Schedule 1

**Greenwich Extra Care**

Service Specification



**Greenwich Extra Care** - Service Specification

|  |  |  |  |
| --- | --- | --- | --- |
| **SCHEME DETAILS** | **Lakeview Court** | **Richard Neve House** | **Colebrook House** |
| Location | Thamesmead Central | Plumstead | Woolwich Common |
| Building | New build | Re-modelled | New build |
| Landlord | Peabody HA | The Council | L&Q |
| Date opened | August 2009 | September 2009 | April 2011 |
| No. of flats | 58 [37 one bed, 21 two bed] | 45 [22 one bed, 21 two bed & 2 bungalows] | 57 [37 one bed, 21 two bed] |

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# Introduction

* 1. The Royal Borough of Greenwich (the Council) are commissioning Greenwich Extra Care Services (Contract Ref – SPS2016) with a contract start date of 4 October 2017.
  2. The Council are seeking to commission one provider across the three Extra Care schemes in Greenwich who is able to provide support in the home that is high quality, promotes independence and improve tenants’ quality of life. In the spirit of the recently commissioned Greenwich Home Support Service, the Providers will:
     + Use an enabling approach with all tenants
     + Introduce strategies to reduce inappropriate admissions to acute hospital services through promoting wellbeing and healthier lifestyles
     + Develop innovative care and support plans that help prevent care needs from becoming more serious or delay the impact of their needs in line with the Care Act
     + Work closely with other forms of support to enable vibrant Extra Care schemes and utilise informal networks of friends, families and unpaid carers.
     + Have a skilled workforce all paid at least London Living Wage
  3. One of the defining features of the Extra Care schemes is the 24 hour presence of the Extra Care Provider. About 65% of tenants have personal care needs met by the onsite team. We anticipate this percentage to increase over the contract period as Extra Care is seen as a good, independence enhancing, alternative to residential care.

## Housing Related Support and Activities

* 1. The Extra Care Provider will be primarily responsible for care and support across the three schemes. The Provider will support any onsite activities, though it is not the Provider’s main responsibility to set up these activities. Each scheme has a different landlord with the expectations for housing related support and activities explored in section 6.

## Who is the service for?

* 1. This service will predominantly support frail, older people but is also a key service for people with mental health needs, those with early stages dementia, and those with physical and or learning disabilities.

# Our Priorities

## Aim

* 1. The aim for this service is to support tenants to keep well and maximise their independence by providing high quality care and support services to meet the tenants’ outcomes.The Provider will seek to tackle social isolation, promoting healthy lifestyles, physical exercise and the ability to ‘self-care’.

## Social Value

* 1. This service is commissioned in line with the Public Services Social Value Act 2012. The Provider will demonstrate how the service will meet objectives within the Social Value Act and benefit the wider local community, i.e. what social value they will add through their management of the contract. Examples should include:
  + Active involvement of the voluntary and community sector
  + Innovative use of the communal areas
  + Community engagement programmes
  + Investment in the social care workforce
  + Provision of quality flexible working opportunities that attract local parents and carers into careers in the social care sector
  + The provision of apprenticeships with career progression opportunities
  + Provision of work experience placements to local people including those with disabilities such as shadowing opportunities (if permission has been given be the tenant)
  + Promotion of the local care sector - this should include entering schools to promote caring as a positive career option for younger people
  + Close working relationship with the Greenwich Local Labour and Business (GLLaB) to recruit, including guaranteed interviews for a proportion of GLLaB candidates.
  + Service working cooperatively with the tenants’ carers and providing the appropriate guidance to carers including referring to the Council

## The local picture

* 1. **Integration -** The Royal Borough of Greenwich is known for its work around integrated care with Royal Borough of Greenwich, NHS Greenwich Clincial Commissioning Group (CCG), Oxleas NHS Foundation Trust and the local voluntary sector working effectively together. Some of the multi-agency health and social care intervention are described below:
* Joint Emergency Team (JET) provide a fast immediate response to prevent hospital admission
* A Hospital Integrated Discharge team (HID) to provide speedy discharge to intermediate or social care
* Three Community Assessment and Rehabilitation teams (CARs) providing up to six weeks rehabilitation and on-going social care
* Co-located teams of nurses, physiotherapists, OTs, social workers and care managers
* Greenwich Home Support contract, which started in July 2016, is a locality outcome-based model which works across health and social care
  1. **The Borough** - The Royal Borough of Greenwich in south east London is a borough of internationally famous historical sites, iconic entertainment venues and rapid regeneration over the past two decades. The population of the borough is increasing rapidly with significant migration into the borough from West African countries and Eastern Europe. Approximately half of the borough’s population are now black and minority ethnic background.
  2. With the expanding population health and social care services are supporting higher numbers of people year on year. There are high levels of deprivation amongst significant proportions of the population, especially in the north of the borough. Unhealthy lifestyles relating to smoking, poor diet, lack of physical exercise and alcohol misuse continue to have a major negative impact on the health of the population. Smoking levels remain high amongst lower income groups, there are increased levels of diabetes and other conditions related to poor diet and being overweight and high levels of poor mental health, particularly in relation to depression and anxiety.

# Service Objectives and Outcomes

## Tenant Outcomes

* 1. The main determinant of the success of the service is the meeting of individual outcomes specified in the care and support plan. The Council, tenants and the Extra Care Provider will undertake work to ensure tenant outcomes are captured in support plans. The following ‘I statements’ are examples of outcomes for tenants that should be met and will be measured through the course of the contract:

1. I have the information I need when I need it
2. I have access to a range of support that helps me to live the life I want and remain a contributing member of my community
3. I am in control of planning my care and support
4. I have care and support that is directed by me and responsive to my needs
5. My support is coordinated, co-operative and works well together and I know who to contact to get things changed
6. I have considerate support delivered by competent people
7. I can plan ahead and keep control in a crisis
8. I feel safe, I can live the life I want and I am supported to manage any risks
9. I have systems in place so that I can get help at an early stage to avoid a crisis
10. I can decide the kind of support I need and when, where and how to receive it

## Key Performance Indicators

* 1. The following will be the key performance indicators for the contract:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicator** | **Target** | **Actual delivery** | | | |
| Q1 | Q2 | Q3 | Q4 |
| Percentage of tenants leaving Extra Care moving into residential/nursing care | *TBC* |  |  |  |  |
| Percentage of tenants requiring support from other home care (or the like) providers | *TBC* |  |  |  |  |
| Percentage of tenant outcomes met | *TBC* |  |  |  |  |
| Banding changes up/down | *TBC* |  |  |  |  |

# General Service Requirements

## Components of service

* 1. The Extra Care Provider’s primary responsibility is to provide the care and support for tenants. This service provided will include the following key components:
* **Care and Support planning** – It is the responsibility of the Provider to meet with the tenant to devise a care and support plan. The Provider will use a mutually agreed care and support plan template (agreed in the contract implementation period) with the following five areas will be at the forefront of the support planning process:
  + Enablement - Support services capable of promoting independence and ‘self-care’ will be embedded in the Provider ethos, while providing all aspects of personal care where appropriate. Support may also include emotional and psychological support such as confidence building and motivation
  + Personal Care - Support planning will ensure personal care needs are met, first and foremost, taking into consideration individual preferences. Personal care can include assistance in daily activities, intimate care tasks, transferring, washing, toileting and skills development
  + Outcome setting – The plan must be clear about what outcomes are to be achieved, not a list of interventions. Providers will be measured on outcomes met for performance monitoring
  + Medication – The highest standards of medication management are expected and should be documented within the plan. Assistance with medication and administration and undertake liaison with community health services. Medicine management will be in included in the care and support plan including details of dosage, timing and implications of non-adherence
  + Community support - Assistance with accessing community and universal services with this built into a support plan and appropriately resourced (see Section 4.2)
* **Flexibility** – The support workers are expected to respond flexibly to temporary and unpredictable fluctuations in need and emergencies when these arise. Staffing should work flexibly across the schemes if required
* **Hospital discharge** - Supporting tenants discharged from hospital, enabling their prompt discharge and effective support planning upon their return to their flat
* **24 Hour Care** – The Provider will ensure the availability of the appropriate member of staff, 24 hours a day on every day of the year. The Provider should provide a minimum of two care workers on duty any time during the day or night
* **Cleaning and Laundry** – The Provider will provide a weekly cleaning service for tenants who are not able to clean their own flats. The Provider will also provide a laundry service, again for residents who are not able to do this task themselves. Access to this service will be agreed with the Extra Care Liaison Officer. About 75% of tenants have a laundry service.
* **Risk assessment** – The attitude towards risk should be proactive and supportive with emphasis on minimising risk and contingency planning. A thorough assessment based on risk should be drawn up in partnership with the tenant, their family and carers. The risk assessment should evaluate both the risks to the tenant and staff. The risk assessment should include mitigations for each risk identified. A full risk assessment should be completed alongside the care and support plan and updated at least annually.

## Community Support

* 1. The Extra Care Provider should proactively link with other forms of support to improve tenants quality of life:
* **Activities –** The Provider should link with the landlord to develop activities within the schemes (see Section 6)
* **Advocacy** – The Provider will support access to independent advocacy (a Care Act statutory requirement) where appropriate and link with local advocacy services. At the support planning stage, it is particularly important that if the tenant does not have an appropriate individual to assist them, that an advocate is found if the tenant has ‘substantial difficulty’ of being involved and at the centre of the of the decision making process. When referring to advocacy the Provider should do this via the Council. The advocate should be informed of any major changes in the tenants’ life.
* **Assistive technology** – The Provider should encourage the use of Telecare and other assistive technology within the support plan (See Section 4.14)
* **Voluntary Sector** – The Provider can link up with their voluntary sector partner to support tenants. The Council values the role that voluntary sector and community organisations can have in developing vibrant schemes, supporting independence and reducing isolation.

## Monitoring and Reviews

* 1. **Records** – The Provider should keep a record of every visit. These should include any daily checks undertaken on equipment before use. All records must be available to and agreed with the tenant. A care diary must be kept in the tenants’ flat. All relevant people should be able to access the care diary to ensure carers and practitioners are fully informed.
  2. **On-going Monitoring** – The Provider should continually review and monitor support plans. The Provider will review the care and support plan:
* Every six months
* At the request of the tenant, carers, family, Council, care worker
* As tenant changing needs require it
* Prompted by an incident or complaint
  1. **Formal reviews** – Formal reviews will be carried out jointly the Council, the Provider and the tenant and unpaid carer/family where possible. The reviews will evaluate achievement of outcomes and whether the support plan has achieved the goals, wishes, aspirations or priorities of the individuals they service.

## Hospital stays

* 1. Upon admission into hospital or another provider the Provider will inform:
* the tenant’s next of kin/a named representative as soon as possible
* the Council verbally and via email within 24 hours
* the tenant’s GP within 24 hours;
  1. The Provider will remain in contact with the tenant throughout their period in hospital

## Medication

* 1. The Council has developed a new medication policy. The policy defines patients need around medicines into three levels of care:
* Level 1: The person takes responsibility for their own medication
* Level 2: It is considered that the person cannot take responsibility for their medicines and that care staff will need to do this
* Level 3: Exceptional circumstances where medication needs to be given by specialised techniques
  1. The Medication Policy is available by request and training options will be explored with the Extra Care Provider.

## Meals and Nutrition

* 1. The mid-day meal is arranged via landlord of the Extra Care schemes. Currently a lunchtime meal is served at Colebrook and Richard Neve though there are plans to re-introduce meals at Lakeview. Where a meal is served the Provider is expected to assist in-line with their care and support plans by:
* Assisting tenants who are able to access the dining room with assistance, making sure that they are served with the meal they want and helping them eat if necessary.
* Assisting tenants by taking meals to those who are unable to get to the dining room., helping them if necessary to eat and returning dirty crockery to the kitchen.
  1. Older people are at risk of malnutrition. Care workers are in a prime position to identify and treat early signs of malnutrition in the elderly and for this reason attention should be paid to nutrition in all support plans. Care workers should be able to suggest and encourage healthy options for the people they support. In addition, elderly people may be on special diets and it is important that care workers have an understanding of the elderly persons’ nutritional needs to promote their good health.
  2. Please note that religious or cultural needs may require additional time/or specific methods of food preparation. In addition, at times of events of religious significance, meals may need to be prepared/consumed at alternative times.

## Monitoring Welfare

* 1. Tenants are vulnerable and as such, monitoring of welfare and feeding back information to the Council and other agencies is an essential part of this service. The Provider shall ensure the following monitoring tasks are undertaken as part of the process of delivering the service:
* Identify changes in the tenant’s condition or circumstances
* Identify any deterioration such as poor appetite, weight loss, etc.
* Contact GPs, District Nurses, as necessary
* Check condition of refrigerator contents and other food storage areas, removing, with the permission of the tenant, items which are no longer fit for consumption
* Check temperature of the tenant’s flat
* Check general hygiene and cleanliness of tenant’s home;
* Report hazards and any areas of concern which might affect the health and well-being of the tenant
* Maintain contact with the tenant’s family, friends and/or neighbours, as appropriate
* Advise the Council staff where a situation appears to justify an increase or decrease in service

## Assistive Technology

* 1. In order to assist tenant’s with self-care, safety and dignity, each Extra Care Home will have warden call system that is fully telecare enabled, throughout the entire scheme. Many tenants will have a pendant that can be worn either around their neck, or on their wrist, if they choose. The Extra Care Provider will be responsible for responding the pendant. Tenants should be encouraged to lead a full and unrestricted life both within the scheme and outside the scheme where appropriate.

## Care Quality Commission

* 1. Providers must be registered to the Care Quality Commission (CQC). The Provider must comply with the most up to date essential standards of quality and safety guidelines.
  2. The Provider must:
* inform the Council of an inspection within 24 hours of the inspection taking place
* provide the Council with a copy of all CQC inspections reports within three working days of receipt
* provide the Council with a copy of the action plan to meet the requirements and recommendations made by CQC
* immediately inform the Council if they are under any stage of investigation by CQC
* advise the Council of any notices from CQC relating to non-compliance
* remain registered with the appropriate regulatory body through the duration of service
* must deliver a service in accordance with the principles of the Mental Capacity Act 2005

**Entering Homes and Holding Keys**

* 1. The Provider should have a clear protocol in place in relation to entering the homes of the tenants which includes:
* Written and signed agreement on key holding from the service user
* Safe handling and storage of keys outside the home
* Action to take in case of loss or theft of keys
* Knocking/ringing the bell and speaking out before entry

# Service Referrals Volume

## Access

* 1. The tenants of the scheme will be predominantly older people with a housing and social care need. The tenants will require support to maintain and develop their mobility, daily living skills, social lives and emotional wellbeing. Many tenants have disabilities including visual, hearing and physical impairments. Other will have dementia and other mental health problems and some may have learning disabilities.
  2. The Allocations Panel detailed below will endeavour wherever possible to enable applicants to enter extra care accommodation at an optimum time for them e.g. early stages of dementia; recovery from depression; when leaving hospital or in order to prevent admission into care. Applicants may currently be living in residential care or sheltered housing but may benefit from extra care. A more independent lifestyle may be facilitated for some, whereas the provision of regular overnight care or a continually supportive community will be key factors to others.

## Allocations Panel

* 1. **Functions and Responsibility** – The allocations panel is responsible for ensuring that the rented properties within extra care accommodation are allocated within the extra care allocation criteria.
  2. **Membership** – The Allocations Panel will comprise of local authority officers (assessment officers, the extra care liaison officer, a care management representative) and a representative(s) from the Extra Care Provider. Members will have equal representation and decisions will be made on a consensus basis.
  3. **Meeting Frequency** – The Allocations Panel is held every two weeks in the Woolwich Centre if required.
  4. **Remit of the panel –** The remit of the panel includes:
* Assessing new applicants
* Determining eligibility for Extra Care Allocations Criteria
* Confirming the housing and support needs of applicants, the suitability and sustainability of current care arrangements and / or current accommodation
* Assessing the ability to manage in extra care accommodation
* Confirming the care package required and banding
* Monitoring care and support availability
* Deciding how to deal with complex applications
* Considering any exceptional circumstances, e.g. homelessness or risk from abuse
* Decide whether to suspend an applicant
* Decide whether an offer has been unreasonably refused
* Review the order of priority of the applicants on the register according to their level of need and support for both rented and sales.
* Review/monitor existing tenants regarding their level of need or any tenancy issues.

## Care bandings

* 1. The care bandings are shown below and the number of tenants in each banding (Feb 2017):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Banding** | **Hours** (per week) | **Lakeview** | **Richard Neve** | **Colebrook** |
| Low | Up to 2.5 | 32 | 20 | 12 |
| Medium Low | 3 – 7 | 11 | 16 | 10 |
| Medium High | 7.5 – 13.5 | 15 | 8 | 32 |
| High | 14 – 35 | 7 | 5 | 5 |

* 1. The percentages are the different bandings over the last two years are below:
  2. An applicant will not usually have, upon entering the scheme, or shortly after entering:
* A level of physical or mental frailty exceeding that which can reasonably be met within the community, and/or
* A level of physical or mental frailty which is likely to cause serious disruption or risk to other residents, including:
* Persistently intruding on others.
* Physical or verbal aggression.

## Service Transition

* 1. If a tenant’s care and support needs alter due to medical or cognitive impairment, such that they require very frequent or 24 hour nursing, beyond the level of the Community Nursing Service and their behaviour or condition means that their needs cannot be adequately / safely met in extra care accommodation, then all agencies will work to find suitable alternative accommodation and care for the tenant. Such action must be in accordance with their wishes.
  2. Where a tenant is required to move into residential and nursing care, the Provider will support the transition by passing on any relevant information and arranging joint meetings with the new care provider.

# Landlord arrangements, Housing Support and Activities

* 1. The Extra Care Provider will work with the landlord and potentially the voluntary sector to ensure vibrant schemes. Feedback from current tenants is that they would like more going on within the schemes and more trips away from the schemes. The schemes should also be accessible to residents living nearby to the schemes, particularly isolated residents.

## Landlord arrangements

* 1. Each scheme has a different landlord. The Provider is expected to form good links with the Landlords and work together to solve issues. The Housing Management functions are to be carried out by the landlord.

|  |  |  |
| --- | --- | --- |
| **Richard Neve House** [RN] | **Colebrook House** [CH] | **Lakeview Court** [LC] |
| Royal Borough of Greenwich | London & Quadrant | Peabody Housing |
| Clive Wimbury *[Head of Sheltered Accommodation]* | Joanne Summers *[Agency Contract & Quality Officer]* | Iain Shaw *[Head of Agency and Older People’s Services]* |
| [*clive.wimbury@royalgreenwich.gov.uk*](mailto:clive.wimbury@royalgreenwich.gov.uk) | [*Jsummers@lqgroup.org.uk*](mailto:JSummers@lqgroup.org.uk) | [*Iain.Shaw@peabody*](mailto:Iain.Shaw@peabody)*.org.uk* |

## Extra Care Provider responsibilities

* 1. A summary of the Extra Care Provider responsibility, aside from the care and support responsibilities is detailed below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Management** | **RN** | **CH** | **LC** |
| Housing Management contract with landlord – managing agent | n/a | n/a | n/a |
| **General** | | | |
| Assist and encourage the tenants to develop social contacts | x | x | x |
| Liaise with other agencies on behalf of the tenant | x | x | x |
| Fire alarm testing | x |  |  |
| Monitoring and reporting of repairs | x | x | x |
| **Moving In** | | | |
| Instruct the tenant around correct and safe use of call bell alarm and door entry systems | x | x | x |
| **Moving Out** | | | |
| Complete remuneration paperwork | x |  |  |
| Ensure return of keys | x |  |  |

# Performance Management and Monitoring

## Provider Responsibilities

* 1. The Provider must ensure that an effective and robust system is in place for quality assurance based on outcomes for tenants. The Provider shall also provide:
* Immediate access to tenant files within the schemes (files should be kept at the scheme the tenant lives)
* Care and support plans on request sent securely via email and/or during branch visits
* Copies of quality assurance tenant checks carried out
* Relevant information as requested to enable the Council to be satisfied with the financial viability of the Provider

## Quarterly Contract Monitoring and Meetings

* 1. It is anticipated that quarterly monitoring meetings will be held with Council representatives. More frequent meetings may be arranged as the new service beds in.
  2. The Provider will make all performance information available in a manner, format and timescale agreed by the Council. A quarterly monitoring document will be developed with the Provider that will monitor the Key Performance Indicators and other information such as:
* Number of tenants, compliments, quality alerts, complaints and compliments
* Service activity and volumes
* Safeguarding alerts and outcomes
* Quality alerts and outcomes
* Staff information such as training, turnover, sickness levels, disciplinary action and recruitment
* Hospital/residential care attendances/admissions

## Other monitoring methods

* 1. Alongside the quarterly meetings the following monitoring methods will be used:
* **Monitoring Visits** – announced/unannounced monitoring visits will be arranged at the three schemes
* **Spot checks** – The Council will carry out spot checks to assess the quality of the service. Results of these will be regularly fed back to the Provider. Evidence of checks carried out by the Provider will also be regularly requested
* **Experts by experience** – The Council may develop an ‘experts by experience’ board whose responsibilities will include looking at the quality of services received with tenants leading the board. The Provider is expected to cooperate with the ‘expert by experience’ approach

## Contingency Plan for Provider Failure

* 1. The Council will work in collaboration with CQC or other nominated lead agencies to address business failure. The Provider has a responsibility to inform the Council of any risks to business failure (defined as the Provider is unable to carry out the regulated activity). The Council will adhere to the policy developed following the Care Act – Royal Greenwich’s ‘Contingency Plan for Provider Failure’ policy.
  2. The Provider is expected to have a regularly updated Business Continuity Plan.

# Staffing

## Safer Recruitment

* 1. It will be the responsibility of the Provider to recruit and employ the right number of staff with the appropriate skills, attitude and approach in order to provide the highest standards of care and support. The Provider must support the recruitment of Greenwich residents including parents and carers and utilise local apprentice schemes so their workforce reflects the local community. The Provider is expected to record information relating to local resident and apprentice recruitment.
  2. A locally produced resource for local employers has been produced which the Provider will follow. Particular attention should be paid to following up of references and using value based recruitment. The offer of employment should not be made without the following: two satisfactory references, verification of the applicant’s identity and right to work via photographic identity documents where possible, Disclosure and Barring results including an Adults Barred List check for work with vulnerable adults, verification of original qualifications and verification of professional status where required.

## Staff Ethos and Skills

* 1. The Provider must ensure that all members of staff understand the importance of promoting independence to enable tenants to remain in their tenancy and that they have the ability to positively engage with tenants and their families.
  2. The Provider will ensure that their staff have the appropriate values, knowledge and skills to observe and listen to the needs of the tenant and report any concerns or deterioration of the tenant’s condition though the proper channels which will result in the council being notified.

## Disclosure and Barring

* 1. Individual employees, agency workers, students and volunteers to register with the DBS if they are to work or volunteer with vulnerable adults. The Provider is required to pay full cost of registration. The Provider shall refer information about any person to the DBS where it removes permission for such a person to carry out services. The Council should also be notified on such occasions.
  2. Where the Provider uses another provider to complete some of the actions in the support plan, it is the Provider’s responsibility to ensure this support is delivered safely and the tenant knows the situation with DBS checks.

## Scheme Managers

* 1. The Scheme Managers should have a visible presence at the scheme they manage and be accessible at agreed times. The Provider shall demonstrate strong leadership and management of a motivated and well-trained team.

## Volunteers

* 1. The Provider should encourage the participation of volunteers where appropriate and link with volunteers from their voluntary sector partner. Volunteers should be subject to the same vetting and checks as full employees.

## Staff Terms and Conditions

* 1. The Provider must ensure that their staff are paid a minimum of the London Living Wage (currently £9.75 – October 2016). Providers will need to assure the Council that their organisation pays UK taxes and adheres to all UK employment legislation.

## Data Protection

* 1. Staff will respect information given by tenants or their representatives in confidence and handle information about tenants in accordance with the Data Protection Act 1998. Where work involves access to information about tenants, organisations will be required to operate in accordance with Information Governance standards /protocols which are informed by the Data Protection Act 1998. Sensitive information shall be shared securely over email using an appropriate software platform, if required, agreed with the Council.

## Staff Misconduct

* 1. In the event of an allegation of misconduct, the Council must be informed immediately of such allegations. The Provider should safeguard the tenants affected immediately. This may require the removal of the named worker pending the outcome of the investigation. The Provider should have a procedure in place concerning the suspension with pay of individuals who are the subject of allegations of serious misconduct.
  2. The Provider should issue guidance to staff on the requirement to report potentially serious incidents or abusive behaviour that may constitute misconduct including racial and other discriminatory abuse, financial abuse etc.
  3. Misconduct should include:
* Fraud or theft
* Physical, verbal or mental abuse
* Staff must not take any person, child or pet to the customer’s home without the prior consent of the tenant and from the Provider’s supervisor
  1. The Extra Care Workers will not:
* Solicit or accept any gratuity, tip or any form of money taking or reward
* Accept any form of monetary gift
* Have any involvement in the tenant’s will
* Accept direct or indirect financial gain from a tenant
* Make personal phone calls while they are in a tenant’s flat.

## Whistleblowing

* 1. Staff should be trained and supported to understand the importance of reporting incidents that are a threat to the safety of vulnerable people.

# Training

## Training Strategy

* 1. In order to identify and deliver outcomes to individuals with a range of needs, Providers must ensure that they have staff that are appropriately trained and skilled. The Provider will have in place a training strategy that meets the needs of staff and demonstrates its commitment to staff training and development. The Provider will ensure care workers are paid at least London Living Wage while attending training.

## Care Certificate

* 1. Care workers will be expected to attain the Care Certificate within their first 12 weeks of employment. This will set out the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care and provides a framework under which they can be assessed. The Care Certificate will be awarded to staff in health and care roles who can demonstrate they meet each of the 15 standards. The Provider will be able to demonstrate the process of the assessment of care worker’s compliance with standards.

## Local training priorities and offer

* 1. **The Care Act** – The Provider’s staff should have a basic knowledge of the Care Act. This will enable, for instance, identification of when an independent advocate may be required, and carers will be able to provide relevant information and advice.
  2. **Local training offer** – The Council and Provider will developed a list of training priorities around the themes listed below:

|  |  |
| --- | --- |
| **Priority** | **Description** |
| 1. Assistive Technology / Telecare | Staff understand the purpose of different forms of assistive technology. They know how to refer for these tools and encourage tenants to use them. |
| 2. Care Certificate Compliance | Ensuring that the training around the 15 standards of Care Certificate is being |
| 3. Community Equipment and Continence | Staff should be trained in the use of simple and complex community equipment aids and use equipment appropriately in line with manufactures instructions/clinical recommendations. Staff should also be able to trouble-shoot common equipment faults. Staff should be able to change continence products with the dignity and respect of the tenant and fit continence pads according to the manufacturer instructions and clinical recommendations. |
| 4. Dementia | Staff should be able to demonstrate a set of skills to support people with dementia including knowing the early signs of dementia; signposting to GP for early diagnosis; recognising the signs of distress resulting from confusion and respond by diffusing a person’s anxiety |
| 5. Independence Enhancing Care | Care worker promote the support of daily living skills with care workers to ‘do with’ rather than ‘do for’ and taking risks where appropriate. |
| 6. Infection Prevention | Any staff entering the tenant’s home must follow procedures that help prevent the spread of infection. Care workers should involve family and informal carers in decision making around infection control |
| 7. Manual Handling | Staff must be trained in manual handling as well as in the use of lifts and hoists to ensure that the number of tenants requiring double up care is kept to a minimum.  Staff should be trained how to undertake visual checks and document these prior to the use of equipment such as hoists and slings to ensure they are safe for use. |
| 8. Mental Capacity | A good working understanding of the Mental Capacity Act and its implementation is essential for anyone involved in developing support plans and support people. |
| 9. Medication | Staff should be released for medication training on our local medication policy. The Provider is responsible for all training the Council cannot provide. |
| 10. Nutrition | Staff should understand the importance of good nutrition and hydration in relation to the individuals’ needs. |
| 11. Safeguarding procedures and awareness | Staff should know how to identify the triggers that will safeguard the tenants and take action to minimise the risks. |
| 12. Care and Support Planning | Staff will receive training to enable them to develop and monitor good quality, person centred support plans. Staff should understand person-centred planning and how to deliver a service in an outcome focussed way. Staff must be able to record and report outcomes. |

## Management training

* 1. Managers must have specialist management training including but not limited to:
* Complaints investigation
* Person Centred Care and Support Planning
* Disciplinary and grievance procedures
* Staff supervision and performance appraisal
* Team building
* Effective management of a flexible workforce
* Risk assessment
* Protection of vulnerable adults
* Health and safety
* Customer care
  1. The Provider must ensure that a training needs analysis to identify any need for refresher and update training is carried out at least annually during staff performance appraisal and is incorporated into a staff development and training programme

# Communication

## Council

* 1. The Provider must maintain effective communication and liaison with the Council and with other services contributing to the outcomes agreed by the tenant.

## Tenant, Relatives and Other Representatives

* 1. The Provider shall also ensure that tenants, relatives and/or their representatives are kept fully informed and are involved about all aspects of the service they receive where appropriate. Care staff will understand the needs of people with a range of impairments and long-term conditions, including mental illness and dementia. Good communication skills with people with dementia will be crucial to delivering a person centred service.
  2. The Providers should ensure the appropriate information is available to tenants in an accessible format. This will vary depending on the individual needs of the tenant and may include the use of pictures, photo symbols and video. The Provider must ensure that information is easily accessible to care workers and tenants, ideally left in a prominent position in the tenant’s flat (with their permission)
  3. Where a tenant has an independent advocate or formal carer, the Provider will take account of the independent advocate’s instruction. If the Provider has suspicions that the independent advocate is not working for the tenant’s best interest, this must be reported to the Council.

## Staff

* 1. The Provider shall communicate with all staff frequently and on an ad hoc basis, for example out of hours, on all aspects of service delivery and arrange team meetings at least quarterly. A minimum of quarterly face to face supervision is also recommended.
  2. The Provider shall ensure that their staff possess the language and communication skills to effectively engage with the tenants and their representatives. It may be required that care workers are required to recognise expressive and receptive language impairment, along with understanding of how to successfully facilitate the person’s understanding and expression.

## Complaints, Compliments and Quality Alerts

* 1. **Complaints/Compliments** – The Provider must have complaints and compliment procedures in place which are accessible to all tenants and their representatives, with instructional information about how to make a complaint or compliment readily available. The Provider must keep a record of complaints received and report the volume of compliments and complaints received to the Council’s authorised officer. The Provider must ensure that all staff are aware of this procedure. Any serious complaint or allegation must be reported to the Council immediately. The Provider must have a named contact for complaints and they must be contactable during standard office hours. Timescales must be adhered to. If the timescales are not manageable given the scale of the investigation, this must be reported to the Council as soon as possible and well before the deadline.
  2. **Quality Alerts** – The Provider must respond to quality alerts within the date given agreed with the Council.

# Safeguarding and Serious Incidents

**General principles for Local Authorities and the Extra Care Provider**

* 1. Guided by six key safeguarding principles – empowerment, prevention, proportionality, protection, partnership and accountability. The Extra Care Provider must promote the adult’s wellbeing in their safeguarding arrangements and establish what being ‘safe’ means to them, and how that can be best achieved.
  2. The Provider will adhere to the London wide safeguarding policy ‘London Multi Agency Safeguarding Policy and Procedures’. Copies of the policy can be found at: <http://londonadass.org.uk/wp-content/uploads/2015/02/LONDON-MULTI-AGENCY-ADULT-SAFEGUARDING-POLICY-AND-PROCEDURES.pdf>.
  3. Safeguarding should be person-led, thus empowering people to make choices and have control over their lives. Local authorities must make enquiries where they believe an adult is experiencing, or is at risk of, abuse or neglect, and must take proportionate and least intrusive steps to prevent or stop it and to address the cause. If needed, an independent advocate should be arranged to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR).
  4. Local authorities must actively encourage co-operation and accountability between themselves and their relevant partners, making sure everybody is clear about their roles and responsibilities.
  5. Commissioners should foster a positive learning environment as the best way to understand and respond to safeguarding concerns deriving from poor service provision. There should be an open culture around safeguarding, working in partnership with the Provider to ensure the best outcome for the adult.
  6. The Provider must ensure that tenants are safeguarded from any form of abuse or exploitation in accordance with written policies and procedures. The Provider will ensure that policies and procedures are in place regarding the safe handling of the tenant money and property. The Provider will not accept gifts and undertake any cash transactions on behalf of the tenantsor incur liability on behalf of the tenants. The Provider must ensure that there is a policy and procedure for the investigation of allegations of financial irregularities and the involvement of police, Council and professional bodies.
  7. The Provider is expected to attend meetings and provide written reports when safeguarding investigations are undertaken (see 11.11). Employees, local authorities, professional regulators and other bodies have a duty to refer to the Independent Safeguarding Authority, information about individual’s children or vulnerable adults where they consider them to have caused harm or pose a risk of harm. The Council’s Safeguarding Procedures take precedence at all times, and the Provider is expected to report serious incidents through that route. However, Council will also require serious incident reporting to the Commissioning team alongside safeguarding reports (see below).

**Tenant Death**

* 1. **Notification** – The Provider will inform Council of any deaths and serious incidents via the duty line. Where the tenant has specifically asked the Provider to notify the family, carer or friend who was not present when the tenant died, the Provider will do so. The Provider will make support services available to those emotionally affected by the death of a tenant using its links with community resources.
  2. **Unexpected death of tenant** – In the event of an unexpected death of the tenant, the Provider will immediately contact the tenant’s GP for advice and follow their reasonable instructions. Where the Provider considers the circumstances of death to be suspicious, the Provider will contact the police and will not disturb the body or its environment.
  3. **Expected death of tenant** – Where the death of the tenant is expected, the Provider will attend to any immediate practical and emotional needs of the family or carers present. This includes notification of the tenant’s GP for the purposes of verifying the death and compassionate support.

## Safeguarding Enquiry Process

* 1. Safeguarding concerns should be referred to the Council via the Contact Assessment Team (CAT). The Council’s safeguarding team will agree an approach which will include what should be look at by the Provider and what should be undertaken by the Council. Please note that if a crime has been reported to the police for investigation, staff should not be interviewed.
  2. The following process should be followed for safeguarding enquiries, guided by the six principles of safeguarding outlined in 11.1:
  3. **Interviews** – Interview care workers separately and reduce possibility of ‘contaminated’ evidence. When interviewing staff, ask ‘open’ questions, as opposed to ‘closed’. It may be appropriate for social workers /care managers to interview provider staff, providing an agency manager is present. Decisions such as this should be made at a safeguarding strategy meeting or during a strategy discussion. Agency staff should not interview the tenant unless that decision was made by a Safeguarding Adults Manager (SAM) at the strategy meeting/ discussion stage.
  4. **Examining evidence** – The Provider should critically examine the evidence and consult with the SAM or allocated social worker if the Provider is unsure how to interpret the information gathered. Assumptions should be avoided.
  5. **Safeguarding reports** – The Safeguarding Enquiry Report should be telling a story. It should contain all the relevant information about the incident(s), the enquiry process and the outcome of the enquiry. The report must be evidence based and not include speculation when analysing how and why it happened. The report should be structured as follows:
     + Introduction – This should include a brief description of the person, their disability and capacity to take action to protect him or herself. Describe their living/support arrangements, referring to family, friends and formal care arrangements, scheduled visits and care plan.
     + Summary of the allegations/concerns – Briefly state what happened; who it happened to; when it happened; where it happened; and how it happened. Include chronology (if complex)
     + Context – State what the history of care has been. Has there been any previous quality alerts or safeguarding concerns? State what action was taken to protect the person at risk and when it was taken?
     + Methodology – How the allegation/complaint has been investigated. This should include a list of documents read and their source (including body maps); persons interviewed; relevant telephone conversations; places visited; photographic evidence seen and its source. Dates of the above should be stated.
     + Findings – Findings and evidence that supports or refutes the allegation(s) concern(s). Address each allegation, considering them in turn with the relevant evidence.
     + State outcomes – i.e. substantiated, partially, not determined, inconclusive, not substantiated.
     + Risks – State what Provider has done to protect the person from further risk if the Provider’s investigation has determined the tenant is at risk. Consider capacity and choice.
     + Recommendations – Provider’s findings and investigation conclusions should inform the recommendations and the protection of the tenant from further abuse, should be of the upmost importance in cases where the evidence leads to a substantiated conclusion. Provider should consult with the SAM when considering your recommendations.
     + Appendices – Attach supporting and relevant documentation with the report.

## Serious Incidents

* 1. The Provider must ensure that procedures are in place for care workers to report unusual incidents to the Council who will then take appropriate action, such as alerting the police or other agencies. These incidents may include:
* Unplanned hospital admission
* Death of the tenant
* Infectious diseases of either the tenant or care worker
* If the tenant is missing or if there is no response
* Any serious injury to the tenant
* Any events in the tenant’s home that adversely affect the safety or wellbeing of the tenant including all fires
* Any theft, burglary, or serious accident in the tenant’s home.
  1. The Provider will have procedures in place for investigating serious incidents, reportable tenant safety incidents and other patient safety incidents.

# Payment Model

## Model

* 1. Greenwich Extra Care will be operating a form of a ‘Core and Add-on’ Model. The contract will seek a mutually agreed staffing level paid via hourly rates reviewed in six month periods. The Council will not seek to undercut staffing levels to unsafe amounts but will be looking for staffing to be lean, to help facilitate the payment of London Living Wage.
  2. There will be three payment rates as described below:
* **Core hours** – Each scheme will have a core number of hours which we do not anticipate the scheme falling below. This does not include night hours but may include supervisor/management hours. The core hours below will be confirmed at Invitation to Tender stage:
  + Lakeview Court: 400 hours per week
  + Richard Neve House: 250 hours per week
  + Colebrook House: 500 hours per week
* **Night hours** – 9 hours a night for two carers, 365 days a year. This equates to 126 hours per week per scheme.
* **Add-on** – The additional hours required at each scheme. The add-on hours will be agreed every six months, starting in the contract implementation phase. Each scheme is likely to have different staffing levels so will have different amounts of add-on hours. The Extra Care Provider will propose the staffing structure to be agreed with the Extra Care Liaison Officer and the Council’s Commissioning team.

|  |  |  |  |
| --- | --- | --- | --- |
| **Hourly Rates** | **Lakeview Court** | **Richard Neve** | **Colebrook House** |
| Core hours per week | 400 | 250 | 500 |
| Night hours per week | 126 | 126 | 126 |
| Add-on hours per week | *Confirmed every six months* | | |

* 1. If care needs change substantially (i.e. significant banding changes) staffing levels can be reviewed levels more frequently if necessary. However the Provider is expected to adapt to fluctuations by working flexibly across the three schemes in the first instance.

## Payment rates

* 1. The Provider will pay London Living Wage to staff working on this contract. The contract will be paid via an hourly rate for core hours. Any additional hours will have an ‘add-on’ hourly rate. The night hours will have a separate rate also as described above.

## Payment Process

* 1. Invoices based on the agreed staffing levels will be submitted every four weeks in arrears to the Council. The Provider will submit invoices within four weeks of delivering the care.

## Payment Rate Review

* 1. The Extra Care hourly rate will be uplifted by the increase in London Living Wage (LLW) on 1 April each year. For example in the autumn of 2016, LLW increased by 35p. Therefore the following April, Greenwich would increase the paid hourly rates by 35p and care workers from 1 April should be paid at a minimum, the new LLW amount. This stipulation is subject to change, for instance, if central government funding changes.

# Glossary of terms

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| --- | --- |
| **Acute (Hospital) Services** | Acute services provide specialist support/treatment for patients who cannot be provided in the community, for example after an accident, surgery or during the most unstable phase of their condition. |
| **Assistive Technology** | The term used to describe devices and systems that help people with everyday independent living. It tends to refer to Telecare or remote monitoring devices for people with cognitive or memory problems, rather than instruments to help with physical mobility. |
| **Autism** | A developmental disability that affects how a person communicates with and relates to other people. It can also have an impact on how people make sense of the world around them. Autism is a spectrum condition, meaning that whilst people will share certain difficulties, it will affect them in different ways. |
| **Business Continuity Plan** | The plan which details the systems to prevent business failure and details any recovery. |
| **Care Quality Commission (CQC)** | The Care Quality Commission registers, inspects and reports on all health and social care services in England, aiming to improve the sector and highlight bad practice. |
| **Care Worker** | An employee of an Extra Care provider who provides care and support. |
| **Carer** | People who provide care and support but are not employed to do this and do not receive payment. This person is often a family member or friend. |
| **Care and Support Plan** | A plan created between the care worker, the tenant and their family and friends. This plan includes information about the tenant, their preferences, their needs and the outcomes they want to achieve, including how this will be done. |
| **Communication Book** | People who use Extra Care services will have a book left in their home with a copy of the care and support plan, tenant guide and information on how to make a complaint |
| **Community Assessment and Rehabilitation teams** | Three integrated teams covering Greenwich, Woolwich and Eltham localities that provide community-based assessment, rehabilitation and prevention services. These include falls intervention, mobility assessments/intervention and help to manage a long-term condition. |
| **Continuing Healthcare (CHC)** | The term for a care package that is arranged and funded by the NHS for individuals outside of hospital with on-going healthcare needs. |
| **Continuity of care** | The consistency of having the same coordinator/seeing the same individual across a range of health and social care tasks, such as seeing the same care worker who can also deliver non-essential clinical tasks. |
| **Dementia** | Symptoms such as memory loss and difficulties with thinking, problem-solving or language caused when the brain is damaged, such as by Alzheimer’s disease or a series of strokes. |
| **Disclosure and Barring Service (DBS)** | An executive agency of the Home Office that provides information on criminal records, identifying candidates who are unsuitable for certain jobs. The DBS replaced the Criminal Records Bureau (CRB). |
| **Extra Care Liaison Officer** | A council post that is a key contact for the Provider. The post is able to agree significant changes to care and support plans as well as care banding changes. |
| **Extra Care Panel** | The decision making body deciding whether an applicant is suitable for Extra Care. |
| **Extra Care Scheme** | Each scheme has a care team on site providing regulated home care. able to meet the needs of people who are more frail and require more support. The schemes offer varying levels of care and have 24 hour support. Each flat is self-contained. |
| **Greenwich Home Support** | The name of the home care services commissioned by the Royal Borough of Greenwich and Greenwich CCG (2016-2023). Three home care providers have been commissioned across Greenwich with Eleanor Care the provider based in Woolwich locality where the three schemes are located. |
| **Greenwich Local Labour and Business (GLLaB)** | A local service provided by Royal Borough of Greenwich that gives career advice, skills assessments and promotes opportunities for local residents who want to find employment, work experience, apprenticeships and volunteering roles. |
| **Hospital Integrated Discharge team** | An integrated team responsible for facilitating a smooth discharge from hospital into intermediate or social care services. |
| **Housing Support** | Otherwise known as Housing Related Support. Housing Support should enhance independence and help tenants maintain their tenancy |
| **I Statements** | An expression of a value, feeling or opinion that begins with ‘I’ and describes someone’s experience of their care and support (e.g. ‘I have care and support that is directed by me and responsive to my needs’). I Statements are useful in placing the tenant at the centre of planning and directing their care and support. |
| **Joint Emergency Team** | The JET team assesses people in their own home, A&E and the Acute Medical Unit (AMU) at the Queen Elizabeth Hospital to reduce unnecessary hospital admissions, intervene during crises and arrange early hospital discharge and rehabilitation. |
| **Key Performance Indicators** | Metrics that are considered central to the success of the contract, against which the commissioning body will monitor each provider. |
| **Landlord** | The body in control of the property with whom tenants have a Tenancy Contract, which provides an estate manager, maintenance and other services of a landlord, to individual Tenants as well as collectively. |
| **London Living Wage** | An hourly rate of pay, currently £9.75 (April 2017), calculated according to a combination of the costs of living in London and 60% of the median wage. |
| **Malnutrition** | A health condition that occurs when a person’s diet does not contain the right amount of nutrients. The most common symptom is unintentional weight loss (5-10% or more of body weight over three to six months). |
| **Manual Handling** | The act of transporting or supporting a load or person (including lifting, putting down, pushing, pulling, carrying or moving). |
| **Mental Capacity** | Having mental capacity means being able to make your own decisions. Someone lacking capacity cannot do one or more of the following:   * Understand information given to them about a particular decision * Retain that information long enough to be able to make the decision * Weigh up the information available to make the decision * Communicate their decision.   The Mental Capacity Act (2005) supports the Care Act in maintaining the rights of individuals who lack capacity. |
| **Needs** | The tasks and activities a tenant needs help with, such as ‘help getting dressed and undressed’. These needs are why a person receives an Extra Care service. |
| **Outcomes** | The things that a tenant wants to do or achieve as part of their care and support. An outcome defines the change or improvement that has taken place for someone. |
| **Personal Budgets** | The sum of money allocated to a tenant as a result of an assessment that establishes what eligible care and support needs they have. The personal budget must be spent in meeting these care and support needs. |
| **Provider** | Otherwise known as Extra Care Provider. The organisation that is awarded the contract by the commissioning body to provide Greenwich Extra Care across the three schemes. |
| **Reablement** | Services for people with physical or mental health conditions to help them learn or re-learn the skills necessary for daily living. |
| **Registered Manager** | The Extra Care Provider Manager responsible for the Extra Care Schemes and first point of contact for the Council. This manager will require CQC Registered Manager status. |
| **Review** | A formal process to check whether the individual’s outcomes, wishes and priorities are met by an existing care and support package. It includes the Council, Provider and the tenant and unpaid carer/family where possible. |
| **Royal Borough of Greenwich Council (The Council)** | The Local Authority with the responsibility to arrange and fund social care services, ensuring they meet the needs of tenants. Royal Greenwich (the commissioner) will the Provider to meet these needs on their behalf |
| **Safeguarding** | The act of protecting vulnerable children and adults from significant harm and exploitation. A vulnerable adult is a person aged 18 or over who may be in need of health or social care services and who is unable to take care of themselves or protect themselves against significant harm or exploitation. |
| **Tenants** | Residents of the schemes many of whom will access the onsite care provision in line with their care and support plans |
| **Social Isolation** | A state characterised by an absence of social interactions, social support structures and engagement with wider community activities. This could be a result of tangible inactivity, such as an inability to leave the house, or a more subjective feeling of emotional loneliness. |
| **Wellbeing** | A broad and important concept, the promotion of which is at the centre of the responsibilities local authorities have towards their residents. The Care Act outlines nine areas that the concept of wellbeing particularly relates to:   * personal dignity (including treatment of the individual with respect); * physical and mental health and emotional wellbeing; * protection from abuse and neglect; * control by the individual over day-to-day life (including over care and support provided and the way it is provided); * participation in work, education, training or recreation; * social and economic wellbeing; * domestic, family and personal relationships; * suitability of living accommodation; * the individual’s contribution to society. |