the assessed support plan is greater than 18 hours per week, additional hours will be spot purchased from the Care Provider.
- 1.5. Extra Care Domiciliary Support is provided to enable Customers to live in their own home within the Extra Care Housing Scheme, preserving maximum independence, minimising risks and promoting good quality of life.
- 1.6. The Care Provider will be expected to provide services within this context to residents, complementing and supporting informal carers, where they exist.
- 1.7. The Care Provider's 24-hour, seven days a week on-site team's main role is to provide personal care, practical support and some housing-related support (e.g. assistance with heating controls) to residents. In addition, the Care Provider will be responsible for monitoring installed telecare and responding to emergency calls from pendants, pull-cords, falls monitors, bed sensors, etc.

- 1.8. The Care Provider's team should also encourage Customers to participate in the onsite events and activities and community events and activities where possible, and to use onsite facilities such as the assisted bathroom, hairdresser, etc.
- 1.9. The Care Provider will be registered with the Care Quality Commission (CQC) to perform the regulated activity of "Personal Care". Time has been allowed between the planned award of the contract and start date of the contract to ensure that the care provider and their registered manager are fully CQC registered before the start of the contract.
- 1.10. The Council is committed through its statutory obligations and policies to continually improve the quality of the services provided for its Customers receiving Extra Care Domiciliary Care and Support. This includes obtaining best value in all its purchasing arrangements. The Council expects the same commitment from its partners and agencies.
- 1.11. The purpose of Extra Care Domiciliary Support service is to meet the needs of the individual as well as providing value for money for the Council in meeting its statutory obligations.
- 1.12. Commissioned Services are expected to provide:
- a culture of enablement/reablement and integration into mainstream activities wherever possible.
 - high quality of care
 - responsiveness to the diverse and changing needs of Customers
 - well trained, motivated staff able to communicate effectively
- 1.13. Commissioned Services are also expected to be built around CQC's Fundamental Standards (see Section 9 of this specification) and any other successor regulations/standards.
- 1.14. The Care Provider and the Council will work to the principle of providing the minimum amount of service required to meet the outcomes specified. This is in order to:-
- minimise dependency and therefore maximise self reliance
 - make best use of the total amount of resource available to meet the needs of the residents in Heath View
 - minimise the cost to the Customer.

- 1.15. Potential residents apply to the Housing Provider in the first instance and all applications are reviewed by the Heath View's Allocations Panel. The Care Provider will be a member of the Allocations Panel.

2. Description of Service to be Supplied

- 2.1. The Service provided is for Older People (minimum age of 60) who have been assessed as in need by the Local Authority under the Care Act 2014 and the Care and Support (Eligibility Criteria) Regulations 2014 and associated legislation. Exceptionally, younger people with care needs may live in the scheme and it is expected that the Care Provider would provide service for any resident's assessed care needs.
- 2.2. The commissioned service will be required 24-hours a day, seven days per week, including Bank Holidays, 365 days a year (366 days in a leap year). However, provided that the needs of Customers are met, night support can be a combination of Occasional Night Support and Constant Night Support:
- Occasional Night Support – the Care and Support Worker is expected to be available throughout the night to offer assistance in accordance with agreed outcomes in the Care Plan.
 - Constant Night Support – the Care and Support Worker is expected to remain awake throughout the night and be readily available to provide support/assistance in accordance with agreed outcomes in the Care Plan.
- 2.3. The range of services to be provided may include personal care and social/emotional and housing related support (see Appendix 1: Task List).
- 2.4. Whilst much of the care and support provided will be of a general nature, it is recognised that there may be additional support factors which need to be taken into consideration for certain Customers. Any such factors forming part of an individual support plan will be incorporated into this Contract through the Individual Service Specification Form (ISS) and Care Manager's Support Plan.
- 2.5. The Care Provider shall ensure that its Workers carry out their duties and behave while in the Customer's home in such a way as to cause no unreasonable or unnecessary disruption or disturbance to the daily routine of the Customer.
- 2.6. The delivery of care is intended to be flexible according to the needs of the individual Customer. For example, someone in the 'medium' dependency

band may need up to 10 hours of support one week, but only 7 hours another with the actual pattern of care to be negotiated with the Customer.

- 2.7. Every resident will have access to the Care Team 24 hours a day for emergency support needs. This will form part of the duties of the 'Occasional' and 'Constant' Night support personnel described in 2.2 above as well as the part of the duties of the daytime workers.
- 2.8. At any time the Care Provider will respond appropriately to any urgent requests for assistance from a resident within five minutes of receiving the request via the designated call system or any other means.
- 2.9. Regardless of their disabilities, individuals are entitled to be supported in a way which is appropriate to their individual needs. These needs will change over time and the support service will respond in a positive way, making necessary adjustments to their pattern and delivery of service.
- 2.10. The support and care provided will be of a high quality and will be measured in a systematic, ongoing way by the Care Provider. The Provider will work in partnership with others involved, including the family, other professionals and the community at large.
- 2.11. The Council recognises that for many Customers, Domiciliary Care provides an important opportunity for social contact. The Care Provider should therefore ensure that carers are encouraged to be friendly with Customers within the confines of appropriate professional boundaries.

3. Level of Service

- 3.1. Services will be provided to all residents according to their designated care band and assessed needs.
- 3.2. The Care Provider shall accept and care for all residents who have been accepted by Heath View's Allocations Panel.
- 3.3. The dependency band and desired outcome of the service provided to each Customer will be described in the Individual Service Specification Form (ISS) and the Care Manager's Support Plan.

- 3.4. However, where a Customer's needs change such that the care and support required indicates that their needs are at the level of a higher dependency band, then the Care Provider will be required to use staff resources flexibly to support such changes for any period of such change in need for up to 6 weeks. Where the change of need has persisted for more than 6 weeks and a review has determined that the dependency banding should change then the Care Provider may charge for that resident in their new band. Should the Customer whose needs have changed already be in the High Band, the Care Provider will be expected to use staff resources flexibly to support changes of up to 7 hours per week for up to 6 weeks.
- 3.5. Night support may be a combination of waking and sleep-in support to be determined by the Care Provider and agreed by the Council, agreement not to be unreasonably withheld. Full risk assessments must be completed to support the decision on the combination of waking and sleep-in support and the Care Provider must be prepared to increase or reduce the level of cover over the duration of the contract, should the needs of the residents require this and/or the Council request it. The Contract Price should allow for some flexibility in the level of cover provided.
- 3.6. The Service Level and therefore the amount paid per month by the Council may increase or decrease to reflect the number of customers in residence and receiving a care and support service and/or changes in the dependency bands of the customers subject to Clause 3.4.
- 3.7. The Care Provider will be paid the agreed band rate for any care provided in any week (Saturday to Friday), even if the resident is absent from the Scheme for part of the week. If the resident is absent for a full week (Saturday to Friday), for whatever reason (e.g. hospital or holiday) the Care Provider will not be paid in respect of that resident for that week. This reflects the Council's policy on charging Customers for their care.
- 3.8. It is expected that Heath View will work towards a balance of dependency needs within the community of residents, with a third of apartments in each of the high, medium and wellbeing/low dependency groups. The Community Balance at 31 March 2016 is shown in the table below.

Band	Care/Support Hours per Week	Percentage of Residents in Band
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4. Commencement of Service

- 4.1. The contract start date will be 17 January 2017 and the Care Provider should take over responsibility for service from 00.01 on that day. However, the incoming Care Provider may wish to negotiate with the outgoing Care Provider in order to take over the service at a more convenient time on 16 or 17 January. The incoming Care Provider will be expected to provide services for all residents from this date/time.
- 4.2. After contract start, wherever possible, the Care Provider will be given seven days' notice of a Customer's move into the Extra Care Housing Scheme and will receive an ISS and Support Plan from the Care Manager prior to the move-in date. The Care Provider will provide services to any Customer under these conditions.
- 4.3. Ideally, provision of the Service will be triggered by an Individual Service Specification (ISS) being sent to the Care Provider and service will commence on the date specified by the ISS. An example of an ISS may be found in Appendix 2.
- 4.4. However, even if these conditions are not met, the Care Provider will be expected to provide at least emergency support and preferably a basic care package based on the Customer's needs to any Customer newly residing in the scheme, whilst awaiting the ISS and Support Plan. Ideally, the Care Provider will arrange to meet a prospective resident prior to their moving into the Extra Care Housing Scheme.
- 4.5. If the Care Provider requires additional information, then they shall request this from the Care Manager prior to commencement of the Service and the Care Manager will use their best endeavours to meet any reasonable request.

5. Support Planning Process

- 5.1. The Care Manager will involve the Care Provider in the Support Planning process prior to the provision of domiciliary care and will supply the Care Provider and the Customer with the following:
- an up-to-date copy of the Customer's Assessment and Dependency Banding
 - a Support Plan which sets out the aims of and the expected outcome to be achieved by the care being offered, and the tasks and services required of individuals and agencies to achieve the aims and outcome.
- 5.2. The Care Provider will make sure that each of its staff is aware of their role in the Support Plan and will use its best endeavours to assist in achieving the aims of the Support Plan, in particular by identifying in respect of each Customer a Named Worker from amongst the employed care staff who will take particular responsibility, under appropriate supervision, for the Care Provider's identified responsibility within the Support Plan.
- 5.3. Support Plans must be regularly reviewed and monitored so the Care Provider must ensure that there is a process in place for planning, implementation and evaluation of all Support Plans. The Support Plan must be recorded in writing/or in an electronic format, show how much the Customer is involved and should be reviewed as required. Provider Support Plans must include all details of needs of the individual Customer and should be signed by the Customer or their representative.

6. Rights of Customers

- 6.1. The Service provided will ensure that Customers are enabled to:
- maintain their chosen lifestyle as far as is reasonable;
 - be treated as individuals with unique needs;
 - have personal independence and choice taken into consideration;
 - have their personal dignity respected;
 - have their personal privacy respected;
 - have their cultural, social, religious and emotional needs and choices respected;
 - have access to full information on available services;
 - participate in the assessment of their needs;

- participate in formulating their own care plan/programme;
- participate in decisions which affect delivery of service and other aspects of their lives;
- receive a service which is in accordance with the Council's Equality & Inclusion Policy.
www.cheshireeast.gov.uk/council_and_democracy/council_information/equality_and_inclusion/equality_objectives.aspx
- receive a confidential service;
- receive assistance to improve or maintain personal and domestic care skills;
- participate in regular reviews of their needs;
- have reasonable access to representation or advocacy as appropriate;
- have access to formal complaints procedures both of the Care Provider and the Council.

7. Transfer of Assets and Personnel

- 7.1. It is believed that TUPE regulations will apply to all current care staff employed in the scheme. This includes staff a number of staff on zero hours contracts. A summary of anonymised TUPE information provided by the current Service Provider will be published as part of the tender documentation. Potential Care Providers are advised to seek their own legal advice on TUPE matters.
- 7.2. There are no assets to be transferred from the current Care Provider to the winner of the re-tendered contract.

8. Equipment and Facilities Provided by the Landlord

- 8.1. The Landlord will allocate furnished office space to the Care Provider. In addition, there will be a shared Communal Staff Room/Overnight Suite that may be used by the Care Provider's staff. A full list of the facilities provided may be found in Appendix 3. There will be a charge for the use of these facilities.
- 8.2. There are some fixtures, fittings and equipment belonging to and maintained by the Housing Provider that are provided for the use of the Care Provider. A full list may be found in Appendix 4.

- 8.3. The Care Provider will be expected to provide some equipment and utilities to enable them to provide the service successfully. This includes a printer/fax machine, stationery, etc. They will also be expected to arrange and pay for the installation of a new telephone line for their exclusive use. There must be an answerphone facility on this telephone line.

9. CQC Regulations & Fundamental Standards

- 9.1. The Care Provider and their staff must ensure they are fully aware of the content of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA 2008) and the Care Quality Commission (Registration) Regulations (2009) (CQCRR 2009) (or any other successor regulations / standards) and will provide their services to the standards as agreed with their Individual Inspector from the Care Quality Commission (CQC) or the Care and Social Services Inspectorate Wales (CSSIW) (or any other successor bodies).
- 9.2. The Care Provider should also be aware that the published fundamental standards are minimum standards for the delivery of the service. Generally, the Council will expect the service to be delivered to a higher standard than the published minimum standards.
- 9.3. The Care Provider will also be expected to adhere to any other statutory or regulatory standards issued by CQC or a subsequent body or any other relevant government body during the life of the contract.
- 9.4. In addition to CQC's Fundamental Standards, the care provider must ensure that Sections 9.5 to 9.30 are adhered to. Items are classified under CQC Fundamental Standards for ease of reference.
- 9.5. HSCA 2008 - Regulation 4: Requirements where the service provider is an individual or partnership**
- 9.5.1. The Council has nothing to add to the CQC Guidance on this regulation.
- 9.6. HSCA 2008 - Regulation 5: Fit and proper persons: Directors**
- 9.6.1. The Council has nothing to add to the CQC Guidance on this regulation.

9.7. HSCA 2008 - Regulation 6: Requirement where the service provider is a body other than a partnership

9.7.1. The Council has nothing to add to the CQC Guidance on this regulation.

9.8. HSCA 2008 - Regulation 7: Requirements relating to registered managers

9.8.1. The Care Provider must adhere to all CQC guidance on this regulation and comply with clauses 9.8.2 to 9.8.3 below.

9.8.2. The Care Provider must ensure that the Registered Manager has the skills, qualifications, knowledge, experience and attitude necessary to run an effective and efficient service.

9.8.3. The Care Provider must ensure that the Registered Manager receives all appropriate mandatory training and that their complete training records are available to the Council on request.

9.9. HSCA 2008 - Regulation 8: General

9.9.1. The Council has nothing to add to the CQC Guidance on this regulation.

9.10. HSCA 2008 - Regulation 9: Person-centred care

9.10.1. The Care Provider must adhere to all CQC guidance on this regulation and comply with clauses 9.10.2 to 9.10.6 below.

9.10.2. In most cases, the Care Provider must ensure that a full assessment of the individual Customer's needs has been carried out prior to the provision of the service. If this has not been undertaken, the Care Provider must ensure that an assessment of the Customer's needs is carried out as soon is practical after they move in. Customers must be fully involved in all decisions about their future whenever practicable.

9.10.3. It is accepted that some people who are severely incapacitated may not be capable of meaningfully communicating their wishes. In such cases Officers of the Council in conjunction with any relative, representative, advocate or Independent Mental Capacity Advocate where appropriate representing the Customer and in conjunction with the Provider will hold the final responsibility for interpreting choices and wishes. Everyone involved will be expected to comply with the Mental Capacity Act (2005).

9.10.4. Appropriate detailed risk assessments should be completed and clearly documented in the Customer's support plan/documentation.

9.10.5. The care provider will be expected to enable residents to participate in the activities of the local community both within and outside of the

Extra Care scheme. See also Appendix 1, Section I – Participation in the Wider Community.

- 9.10.6. The Care Provider shall be required to demonstrate how it will seek Customers' views. Customers' views must be sought within six weeks after the commencement of a care package and thereafter, at least annually. All contact made, whether in person, by telephone or writing, must be recorded in writing, preferably held in the individual customer's care folder, and will be made available as requested by the Care Manager.

9.11. HSCA 2008 - Regulation 10: Dignity and respect

- 9.11.1. One of the primary objectives of the Council's effort is to ensure that Customers are given services which empower them, promote their independence and their personal dignity and maintain as high a quality of life as possible.
- 9.11.2. Therefore, the Care Provider will ensure that all staff afford to all Customers respect, dignity, courtesy, sensitivity and understanding at all times and that this is demonstrated through observation of the interaction of staff with individuals and is clearly evidenced in the Provider's policies and procedures and quality assurance monitoring.
- 9.11.3. Customers will have the right to request a different Worker or a Worker of specific gender and this request will not be refused unreasonably by the Care Provider.
- 9.11.4. The Council will also have the right to request a substitute Worker (and, in exceptional cases, a further replacement Worker) in relation to any individual Customer when a Customer so chooses and when that choice is reasonably supported by the Council.
- 9.11.5. The Care Provider will have the right to appoint a substitute Worker in relation to any individual Customer when it so chooses provided that regard is given to the Customer's preferences as far as is reasonable and practical.

9.12. HSCA 2008 - Regulation 11: Need for consent

- 9.12.1. The Care Provider must adhere to all CQC guidance on this regulation and comply with clauses 9.12.2 to 9.12.3 below.
- 9.12.2. The care provider must ensure that they gain consent from residents for care services provided (where residents are able to give this), and that residents know how to change any decisions about their care that have been previously agreed.
- 9.12.3. The care provider must therefore have in place systems to gain and review consent from residents and must act on this information.

9.13. HSCA 2008 - Regulation 12: Safe care and treatment

- 9.13.1. The Care Provider must adhere to all CQC guidance on this regulation and comply with clauses 9.13.2 to 9.13.16 below.
- 9.13.2. The Care Provider must identify risks affecting Customer's health and wellbeing and ensure that associated risk assessments balance safety and effectiveness with the right of the individual to make choices. In doing this, they must take account of the individual's capacity to make those choices and their right to take informed risks.
- 9.13.3. The Care Provider must maintain residents' welfare and promote wellbeing by taking into account all the residents' needs including; physical, mental, social, personal relationships, emotional, and daytime activity.
- 9.13.4. The Care Provider must have effective systems in place so that workers who recognise a deterioration in an individual's health or wellbeing can report this. The Care Provider must act on these reports, e.g. by consulting other health/social care professionals such as the Care Manager or GP.
- 9.13.5. If the Service is usually provided by more than one worker, one of the workers involved in providing the Service shall be nominated as the Named Worker. The Named Worker has the responsibility for taking a particular interest in the Customer, their care and carer(s) as appropriate. The Named Worker should be in a general supervisory position and shall be stated in the Customer's folder. The Named Worker approach does not take away the responsibility of all workers to support the Customer in an appropriate way but is a way of personalising and co-ordinating the service provision.

Safe Equipment

- 9.13.6. The Care Provider will ensure that any equipment supplied by them for any use of delivering of care under this contract shall be in a safe and serviceable condition, properly serviced and maintained and be suitable for the purpose for which it is used.
- 9.13.7. The Care Provider will ensure that any equipment supplied by the Housing Provider, the Council or from any other source for any use of delivering of care under this contract shall be in a safe and serviceable condition, properly serviced and maintained and be suitable for the purpose for which it is used.
- 9.13.8. The Care Provider will keep accurate records of all telecare equipment being used by residents, including pendants, and will be able to account for all telecare equipment on site. The Care Provider will be responsible for ensuring that any telecare equipment which is no longer required by a Customer that can be re-used, is either returned to the provider or held and re-issued to another Customer in need. It should be noted that the equipment must be suitable for that Customer.

Management of Medication

- 9.13.9. All Customers will be encouraged to take responsibility for their own medications, using any and all available assistive technology, if necessary. Where this is not possible, the Care Provider must take appropriate responsibility and have in place a policy for the ordering, receipt, recording, storage, handling, administering and disposal of medicines.
- 9.13.10. Where the Care Provider is assisting a Customer with medication, all medicines, including Controlled Drugs, (except those for self-administration) must be administered by designated and appropriately trained staff. Staff must monitor the condition of the Customer and request the GP to review medication on a regular basis.
- 9.13.11. All staff administering medication must have participated in specific, appropriate training and undergo refresher training at least every six months.

Infection Prevention and Control

- 9.13.12. Infection prevention and control must be an integral part of all aspects of care. This includes the direct individual care given to a Customer, the environment they are in and the staff caring for them. In order to improve infection prevention and control practice it is important that measures known to reduce the risk of infection are utilised, this must include, but not be limited to the following:
- Training for staff in Infection Prevention and Control Measures
 - Personal Protective Equipment
- 9.13.13. The Care Provider must share appropriate information with the landlord in order to prevent the spread of infection.

Co-operating with other providers

- 9.13.14. The Care Provider will co-operate with other Health and Social Care professionals and ensure that any information shared with them is complete, accurate and appropriate. The Care Provider should have a Data Sharing Policy and procedures in place.
- 9.13.15. Necessary procedures should include a procedure to ensure that any resident who is admitted to hospital in an emergency has information and medication with them to ensure that their day-to-day needs can be met in hospital.
- 9.13.16. The Care Provider should ensure that its workers know when it is appropriate for them to contact other Health and Social Care professionals such as GPs, dentists, or any other health or social care service the resident may require and to act upon this.

9.14. HSCA 2008 - Regulation 13: Safeguarding service users from abuse and improper treatment

- 9.14.1. The Care Provider must adhere to all CQC guidance on this regulation and comply with clauses 9.14.2 to 9.14.9 below.
- 9.14.2. In order to safeguard residents from any form of abuse and to provide an early warning, the Care Provider must have in place a written Adult Protection policy and procedure. This must pay due regard to the Council's Adult Protection policies and procedures.
- 9.14.3. The Care Provider must supply the Council with a copy of its policy and procedure on commencement of the contract. The policy will include staff training, adequate record keeping and procedures for alerting other professionals and must be reviewed at least annually.
- 9.14.4. In the event of any allegation under Adult Protection procedures the Care Provider must work in co-operation with appropriate statutory agencies, the alleged victim of abuse, their advocates and significant others to agree and implement a care plan aimed at providing support and preventing further abuse.
- 9.14.5. With reference to the Council's Adult Safeguarding Policy, the Care Provider is required to complete a First Account Form and to contact the Council as soon as possible after an incident has occurred.
- 9.14.6. The Care Provider will adhere to the Council's Safeguarding of Vulnerable Adults Policy and ensure that all safeguarding triggers and care concerns are promptly and accurately reported to the Council. All reports should be sent according to the policy and copied to the Contracts Team.
- 9.14.7. Some Customers will fall within the provisions of the Mental Capacity Act and Providers are required to have regard to the Mental Capacity Act Code of Practice and to understand the implications of this in relation to services; and to consider such implications and include such considerations in the Customer's Support Plan.
- 9.14.8. Providers should have a good understanding of the definition of a Deprivation of Liberty and should report any suspected Deprivation of Liberty to the Council, through the Customer's allocated Social Worker / Assessor, or the appropriate social work team if the Customer's case is not allocated to a specific Social Worker / Assessor.
- 9.14.9. Providers and their employees should access training as required in relation to the Mental Capacity Act and the issue of deprivation of liberty.

9.15. HSCA 2008 - Regulation 14: Meeting nutritional and hydration needs

- 9.15.1. The Care Provider must adhere to all CQC guidance on this regulation and comply with clauses 9.15.2 to 9.15.5 below.

- 9.15.2. The Care Provider should be aware of the risk factors for malnutrition in their Customer group and aim to prevent ill health associated with poor or inadequate nutrition. The Care Provider should alert the Care Manager, Customer's family, representative or advocate and other relevant Health professionals of any concerns.
- 9.15.3. The Care Provider should ensure that carers providing meal preparation services are able to cook a variety of nutritional and tasty meals for Customers.
- 9.15.4. Whenever possible, carers should actively support residents to plan and prepare their own meals rather than plan and prepare meals for them.
- 9.15.5. The Care Provider should also be aware of the risk factors for dehydration in their Customer group and aim to prevent ill health associated with poor or inadequate hydration. The Care Provider should alert the Care Manager, Customer's family, representative or advocate and other relevant Health professionals of any concerns.

9.16. HSCA 2008 - Regulation 15: Premises and equipment

- 9.16.1. Whilst the main responsibility for this lies with the landlord, the Care Provider must support the landlord to maintain the safety, security and suitability of both communal and apartment areas.
- 9.16.2. The Care Provider will be responsible for the overall security of the building outside of office hours (i.e. outside of the hours when Plus Dane has a presence on site).
- 9.16.3. The Care Provider must ensure that it has suitable Emergency Procedures in place – agreed with the landlord – so that carers can confidently deal with emergencies such as electricity or water supply failure, fire or evacuation.
- 9.16.4. In circumstances where any member of care staff uses any vehicle in the course of their employment in relation to the provision of the Service then the Care Provider shall ensure compliance with the following provisions:
 - the driver of the vehicle in question must have a valid driving licence;
 - the vehicle in question must have a current MOT Certificate (if this is required by law) and be in a good roadworthy condition;
 - the vehicle in question must have proper and adequate insurance cover (i.e. must have appropriate business use cover).
- 9.16.5. Where transport is provided by the Care Provider for a Customer either with mobility problems or impairment or who would otherwise experience significant difficulty in using public transport, the transport should be appropriate and safe. Safe operating procedures must be in place for assisting the Customer with regard to this. The Care

Provider must ensure that any vehicle utilised in the provision of a transport service must comply with the necessary legislation, the manufacturer's recommendations and the licensing arrangements required in respect of the vehicle and its use.

9.17. HSCA 2008 - Regulation 16: Receiving and acting on complaints

- 9.17.1. The Care Provider must adhere to all CQC guidance on this outcome and comply with clauses 9.17.2 to 9.17.5 below.
- 9.17.2. The Care Provider must have a written comments/complaints procedure which is shared with Customers. It should also be shared with relatives, advocates and any relevant professionals on request.
- 9.17.3. This comments/complaints procedure should detail the expected timescales to investigate and act on the complaint and ideally, include at least one appeal stage.
- 9.17.4. The Care Provider must record every complaint, whether verbal, informal or written, its investigation and outcome. A copy of this record must be available for inspection by the Council and be forwarded to the Authorised Officer or their deputy monthly.
- 9.17.5. The Authorised Person or their deputy, or the Care Manager may request the Care Provider to investigate a complaint against a member of staff and the Care Provider shall advise the Care Manager of any action taken by the Care Provider against that member of staff save that in any event but not acting unreasonably the Care Manager may instruct the Care Provider to remove the staff member from work in providing the Service to an identified Customer or Customers generally.

9.18. HSCA 2008 - Regulation 17: Good governance

- 9.18.1. The Care Provider must adhere to all CQC guidance on this regulation and comply with clauses 9.18.2 to 9.18.6 below.
- 9.18.2. The Care Provider shall open and maintain a file in respect of each Customer, the file shall contain the following:
 - Individual Service Specification
 - The Support Plan
 - The Care Programme
 - Risk Assessments
 - Six weekly review form
 - Annual review form
 - Correspondence – records of communication relating to Customer
 - Record of compliments and complaints

- 9.18.3. This file shall be available to the Authorised Officer or Care Manager or their deputies on request.
- 9.18.4. The Care Provider shall provide a policy which demonstrates how it treats confidentiality of information, sharing information and access to records. This shall include the right of access by a Customer to his/her own case records generated by the Provider. Access to the Customer's other records held by the Provider but not generated by it shall only be limited by any applicable legal constraints.
- 9.18.5. The Care Provider shall be able to demonstrate that it has office systems which can accommodate such things as reconciling time-sheets to care rotas, ensuring time sheets are completed correctly, that Customer's signatures have been obtained and reconcile the care plan with the invoice of service (service return).
- 9.18.6. The Care Provider must have a robust procedure to assess and monitor the quality of the Service and be able to demonstrate actions that have been taken based on feedback received.

9.19. HSCA 2008 - Regulation 18: Staffing

- 9.19.1. The Care Provider must adhere to all CQC guidance on this regulation and comply with clauses 9.19.2 to 9.19.15 below.
- 9.19.2. The Care Provider shall maintain Workers in numbers and skills required to enable the Care Provider to fulfil its obligations under this Contract, ensuring that they employ sufficient numbers of Workers competent to undertake the Service required making allowances for sickness, holidays, etc..
- 9.19.3. The Care Provider must ensure that all Workers have relevant qualifications, knowledge, skills and experience to carry out their role.
- 9.19.4. The Care Provider shall provide all Workers with an appropriate uniform which identifies them as an employee of the Care Provider, and shall require all Workers to wear the uniform when on duty and to return the uniform immediately to the Care Provider upon termination of their employment.
- 9.19.5. The Care Provider shall provide all Workers with photo identification badges and shall require all Workers to wear these at all times while on duty. These identification badges must be returned to the Care Provider upon termination of their employment.
- 9.19.6. The Care Provider must ensure that supervisory staff/leaders have sufficient and effective management skills e.g. staff training, staff supervision, and an understanding of systems, procedures and records so that the smooth running of the Service is ensured.
- 9.19.7. The Care Provider must ensure that supervisory staff/leaders have an understanding of the needs of Customers, a commitment to the greatest involvement feasible from Customers and how services are delivered to them.

- 9.19.8. The Care Provider must ensure that supervisory staff/leaders shall have the ability to develop effective working relationships with Council and Housing Provider staff and sub-contractors and other Health & Social Care professionals.
- 9.19.9. The Care Provider must ensure that supervisory staff/leaders shall ensure that care workers feel able to request assistance, or support, on a one to one basis if they have concerns about the service or Customers.
- 9.19.10. The Care Provider must ensure that supervisory staff/leaders shall be able to demonstrate that systems are in place, e.g. staff rotas, and ensure care workers are rostered effectively.
- 9.19.11. The Care Provider Manager shall personally provide (or arrange for someone else to provide during off-duty periods) supervision of Workers to ensure the delivery of the Service at all times. This includes ensuring that extra Workers are available to provide the Service within a reasonable timescale in the event of non provision of the Service at the contracted time.
- 9.19.12. Providers will ensure that all employees are trained and competent to undertake their roles and have received induction and mandatory training as detailed in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (or any other successor regulations / standards) and also comply with the requirements under the Care Certificate Standards (or any other successor standards). All Providers should meet National Vocational Qualification (NVQ) or Quality Credit Framework (QCF) requirements as agreed with their individual Inspector from CQC / CSSIW. Employee training records must record the content of induction training and period it is delivered over and must be available for inspection by the Council on request. Staff should be paid their normal rates whilst attending training courses.
- 9.19.13. The Provider must ensure that each Employee receives supervision at an agreed frequency, as a minimum the Council requires that each worker is to have a one to one supervision every 3 months and appraisals take place annually, and that there is a documented system in place for the monitoring and recording of this. This policy should be reviewed at least annually.
- 9.19.14. The Care Provider shall ensure that it has in place an effective whistle blowing policy whereby staff may raise in confidence concerns about possible malpractice without fear of victimisation, subsequent discrimination or disadvantage.
- 9.19.15. All care staff shall be aware of, and have access to, up to date copies of the Care Provider's policies and procedures relating to:-
- Appropriate tasks
 - Health and Safety requirements
 - Risk Assessments

- Supervision of medication
- Cash handling on behalf of Customers
- Manual handling requirements
- Confidentiality
- Dealing with complaints
- Non-response of Customers to visits
- Recording of accidents and incidents, abuse and high risk situations
- Contact with Community Services staff, community nurses, family doctors, relatives and other carers
- Handling of Customer's keys
- Obtaining emergency access to Customers' premises
- Safeguarding Policy
- Whistleblowing Policy
- Cleanliness and Infection Control
- Meeting Nutritional Needs
- Business Continuity Plan
- Smoking / Alcohol and illicit Substances
- When to contact emergency services

9.20. HSCA 2008 - Regulation 19: Fit and proper persons employed

- 9.20.1. The Care Provider must adhere to all CQC guidance on this regulation and comply with clauses 9.20.2 to 9.20.3 below.
- 9.20.2. The Care Provider shall have a safe, effective recruitment and selection procedure and make every effort to achieve low staff turnover. The Care Provider's recruitment process must include relevant checks such as securing two independent references and DBS checks.
- 9.20.3. No immediate relatives of any Customer shall be employed by the Care Provider to work with that Customer.

9.21. HSCA 2008 - Regulation 20: Duty of candour

- 9.21.1. The Council has nothing to add to the CQC Guidance on this regulation.

9.22. HSCA 2008 - Regulation 20A: Requirement as to display of performance assets

9.22.1. The Council has nothing to add to the CQC Guidance on this regulation.

9.23. CQCRR 2009 – Regulation 12: Statement of Purpose

9.23.1. The Care Provider must adhere to all CQC guidance on this regulation and comply with clause 9.23.2 below.

9.23.2. The Care Provider must ensure that all prospective and current Customers, relatives, advocates and any relevant professionals and the Council are all provided with a Statement of Purpose and Customers' guide. This shall include:

- A statement of the aims and objectives of the Care Provider.
- An outline of the range of services provided by the Care Provider - list of tasks to be completed, days and times, Named Worker's name.
- How the care services provided are reviewed
- How the Customer or someone on his/her behalf can contact the Care Provider Manager or other relevant person during normal office hours
- How the Customer or someone on his/her behalf can contact the Care Provider Manager or other relevant person outside normal office hours
- Details of complaints procedure
- A statement concerning confidentiality
- A statement concerning diversity

9.24. CQCRR 2009 – Regulation 13: Financial Position

9.24.1. The Care Provider must adhere to all CQC guidance on this regulation and comply with clauses 9.24.2 to 9.24.3 below.

9.24.2. The Care Provider must hold suitable insurances. Below is the list of minimum insurance cover that is required:

- £10 million Public Liability Insurance in respect of each and every claim.
- £10 million Employers Liability Insurance in respect of each and every claim.

9.24.3. The Care Provider must make copies of its accounts (audited if applicable) available to the Council on request.

9.25. CQCRR 2009 – Regulation 14: Notice of absence

- 9.25.1. The Care Provider must adhere to all CQC guidance on this regulation and comply with clause 9.25.2 below.
- 9.25.2. The Care Provider should supply a copy any notice of absence sent to CQC to the Council.

9.26. CQCRR 2009 – Regulation 15: Notice of changes

- 9.26.1. The Care Provider must adhere to all CQC guidance on this outcome and comply with clauses 9.26.2 below.
- 9.26.2. The Care Provider should supply a copy any notice of change sent to CQC to the Council.

9.27. CQCRR 2009 – Regulation 16: Notification of death of a service user

- 9.27.1. The Council has nothing to add to the CQC Guidance on this outcome.

9.28. CQCRR 2009 – Regulation 17: Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983

- 9.28.1. The Council has nothing to add to the CQC Guidance on this outcome.

9.29. CQCRR 2009 – Regulation 18: Notification of other incidents

- 9.29.1. The Care Provider must adhere to all CQC guidance on this regulation and comply with clauses 9.29.2 below.
- 9.29.2. In addition to alerting the relevant Council SMART team, the Care Provider should provide the Authorised Officer or their deputy with a copy of any notifications made to CQC.

9.30. CQCRR 2009 – Regulation 19: Fees

- 9.30.1. The Care Provider must adhere to all CQC guidance on this regulation and comply with clauses 9.30.2 to 9.30.4 below.
- 9.30.2. At the time of publication of this specification, residents will be paying Cheshire East Council for the care services provided.
- 9.30.3. It is, however, possible that during the life of the contract the payment terms may be reviewed and changed to “net payments” i.e. residents will pay their contributions for their care directly to the care provider and Cheshire East will pay the planned shortfall. For example, if the cost of care provided was £15 per week, but the resident is assessed as only able to pay £5 per week, then the Council would pay the

remaining £10. Should this system be implemented during the life of the contract, the care provider would not be able to increase their care costs without express consent from the Council, which would not be unreasonably withheld.

- 9.30.4. If the Care Provider has any private clients within the Extra Care Scheme, they are strongly advised to follow CQC's guidance on this outcome.

10. Social Value - Dementia Awareness

- 10.1. In line with Cheshire East Council's Social Value Policy which can be found at:-

http://www.cheshireeast.gov.uk/business/procurement/procurement_strategy.aspx

it is expected that the provider will work to improve understanding of Dementia as outlined below.

- 10.2. The Care Provider will ensure that an on-site member of staff is a trained Dementia Champion and that all staff are registered as Dementia Friends within 6 months of the contract start date. New staff will become Dementia Friends within 6 months of their start dates.
- 10.3. The Dementia Champion will act as a source of advice for carers, residents and their families and will also run Dementia Friends sessions for residents, their families and staff on site where there is a demand for this.

11. Care Provider's Policies and Procedures

- 11.1. It is expected that the Care Provider ensures that policies, procedures and practices are regularly reviewed and that the following list of standards/good practice guidance is, where appropriate, adhered to:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009 (as agreed with the individual inspector from the Care Quality Commission or Care Standards Inspectorate Wales or any other successor bodies)
- The National Service Framework for Older People
- The National Service Framework for Mental Health
- Department of Health (DOH) Guidance as issued
- The Care Act 2014

- National Institute of Clinical Excellence (NICE) Standards – as issued from time to time
- The UKHCA code of practice – United Kingdom Home Care Association
- Data Protection Act 1998
- Think Local, Act Personal
- Health and Safety at Work Act 1974
- Food Safety Act 1990
- National Framework for Long Term Conditions
- The Carers Charter
- The Council's Ageing Well Programme
- The Council's Carers' Strategy
- Cheshire East Council Safeguarding Adults Policy
- The Safeguarding Vulnerable Groups Act 2006
- The Mental Capacity Act 2005
- Dignity in Care 2010
- Health and Social Care Act 2008 (Registration of Regulated Activities / Regulations 2010)
- Freedom of Information Act
- The Equality Act 2010
- End of Life Care Strategy (2008)
- Putting People First
- Vision for Adult Social Care
- Capable Communities and active citizens
- Our Health, Our Care, Our Say
- The Human Rights Act 1998
- The Protection of Freedoms Act 2012 (DBS requirements)
- The Social Care Commitment

11.2. The Care Provider must ensure that there is a falls management strategy which commits to national recommendations and that each Customer has a falls risk assessment. For those Customers deemed at risk, a robust care plan must be completed which may incorporate equipment e.g. pressure alarm pads and automatic light sensors.

- 11.3. The Care Provider will ensure when necessary, professional advice about the promotion of continence is sought and acted upon and facilitate the provision of appropriate aids and equipment.
- 11.4. The Care Provider shall ensure that written protocols dealing with the handling of Customers' money and the receipt of gifts from Customers are in place, are agreed with the Council and are communicated to all Workers and Customers.
- 11.5. Where the Care Provider has any involvement in the management of a Customer's financial affairs a written policy and procedure must be in place. This should include, but not be limited to the following:
- Staff are aware of the Care Provider's policy and are appropriately trained to undertake their responsibilities.
 - Customer's monies should be held in separate personal accounts and not in any account related to the operation of the Provider's business
 - All transactions should be appropriately recorded and be available for audit by the Authorised Officer, Care Manager or their deputy as part of regular monitoring activities
 - Where a Care Provider is an Appointee for a Customer they must comply with all current and future guidance from the Department of Work and Pensions.
- 11.6. The Care Provider's staff will not be permitted to smoke, consume alcohol or use illegal substances whilst working in the Customer's home or within the confines of the Extra Care Housing Scheme. Any Worker wishing to smoke on site may only smoke during official breaks from work and must use designated Carer Smoking Areas as defined by the landlord.
- 11.7. The Care Provider shall provide a clear policy which demonstrates how staff will manage disruptive, challenging behaviour of Customers.
- 11.8. The Care Provider will have a clear policy and provide training on confidentiality and professional boundaries.
- 11.9. The Care Provider shall ensure that written protocols dealing with the request by Customers to Workers for the provision of additional services, other than those provided pursuant to this Contract, are in place, are agreed with the Council and are communicated to all Workers and Customers.

12. Communication with and Reporting to the Council

- 12.1. Care Provider supervisory staff/leaders shall notify any significant changes, both positive and negative, in the Customer's situation or capabilities, to the Care Manager as soon as practical, but in any event within 48 hours (2 working days), and confirm in writing via email.
- 12.2. Information on changes in individual needs should be promptly shared with the Care Manager to assist in the assessment and reviewing process. It is expected that the Care Provider will manage changes within the care band. More significant changes, requiring re-categorisation to a different care band should be managed by the Care Provider for up to 6 weeks, without moving the customer to a higher band. If after four weeks, it is likely that the Customer's needs will remain at the higher level, the Care Provider should request a review from the Care Manager.
- 12.3. The Care Provider Manager will ensure that a copy of the latest inspection report from the Care Quality Commission, and any action plan produced by the Service Provider is available to the Council's Contracts Section.
- 12.4. If, for any reason, the Care Provider wishes to withdraw service from any resident, they must consult the Care Manager and the Contracts Team prior to any action taking place.
- 12.5. The Care Provider shall ensure that the Care Provider Manager or a deputy shall be available to the Council, Customers and relatives and to any other relevant person by telephone during office hours to provide advice and assistance.
- 12.6. The Care Provider shall also ensure that an emergency, Out of Hours contact telephone number is made available to the Council, the Housing Provider, Customers, relatives and any other relevant person.
- 12.7. Care Provider supervisory staff/leaders will ensure that staff members representing the Provider attend all forums and meetings that the Provider shall be advised about during the duration of this Contract as directed by the Council.

13. Payment

- 13.1. Initially, the Council will be responsible for the gross fees for the Service.
- 13.2. Payment will be made by the Council four weekly in arrears on receipt of an invoice and service return from the Care Provider and will be gross of any contribution recoverable by the Council from the Customer where appropriate.
- 13.3. Sums payable under this Contract will only be made following prompt receipt of the Care Provider's detailed invoice and completed Service Return for that period within the time scales set out in, and in accordance with, the Council's payment instructions. The Care Provider will usually be paid within 30 working days of the receipt of the invoice and Service Return.
- 13.4. Failure by the Care Provider to comply with the payment instructions may at the reasonable discretion of the Council result in any financial loss to the Council being deducted from the payment made to the Care Provider.
- 13.5. During the term of the contract, the Council anticipates two changes being necessitated in respect of the payments process. These are the introduction of payment by remittance and moving to net payments from the Council, so the Care Provider will be responsible for the collection of Customers' contributions.

14. Contract Monitoring

- 14.1. The Care Provider must maintain a list of all current Customers together with the hours of care they receive.
- 14.2. The Care Provider shall be expected to meet all the criteria set through the Care Quality Commission.
- 14.3. The Care Provider shall carry out an annual resident survey to assess the level of customer satisfaction within the scheme. Questions will be approved by the Council. The Housing Provider will also be consulted on the questions on the questionnaire.
- 14.4. The care provision for each individual will be monitored at each review by the Social Care Team.

15. Contract Management

- 15.1. The Care Provider will designate a suitable manager to act as main liaison with the Housing Provider, the Authority and the residents.
- 15.2. This designated manager will meet with the Authority's Contract Manager on a regular basis (no less than once per quarter) to discuss care provision in the scheme. The standing agenda will include: Safeguarding, Staffing, Complaints/Compliments and the meeting will include a general update on scheme residents including deaths and major changes to care packages.
- 15.3. This manager (or the local manager if different) will attend residents meetings as and when invited by residents or the Housing Manager acting on residents' behalf.
- 15.4. Monthly reports will be required listing residents by band, together with their apartment numbers and planned care hours and detailing complaints, compliments and safeguarding/care concerns. This data will be discussed during Contract Monitoring meetings with the Council. The Care Provider will also be expected to keep records of all telecare calls attended and the reasons for the calls. In addition to this, the Authority may from time to time ask the Care Provider to monitor and report on other parts of the service they provide. The Care Provider will be given at least one month's notice of any additional requirements.
- 15.5. An annual review meeting attended by the Care Provider and the Council will be held each year to review the contract and partnership working.

16. The Hand-Over Process – Contract Start

- 16.1. During the hand-over period, a programme of meetings will be arranged with the current care provider and the other scheme partners to review roles, responsibilities and working practices.
- 16.2. The incoming Care Provider may wish to negotiate the precise contract start time with the outgoing Care Provider. This must be approved by the Council.

17. The Hand-Over Process – Contract End

- 17.1. If the Care Provider is required to hand-over the service to another service provider, for whatever reason, they should:
- Comply with TUPE Regulations or any other similar regulations current at the time.
 - Provide TUPE information to the Council on request.
 - Ensure that the new Care Provider has access to all relevant Staff and Customer records including, but not limited to, Staff Training Records and Customer Care Plans and Risk Assessments etc.. This is to ensure that the new Care Provider can provide a full service from the very start of the contract.
 - Accommodate and assist the new Care Provider in the transfer of any equipment, telephone lines, etc..
 - Negotiate a reasonable start time for the new service provider to take over responsibility for the service.
 - Remove all files, equipment and physical assets belonging to the outgoing Care Provider from the Scheme as soon as possible after the end date of their contract and no later than 1 week after the end date.

18. Additional Documents/Agreements

- 18.1. It is expected that the Care Provider and the Housing Provider will work closely and co-operatively. It is expected that the Care Provider will agree and sign a Management Agreement with the Housing Provider. This will confirm the exact cost of the use of facilities within the scheme. Indicative costs at 10 August 2016 are £97 + VAT per week. Subject to the terms of the agreement, this may be adjusted during the course of this Contract.

18.2. Allocations Protocol

18.2.1. All residents will be allocated a tenancy via the Allocations Panel. The Care Provider will be a core member of the Panel, alongside the Landlord and the Care Manager or their deputy. The Panel will refer to the agreed Allocations Policy and Procedure when making decisions on who should be allocated an apartment within the Scheme.

18.2.2. Panel Meetings may be held via email or face-to-face depending on the complexity of the Customer's needs. In addition to contributing to the decision-making process, the Care Provider will ensure the Panel

is kept up to date with the dependency profile of residents, to enable a balanced community model to be achieved and maintained.

- 18.2.3. The Allocations Protocol may be amended during the period of this contract, subject to agreement from the Housing Provider, Care Provider and Council.

Appendix 1

TASK LIST

1. This list sets out tasks that will be required from the Care Provider during the life of this Contract.
2. At all times the focus will be to 'work with' rather than to 'do for', to encourage and maximise the independence of residents.
3. Personal Care comprises personal assistance, but not nursing care, enabling individual Customers to carry out daily living activities. **All tasks should only be carried out following an appropriate risk assessment that should then be followed by the Workers.**
4. As part of the Customer's social and emotional support, the Services shall enable each Customer to achieve as independent a lifestyle as possible. The Care Provider should encourage and work with Customers to work with telecare technologies to help maximise their independence.
5. Domestic support may be required as part of an overall package of care.
6. This is not an exhaustive list, but gives a broad framework of the tasks that will be required. It is recognised that there may be additional support factors which need to be taken into consideration for certain Customers. Any such factors forming part of an individual Support Plan will be incorporated into this Contract via the ISS.
7. The Care Provider will only carry out those tasks that meet the Customer's Assessed Care Needs as assessed by the Council.

A PERSONAL CARE - Assistance with daily living activities and medication

- Undertake and review Needs Assessment and written Support Plan
- Moving into/out of bed/chair
- Getting up/going to bed
- Moving or transferring in accordance with the Care Provider's Health and Safety policy
- Prompting and assisting with medication (in almost all circumstances, medication must be in blister pack monitored dosage system prepared by a pharmacist).
- Assisting the Customer to get in and out of the assisted bath using mechanical and/or other equipment where necessary but only after instruction and with due regard to the safety of the Customer and Care and Support Workers and completion of appropriate risk assessments
- Bathing or showering where active nursing care is not required
- Dressing/undressing/changing clothes
- Using the toilet
- Assisting with continence management, accessing specialist support and guidance where necessary
- Collection of a urine sample / stool specimens
- Assisting Customers, after instruction, with putting on appliances e.g. leg callipers, special boots, artificial limbs, hearing aids
- Nail care (fingers)
- Foot care – cutting of toe nails should only be undertaken following risk assessment of the individual's medical needs

- Assisting Customers who have a condition that requires them to remain in bed, including turning the Customer whilst in bed and to assist in the prevention of pressure sores
- Applying creams and lotions as prescribed
- Bathing a Customer in bed
- Assisting on/off a commode/chemical toilet
- Continence management: applying catheter bag, emptying a leg drainage bag, emptying a urine catheter bag, removal of a night drainage bag and associated monitoring
- Changing penile sheath
- Assisting Customers with cleaning of hearing aids and glasses, assisting with changing batteries in hearing aids.
- Hair care
- Oral hygiene – tooth and denture care and preparation of mouthwash if necessary
- Grooming & shaving with a safety or electric razor
- Observation and recording of the Customer's physical and emotional condition and to report back to Care Manager where there is a change in need.
- Encouraging practical skills, for example dressing, self care
- Reading to/and translating where appropriate for the Customer
- Response to community alarms / telecare calls
- Monitoring health and wellbeing
- Making referrals to GPs and other health and social care professionals as required
- Assisting in contacting and arranging mobility services for residents
- Identifying a need for Adaptations

B ASSISTANCE WITH MEALS

- Assistance with eating and drinking, support to use the restaurant including escorting Customer to the restaurant and back to the room/facility of their choice (e.g. apartment or communal area)
- Re-heating of meals as agreed in the Support Plan and following appropriate Health and Safety Assessment
- Assisting to make meals and drinks
- Providing Healthy Living Advice e.g. Diet

C SHOPPING

- Essential shopping and errands
- Assisting with shopping lists and meal planning

D REPAIRS

- Advice and support on reporting maintenance and repairs within the home

E FINANCES

- Helping with managing finances, and accessing and claiming welfare benefits (NB the Housing Provider may also assist in the accessing and claiming of welfare benefits).

- Budgeting and keeping financial records within procedural guidelines.
- Collecting pensions, benefits and prescriptions as agreed in the Support Plan
- Paying bills by arrangement on behalf of the Customer with the Customer's money as agreed in the Care Plan.

F LAUNDRY

- Assisting with laundry preparation, drying of laundry and ironing (including hand washing), using the Customer's or communal equipment as agreed in the support plan

G HOUSEHOLD MANAGEMENT

- Support with household management, ensuring the health and safety and security of both individual resident's dwelling and the security of the whole building outside of the required hours of the Housing Provider and responding to emergency calls.
- Support with domestic tasks and life skills, including making/changing beds, cleaning, etc.
- Monitoring maintenance of heating supply

H HYGIENE

- Essential house cleaning.
- Assisting residents with the disposal of refuse and sorting of refuse for recycling, incontinence materials, etc., and emptying commodes and chemical toilets.

I PARTICIPATION IN WIDER COMMUNITY

- Encouraging and supporting residents to participate in the life of the wider community, including participation in the range of activities organised by the Housing Provider.
- Assisting residents to maintain / develop social contacts and avoid isolation
- Accompanying the Customer on outings to develop self confidence and social skills as per assessed needs
- Looking with the Customer at available transport arrangements
- Encouraging and supporting the customer to participate in activities
- Help in establishing social network and joining in activities
- Making/assisting Customers to make telephone calls/text calls/use the internet and e-mail
- Providing emotional support to the Customer and working in a positive way to develop the Customer's assertiveness and self confidence
- Engaging and liaising with other relevant Medical professionals on behalf of the Customer
- Assisting with setting up and maintaining apartment (some assistance may also be available from the Housing Provider)
- Advice and support on advocacy
- Delivering a preventative health screening and health promotion service to residents
- Providing advice and support on mobility issues
- Assistance in using communal facilities – launderette, restaurant, etc.
- Help all residents achieve their optimum level of wellbeing

Appendix 2
EXAMPLE OF AN INDIVIDUAL SERVICE SPECIFICATION



1403 - Individual
Service Specification I

Appendix 3
FACILITIES PROVIDED BY THE LANDLORD

Exclusive Use by the Care Provider

- Office
- Designated Storage Cupboards

Shared Use by Care Provider & Landlord

- Communal Staff Room / Overnight Suite

Shared Use by Care Provider, Landlord and Residents

- ICT area
- Communal Dining Room
- Communal laundry

Appendix 4

FIXTURES, FITTINGS & EQUIPMENT PROVIDED BY THE LANDLORD

Office

Equipment	Quantity
PCs	2
Desks	2
Desk Chairs	2
Tub chair	1
Large lockable freestanding cabinets	2
Side table	1
Small wash basin	1
Fridge	1
Phone	1

NB – the Care Provider will be responsible for the installation of a dedicated telephone line.

Communal Staff Room / Overnight Suite

Equipment	Quantity
Bed Settee	1
Large Hexagonal table	1
Chairs	6
Lockers	6
Fridge	1
Hot water boiler (wall mounted)	1
Kitchen unit with sink and drainer (double unit)	1
Kitchen units (double - wall mounted)	1
En-suite bathroom inc sink, toilet and shower	1
Phone	1

The Landlord will be responsible for the repair and maintenance of the items listed above with the exception of the new telephone line.