**SCHEDULE 2 – THE SERVICES**

1. **Service Specifications**

|  |  |
| --- | --- |
| Service Specification No. | HO03-2023-11 |
| Service Name | Urgent Community Response South Devon Roaming Night Service |
| Population and Locality to be served | Adults aged 18 and over who live in the South Devon Locality |
| Provider | Name: XXXX  Provider: XXXX  Address: XXXX  Email: XXXX |
| Service Location | *Address of service premises* |
| Contract Term | *01/04/2024 – 31/03/2025 (+ 1 year extension)* |
| Date of Review | *01/04/2025* |

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# **1 Introduction and Background**

1.1 Introduction

In August 2020, the Government published the Hospital Discharge Service: Policy and Operating Model. This policy, while building on earlier guidance released at the start of the COVID pandemic, marks a significant departure from previous guidance, including that around delayed discharges. The policy embeds the Home First ethos and Discharge to Assess approach and includes provision of additional funding to support implementation of recovery support following hospital discharge. The policy sits within broader ambitions to support people to live at home independently for longer. Torbay and South Devon Foundation Trust (TSDFT) recognise and aim to integrate this policy locally to support improved outcomes for those with health and social care needs.

It has been recognized that in addition to standard night sit there is an identified need for a service which offers a more flexible roaming night support approach. This would be primarily for people who have urgent care need for example on discharge from hospital or placement, or supporting them to remain in the own homes and preventing a hospital admission. Support to include the provision of welfare checks, administering medication, safely turning a patient, supporting transfers or to simply provide vital reassurance which is often critical for people who may be deemed medically fit yet remain unwell.

* 1. Background

Pilot agreed commenced in South Devon in September 2022 for 6 month alongside existing Torbay geographical area service. The South Devon pilot was primarily for those people who require urgent care whereas the Torbay service is focused on long term Social Care service users. This pilot was deemed successful based on evidence and outcomes and is now to be implemented as a standard service for those people in need of short-term support overnight to help avoid admission and support discharge from hospital.

Hospital Discharge and Community Support Guidance (31 March 2022)

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1066117/Hospital-Discharge-and-Community-Support-Guidance-2022.pdf>

# **2 Outcomes**

2.1 NHS Outcomes Framework Domains

|  |  |  |
| --- | --- | --- |
| Domain 1 | Preventing people from dying prematurely | ✓ |
| Domain 2 | Enhancing quality of life for people with long-term  conditions | ✓ |
| Domain 3 | Helping people to recover from episodes of ill-health or  following injury | ✓ |
| Domain 4 | Ensuring people have a positive experience of care | ✓ |
| Domain 5 | Treating and caring for people in safe environment and  protecting them from avoidable harm | ✓ |

2.2 Adult Social Care Outcomes Framework for 2023-2024 (ASCOF)

Developed by the Department of Health and Social Care (DHSC), the Association of Directors of Adult Social Services (ADASS), the Local Government Association (LGA), the Care Quality Commission (CQC) and NHS England (NHSE)

|  |  |  |
| --- | --- | --- |
| Objective 1 | Quality of life: people’s quality of life is maximised by the support and services which they access, given their needs and aspirations, while ensuring that public resources are allocated efficiently | ✓ |
| Objective 2 | Independence: people are enabled by adult social care to maintain their independence and, where appropriate, regain it | ✓ |
| Objective 3 | Empowerment – information and advice: individuals, their families and unpaid carers are empowered by access to good quality information and advice to have choice and control over the care they access | ✓ |
| Objective 4 | Safety: people have access to care and support that is safe and which is appropriate to their needs | ✓ |
| Objective 5 | Social connections: people are enabled by adult social care to maintain and, where appropriate, regain their connections to their own home, family and community | ✓ |
| Objective 6 | Continuity and quality of care: people receive quality care, underpinned by a sustainable and high-quality care market and an adequate supply of appropriately qualified and trained staff | ✓ |

2.3 Key Service Outcomes

The objectives for this service are to provide affordable night time provision for people with low level night needs to help avoid unnecessary admissions and assist with early discharges. This service is part of the Urgent Care Response (UCR) offer. The service primarily includes; pressure area care, psychological support, continence care, personal care, administration of medication, lifting non-injured fallers and helping to reduce carer breakdown (and other tasks which are reasonably in line with the service provision purpose). Any concerns to be fed back to the respective Health and Wellbeing team within 24 hours.

This is a least restrictive option in line with the Care Act for people requiring night support. It does exclude people who are not safe to be left in between roaming night sit visits.

Exclusion criteria include but not limited:

* high risk of falls in between visits;
* someone needing continuous monitoring and supervision to maintain personal safety;
* a person not able to weigh up risk at night with regards to their personal safety;
* a person who could pose a risk to visiting members of staff;
* where an environment, or person’s/pets within the environment pose a danger to visiting members of staff;
* service users who have not consented to the roaming night support.

South Devon Roaming night service will operate 6pm to 6am, 7 days a week.

The roaming night service for South Devon will aim to deliver approximately 8 hours of face to face care each 12-hour shift, allowing for travel time.

The provider will be required to record and share information monthly regarding Roaming night activity as demonstrated in template below to include (but not restricted to):

* service user details;
* referral info;
* task/s required;
* time taken to respond to referrer;
* frequency and duration of visits;
* Total number of nights service provided for per service user;
* outcome of intervention.



# **3 Scope**

3.1 Purpose

The provision of night support of a roaming nature is to enable a flexible and responsive approach to those people who have short term night needs living in the community that may result in admission to a residential home or hospital, if need remains unmet. The use of standard 9-hour night sits has been in place for some time but these are able to only support one service user per shift. The roaming model has ability to flex depending on a person’s needs and can see several people in one evening /night within the geographic boundaries of South Devon. This adds an additional support mechanism for teams working with people in the community to help them remain safe at home, avoid hospital admission where safe to do so, and also to support people being discharged from hospital. The service is primarily for people with an urgent need for example those referred into intermediate care or Urgent care response.

The service is available for all South Devon adults who fit criteria and will be a crisis intervention, temporary support. It is anticipated that the roaming night service may be in place for a service user for approximately 7 days but this will vary depending on need. If a long-term need is identified for overnight support an alternative solution will be sought. It will be the responsibility of the allocated Health or Social care worker to assess and source a long-term care solution, following on from the roaming night service.

* 1. Aims and Objectives of the Service

Provide additional support service for people living in the community who have short-term, night time needs:

* Provide one car with 2 trained carers for 12 hour shift nightly 7 days a week;
* Service provision 6 pm to 6 am, covering the area of South Devon;
* Ability to process referral requests at short notice (respond within 30 mins) during 8am to 6pm Monday to Friday;
* Requirement for provider to be contactable for referrals out of office hours including weekends and bank holidays;
* Ability for flexibility of approach to support in prioritisation of the most urgent service users;
* Excellent communication with referring teams to ensure provision of night service care is optimised, this will include feedback about outcomes of night visits where appropriate;
* Services contribute to keeping people safe and reducing the need for more intensive interventions;
* Information, advice and signposting for support;
* Identifying and proposing the use of assistive technologies and adaptations in conjunction with care managers;
* Ability to respond to/manage unpredictable situations where safe to do so for example someone who has fallen but is not injured.

What success will look like:

* Satisfaction of the Service User and ability for them to remain in their own home;
* A system that is flexible to respond in real time to the Service Users’ needs;
* Increase in number of people who can be managed in the community without requiring residential support or hospital admission;
* More appropriate use of standard 10-hour night sits for those that require it;
* Additional support for those who have low level night needs, that may prevent discharge home from hospital or a care home setting;
* Outcomes focus enabling all Providers to adapt their business model to accommodate a more flexible and responsive service;
* Collection, collation and interpretation of high-quality data that will drive risk stratification, targeted interventions, support investment and business cases, pooled funding arrangements including those for prevention and early intervention strategies.
  1. Service Description and Care Pathway

The purpose of the Service is to develop or maintain a Service User’s ability to live independently in their own home by offering short-term night-time support; night support is often the barrier to remaining at home particularly following injury/illness/admission and this service will be able to provide an additional resource to help overcome the night support as a barrier, thus avoiding reliance on statutory services/ residential care and admission to more intensive services.

Referrals will be received by the night service provider from community teams, often at short notice and will require prompt processing of the referral info and confirmation that the night service request can be managed. See referral process and roaming night referral form.



Majority of referrals will be in office hours but there may be occasion when a response will be required out of hours.

The night service will be delivered over South Devon area (1 car with x 2 carers) for a 12 hour shift 6pm to 6 am, 7 days a week including bank holidays.

To provide relevant support to service users, staff may need to utilise additional specific communications skills or means of communication, for example sign language or picture boards. In particular, staff trained and aware of dementia must be able to recognise the particular nuances of expression and unique features characteristic of dementia and be able to respond appropriately.

The Provider will adopt an enablement approach with Service Users, maximising the potential for greater independence by encouraging and building on existing strengths and abilities and developing new ones such as digital inclusion and the use of assistive technologies. The night service provision is not a long-term option for service users so it is important a reliance is not built on this. The service is for people who have short term needs for example where recovering from illness or injury

The Provider may be required to provide non-personal care and/or personal care. This can encompass any, or all, of the following support for Service Users as specified in their Support Plan.

3.3.1 Personal Care

The Provider must be able to deliver personal care that could include prompting or physical support to carry out tasks which would include but are not exhaustive in the following list:

* Assisting the Service User to get up and/or go to bed, at times agreed with the Service User or stated in the Support Plan
* Moving and handling with or without a mechanical hoist. (Wherever possible Service Users' preferences must be respected. Responsibility for moving and handling must be undertaken with due regard to Health and Safety legislation)
* Washing, bathing and personal hygiene needs
* Denture and mouth care
* Dressing and undressing
* Assistance with continence including using the toilet, emptying and changing catheter and colostomy bags
* Assistance with eating and drinking
* Fitting surgical aids
* Social and health care issues that require support services day or night in the Service User’s home, providing personal care as specified
* Sitting or sleeping in the Service Users’ home providing personal care as required
* Support the administration of medicines and other appropriate tasks in line with the principles and responsibilities of the Commissioner’s Medicine Administration Record (MAR) in Care Homes and Domiciliary Care guidance.

<http://documents.torbayandsouthdevon.nhs.uk/TSDFT/Medicines%20Administration%20Records%20(MAR)%20in%20Care%20Homes%20and%20Dom%20Care.pdf?web=1>

Staff assisting Service Users with personal care must have undergone appropriate instruction and trained as competent to do so and where necessary with the appropriate levels of supervision at all times considering the needs of the Service User.

To support Service Users’ right to respect for private and family life, dignity and autonomy under the Human Rights Act (Article 8 of the European Convention on Human Rights) Providers will ensure that the privacy of Service Users is respected at all times; in particular during bathing, washing and dressing. Providers will make all reasonable efforts to respect Service User’s preferences as to the gender of their care workers.

* + 1. Moving and Handling

Some tasks may require moving and handling of the Service User. Where this is the case, a risk assessment must be carried out, in the first instance, by the Commissioner’s Occupational Therapists (or another Health professional) and a Moving and Handling Plan put in place, detailing safe practice in the delivery of care whilst handling the Service User and use of appropriate equipment provided by the Commissioner. Any professional handing over care must produce a Moving and Handling Plan for anyone who needs assistance from another person to move. Both the Provider and the Commissioner must have due regard to the health and safety policy and requirements of the Provider’s care staff, however Providers must ensure that they have appropriate policies, training and insurance in place to be able to comply with the Commissioner’s Moving and Handling Plans. Where the Provider’s own risk assessment indicates that two care workers are needed this should be raised immediately with the Commissioner.

* + 1. Nutrition and Hydration

Service Users must be able to access the nutrition and hydration they need to maintain good health.

The Provider must ensure that staff are trained in matters of dysphagia, know how to request an assessment by the Speech and Language Team and can follow the outcomes of this assessment.

The Provider should adhere to the Trust’s Food & Nutrition Policy:



* + 1. Non-personal Care and Support

Support provided will be flexible, dynamic, responsive and person centred. It will be delivered to Service Users with a range of needs in order to deliver preventative intervention that supports sustainable life skills and maintains independent living; thereby reducing the need for Service Users to use other acute or more intensive services, and to prevent homelessness.

Support tasks may include but are not restricted to:

* Maintain safety and security both of the Service User and within the home;
* Maintain, develop or re-gain domestic and/or life skills;
* Encourage service users to develop friendships and relationships, access social activities and/or develop an active role in the community.
  + 1. Dementia

The Provider must deliver flexible, reliable and consistent services to Service Users with dementia, which is responsive to their personal needs and sensitive to the broader family circumstances.

In providing the Service the Provider must recognize the importance of the following:

* Using staff who have received dementia training and are able to recognise the particular nuances of expression and unique features characteristic of dementia and who are able to respond appropriately;
* Recognising when someone is developing dementia type behaviours and ensuring they are referred for assessment;
* Consistency in care workers;
* The need for flexibility in the provision of services;
* The value of using life stories and other memory aids;
* How the environment can be changed to improve opportunities for independent living with dementia;
* The ability to identify when specialist care and support is required and alerting the Commissioner to this need;
* The National Dementia Strategy which promotes the aims of good quality early diagnosis and information for people with dementia and their carers and improved support in the community for people with dementia;
* Be aware of national good practice to inform the system.

Family carers should be supported and signposted to appropriate support networks, including the need for a carer’s assessment. The Provider must notify the Commissioner if there is any indication that informal support is breaking down so that a review can be carried out.

* + 1. Assistive Technology

Appropriate use if technology to be considered.

* + 1. Night Sitting

The Service shall include the provision of Staff to remain awake in a Service User’s home or another location at the Commissioner’s request and being readily available to provide care and support for a specified period of the night.

The Commissioner will advise the Provider up to 18:00 on the day with instructions for the roaming night service carers. If the Provider encounters a medical problem, they should contact the out if hours service on 111.

The Provider will also operate an out of hours telephone outside of office hours.

Where appropriate the Provider will provide daily feedback about night visits by 10:00 to the referring teams, via telephone or email. Examples of feedback required:

* any unanticipated issues with the visit;
* Any risks that are of concern;
* Mobility issues or concerns;
* People who are presenting as having a long-term night need.

If the Provider has any issues with contacting or gaining access to the service user or carrying out the full visit, please ensure referrer is contacted as soon as is practical to pass on all information of the visit.

The Service User will not be responsible for providing food to any member of Staff from the Provider providing Roaming Night service.

* 1. Population covered and Eligibility Criteria

The service is available in the first instance to eligible adults aged over 18 who are resident within the South Devon area who requires urgent short-term care to remain safe at home.

The services should be delivered to anybody who has been determined as having an eligible need for the services. Service users shall be supported regardless of age, gender, disability, sexual orientation, race, religion and belief, gender reassignment, marriage and civil partnership, or pregnancy and maternity. The Service User will be supported in accordance with their views and beliefs which may mean the Provider has to adjust the service delivery to that individual in accordance with the Service user’s wishes.

* 1. Interdependence with Other Services

The nature of this specification and the way that the service will evolve over the life of the contract requires effective and efficient communication between the Commissioner, Provider, and community teams including community nurses, intermediate care, voluntary sector, and the Service Users.

The Provider and commissioner will have a joint relationship with Service Users and shared responsibility for communications. The provider will have primary responsibility for reviewing the service users need for the roaming night service, maintaining liaison with the Locality teams where a Service user’s circumstances are changing, and reporting exceptions where outcomes are no longer appropriate or cannot be met.

The Provider is expected to develop and sustain strong working relationships with the Commissioner’s staff and contractors and local community and voluntary sector organisations.

# **Applicable Service Standards**

4.1 Applicable National Standards

The Provider must comply with the legislation listed below. Compliance will be monitored through the life of the contract:

* The Care Quality Commission’s essential standards, which fall within Part 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The Provider will comply with all current and future legislation with regards to the Health and Social Care Act and future legislation relating to the quality and performance of this service.
* Care Quality Commission (CQC) - Under the Health and Social Care Act 2008 providers of health and adult social care services must, by law, register with CQC if they carry out a regulated activity. If they carry out a regulated activity without being registered, they may be prosecuted and liable to a fine. It is a Service Provider’s responsibility to make sure they are appropriately registered to carry out the services they provide.
* Health and Safety and Health and Safety at Work Act 1974 - The service will have a coordinated approach to assessing and managing security and health and safety risks that potentially affect all Service Users, staff and the wider community.
* The Accessible Information Standard is a new mandatory standard that all NHS and publicly funded adult social care services must follow. It aims to ensure people have information they understand and the communication support they need. It is about improving the quality of care received and people’s involvement in decision making.

<https://www.england.nhs.uk/ourwork/accessibleinfo/>

There will be an effective health and safety policy in use which has been reviewed in the last two years and is in accordance with current legislation, this will be reviewed as part of the Quality Assurance process.

* Human Rights Act 1998 – Meeting Human Rights Act (HRA) obligations is a priority for the Commissioner. We expect Providers to promote and protect the human rights of Service Users. For example, it is paramount that intimate personal care is delivered in ways that protect Service Users’ rights to respect for dignity, privacy and autonomy. Providers must also appreciate the need to guarantee freedom from abuse and neglect in line with Article 3 (freedom from torture and inhuman and degrading treatment).

The Provider is expected to sign up to and comply with the Commissioner’s Human Rights Charter for Care and Support Services

* Mental Capacity Act 2005 and Deprivation of Liberty Safeguards – Providers will comply with the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards legislation and follow the guidance within the Code of Practice. Copies of the Code of Practice should be available for staff to reference at all times. The legislation provides a framework to empower and protect people who may lack capacity to make some decisions for themselves. It makes it clear who can take decisions in which situations, and how they should go about this. It also allows people to plan ahead for a time when they may lack capacity Services (see Schedule 5 Part A Documents supplied by Commissioners).
* Data Protection Act 2018 - The Provider will have clear policies and procedures in place to maintain confidentiality and the security of personal data held by them. Where confidentiality needs to be broken in order to protect the Service User or those around them, the Provider will have robust policies and procedures in place to ensure that this is undertaken in an appropriate manner and risk assessments undertaken to determine the need for this to happen.

Providers must have in place information sharing protocols to cover the information that they pass to other Providers in the course of delivering elements of the Support Plan.

Where the Provider holds information about a Service User’s key safe, they must ensure they have robust procedures in place to keep this information confidential and secure.

* + Safeguarding and protection of adults and children from abuse – the Provider and any sub-contractors must have clear policies and procedures in place with regard to safeguarding. This will include adherence to Torbay’s Safeguarding Adults Policy and any requirements set out by the Commissioner. During the course of delivering the service set out in this specification the Provider will ensure that their staff and those of any sub-contractors are aware of their responsibility to report concerns about the treatment of children in accordance with the requirements of the Torbay Safeguarding Children Board.

The Provider must ensure that its’ staff receive Safeguarding training as part of their induction programme and that training is refreshed at regular intervals, in line with the requirements set out by the Commissioner.

The Provider must have organisational frameworks in place to modify service delivery as a result of a review or following an incident.

* + Equality and diversity - The Provider must have clear policies and procedures in place to ensure compliance with the Equality Act 2010 and subsequent legislation. Providers must demonstrate a commitment to fair access, fair exit, diversity and inclusion, and will ensure Service Users are well-informed about their rights and responsibilities. Fair access, fair exit, diversity and inclusion must be embedded within the culture of the Provider.
  + Employment legislation including the Employment Act 2002
  1. Applicable Local Standards

4.2.1 Hours of operation

The service described in the specification will be delivered between the hours of 18:00 and 06:00, 7 days per week, in accordance with the instructions provided by the Commissioner.

* + 1. Out of hours arrangements

The Provider must ensure that a local contact point is available at all times when support staff are commissioned to work. Responding staff must be available at all times, not an answer-phone.

In out of hour situations the Provider must be able to access the Commissioner’s Emergency Duty Team who may be able to provide additional support depending on the relevant circumstances and capacity of this team at this time.

The South Devon Emergency Duty Team can be contacted on: 0345 600 0388

* + 1. Operating Principles

In delivering the Services the Provider shall adhere to the following operating principles:

* + Francis Suite
  + A culture of compassionate care – the 6 C’s
  + Equality, Diversity & Human Rights
  + Serious Incidents Requiring Investigation (SIRI) & Patient Safety Incidents
  + Safeguarding Adults
  + Safeguarding Children and Looked After Children
  + Healthcare Associated Infection (HCAI)
  + Eliminating Mixed Sex Accommodation
  + Nutrition and Hydration

# **Applicable Quality Requirements**

5.1 Applicable Quality Requirements

The Provider shall provide the Service in accordance with the relevant regulations, its obligations under this Agreement and with all the respect, skill, care and diligence to be expected of a competent provider of services of this type.

5.1.1 Complaints

The Provider must have a complaints policy and procedure which is straightforward and published to Service Users. The Provider must have clear processes in place to monitor and manage complaints and how resulting changes in services are communicated to Service Users.

5.1.2 Quality Assurance

Providers are expected to develop their own quality assurance systems which will enable them to effectively evaluate the quality of the service and ensure it is meeting regulatory and health and safety responsibilities. This should include regular evaluation of how the service is performing from a quality and reliability perspective, assessment of staff performance and satisfaction and importantly the level of customer satisfaction and how well service users’ outcomes are being met.

Providers are required to report against Key Performance Indicators as documented in this service specification and contract document. Providers will be allocated a Contract Manager who will review this information and will periodically schedule and carry out Contract Review Meetings.

The Trust reserves the right to visit the Provider’s Registered Location and our commissioned service users as part of the ongoing monitoring of the service. If a service is judged by the CQC or other regulator e.g. Trading Standards, Environmental Health, Devon and Somerset Fire and Rescue Service, the Border Agency, not to meet its standards or regulations, the Provider will be expected, upon request, to share with the Trust any action plan they have put in place to meet the regulators requirements as part of our regulatory requirements.

The Provider will be required to hold and maintain an up-to-date detailed business continuity plan (BCP). This must describe the arrangements for dealing with service interruptions and ensure that there are no or minimal disruptions, following an event (planned or unplanned) which interrupts the Provider’s normal core business. In the event of a BCP being triggered the Provider must inform the Trust, either via contact with their Contract Manager or the Community Customer Service Centre.

The Provider must, when requested by the Trust, provide evidence of the development and updating of its processes and procedures to reflect changes in applicable local and national legislation and good practice.

# **6 Staffing**

6.1 The Provider must employ sufficient numbers of staff of appropriate ability, skill, knowledge, training and experience on contracted hours to:

* + Ensure service is consistent and reliable;
  + Supervise the proper provision of the Service, and
  + Meet the needs of Service Users, as detailed in the Service User’s referral request.
    1. Training Requirements

The Provider must ensure that its management and staff teams are informed and kept up to date with best practice guidance and national developments.

The service must be provided by appropriately trained and skilled staff. Staff must have an enhanced DBS checks and have received induction training and mandatory training before undertaking unsupervised visits to Service Users. In some circumstances new (particularly inexperienced) staff should be shadowed on certain tasks to ensure competency before delivering care on their own. It is expected that groups of staff may have specialist skills or competencies to support particular Service User groups, for example end of life care and dementia.

It is the aim of the Commissioner and South Devon and Torbay Clinical Commissioning Group to develop more integrated ways of working to reduce delays in discharges from hospital and to support people with long term conditions.

Staff should receive regular supervisions and be subject to an annual appraisal. Regular spot checks should be undertaken at intervals appropriate to the level of staff skills and the needs of the Service User, to ensure consistency, safety and quality of service delivery.

Mandatory training should include but not be restricted to the Skills for Care Common Induction Standards.

Further mandatory training should include:

* + Outcomes based person centred support planning;
  + Reablement (including the philosophy of reablement, mobility aids and aids to daily living (ADL) equipment and moving and handling/positioning;
  + Human Rights Awareness;
  + Mental Health and Learning Disability Awareness;
  + Medication management (up to level 2 of the Administration of Medicines in Domiciliary Care Guidance);
  + Safeguarding training appropriate to the level of the staff member’s role must be completed in accordance with the Commissioner’s standards;
  + Skin care/ basic pressure ulcer recognition and appropriate reporting.

Further specialist training should include any training requirements to meet the needs of the Service User. This could include focusing training for a specialist cohort of staff to support those with the more complex needs and those with continuing healthcare funded needs. Such training could include but is not restricted to:

* + Diabetes
  + End of Life Care
  + Handling Challenging Behaviour
  + Dealing with Dying, Death and Bereavement
  + Drug and alcohol awareness
  + Awareness and understanding of Sight Loss
  + Bowel care, continence & catheter care
  + Mouth care
  + Third party delegation and accountability

In certain situations, it may be necessary to train domiciliary care staff to deliver specific treatments, e.g. eye drops. In these situations, the policy related to the “Delegation of Level 3 tasks to SNRs not employed by Torbay and South Devon NHS Foundation Trust” would need to be adopted, see link:

<http://documents.torbayandsouthdevon.nhs.uk/TSDFT/Third%20Party%20Delegation%20of%20Level%203%20tasks%20to%20SNRs%20not%20employed%20by%20TSDHCT.pdf?web=1>

Regular refresher training should be provided for specific subjects where policy or practice may change over time. Safeguarding refresher training appropriate to the highest level relevant for the staff member’s role is required after three years from completion of their original safeguarding training.

In some circumstances the Commissioner may provide or facilitate access to training for the Provider’s staff in relation to the Service. Where courses are provided:

* + The Provider is responsible for covering the cost of any travel and subsistence expenses or any attendance payments made to care workers attending courses;
  + An administration fee may be charged for any training provided by the Commissioner;
  + A cancellation fee will be charged by the Commissioner for Provider’s staff who fail to attend a booked course;
  + Training records may be monitored by the Commissioner. Supervision records and support plans should measure and evidence the impact of any training on practice.

6.3 Acceptable Behaviour

The Trust is fully committed to achieving the values and principles set out in the NHS Constitution (2010). One of the fundamental staff rights, as cited in the Constitution, is the right to healthy and safe working conditions and an environment free from harassment, bullying or violence. Staff are entitled to be treated fairly, equally and without discrimination. This is applicable to staff working directly for the NHS and those carrying out work on behalf of the NHS, for example carers.

The Trust expects the Provider to have an Acceptable Behaviour Policy in place.

6.4 Training and Development

Providers are expected to have a programme of ongoing training to ensure that their staff have the skills and knowledge appropriate for their role and to enable them to fully meet the needs of the service users they care for at all times.

The Provider must employ staff with a commitment to continual professional development and training.

Training records will be monitored by The Trust in accordance with the contract monitoring and quality assurance process.

The Provider must be able to evidence that all staff are meeting or working towards the Skills for Care minimum standards

<https://www.skillsforcare.org.uk/Developing-your-workforce/Guide-to-developing-your-staff/Minimum-standards.aspx>

It is important to note that the minimum standards include “The Code of Conduct” which set out the standards expected of all adult social care workers and healthcare support workers in England. It outlines the behaviours, attitudes and professional conduct that people who need care and support should rightly expect.

Providers are required to maintain a list of core and mandatory training. This will need to include a clear training matrix which enables them to monitor the implementation of their training plans and evidence the individual staff members compliance against the training plan.

The Provider will need to demonstrate they are implementing The Care Certificate standards as a minimum set of standards as part of the induction training of all care workers new to care. Where staff are not new to care, the Provider will need to assure themselves and the Trust that the staff have the equivalent or higher level of experience and qualification.

For all staff whether they have completed the care certificate or attained the equivalent or higher level of qualification and experience, The Trust expects the Provider to adhere to the Skills for Care mandatory training requirements and corresponding refresher periods.

<https://www.skillsforcare.org.uk/Developing-your-workforce/Guide-to-developing-your-staff/Core-and-mandatory-training.aspx>

Please note that The Care Certificate alone does not cover all necessary training requirements set out in the Skills for Care mandatory training requirements.

The Trust expects all Providers to evidence through their training plans and individual staff training records that staff have undertaken and are competent with all necessary care interventions to meet the needs of the service users they care for. This will include at times the need to procure specialist training and it is the Trust’s expectation that the Provider does not agree to undertake a Package of Care without being able to assure themselves, and the Trust if required, that they have the appropriately trained and competent staff team with which to do so.

The Provider must maintain accurate and up to date records of all training completed by their staff and each staff member must have the corresponding records held on their individual staff files. Records must include copies of the individual staff training certificates.

All training information will need to be made available upon request to support The Trust’s contract management and quality assurance process.

There will be at times situations where a care worker needs to be trained by an appropriate health professional for a particular care task or intervention. The Trust expects Providers to support this process of delegation by facilitating their staff to undertake the necessary training and undertake the ongoing delegated tasks where safe and appropriate to do so.

6.5 Staff Supervision

Supervision is an effective way to support staff, evaluate their practice and understand any training or developmental desire or need. In support of the NICE Quality Standard (QS123) (refer to in Section 3.1) The Trust expects the provider to have a robust and reliable mechanism (and accompanying policy) to enable them to supervise staff effectively. It is expected that the provider facilitates supervision at least every 3 months for each staff member and that supervision consists of a combination of confidential one to one meetings along with observational practice based supervisions.

As a guide to the principles of effective supervision the Trust recommends that Providers refer to the Social Care Institute of Excellence website and their Published Guide Number 50 – Effective supervision in a variety of settings. This can be accessed via <https://www.scie.org.uk/publications/guides/guide50/>

The Trust expects providers to undertake a staff appraisal process for all staff at least annually. This is to review the effectiveness of the supervision process for each staff member and offer the opportunity to set personal and developmental objectives.

The appraisal process should include:

* Reviewing staff performance against agreed SMART objectives
* Setting objectives to help the member of staff work to their full potential
* Setting objectives as required in respect of a relevant competency framework
* Reviewing the behaviour of a member of staff against the organisation’s values
* Agreeing a development plan to meet individual and organisational development needs

6.6 Disclosure and Barring Service Checks

The Provider must (where this is a statutory requirement) carry out regular checks with the Disclosure and Barring Service on all staff or volunteers engaged to provide or supervise the provision of the Service. Failure to do so may result in termination of this Agreement.

Where the carrying out of checks with the Disclosure and Barring Service is not a statutory requirement, the Provider must take all reasonable measures to ensure that staff and volunteers are suitable for the work they will be undertaking. This must include staff and volunteers being asked to declare previous convictions and to be informed that failure to declare convictions which subsequently come to light may result in dismissal.

The Provider will in the light of any information forthcoming as a result of action undertaken in accordance with the above determine whether the staff member or volunteer may continue to work in the service being provided under this specification.

6.7 Recruitment

Staff employed by the Provider should have been recruited following the NHS guidelines for employment checks:

<http://www.nhsemployers.org/your-workforce/recruit/employment-checks>

Providers must assure themselves that references received for potential workers are genuine and it is advisable that Providers follow up references with a phone call to the previous employer.

The Provider will have due regard for the Modern Slavery Act 2015.

The Provider will have a Modern Slavery and Human Trafficking Statement that demonstrates awareness of this criminal practice and how the provider works to tackle this issue in their organisation. Please see CQC’s statement on modern slavery and human trafficking:

<https://www.cqc.org.uk/about-us/transparency/our-statement-modern-slavery-and-human-trafficking>

# **7 Communication Between the Trust and the Provider**

In the event of the death of a service user the party receiving the first notification must inform the other relevant parties as soon as reasonably possible.

In the event that the service user prevents the Provider from delivering the service, the Provider must inform the Trust within 24 hours.

In the event of the service user being admitted to hospital the Provider shall not deliver any of the services to the service user during such admission without prior agreement.

7.1 NHS Email

The Trust requires Providers to use NHS Mail to facilitate:

* Secure communications, data transfer and storage of information (both paper records and electronic), and
* An electronic contract and invoicing process

The generic NHS Mail account must be monitored regularly and the Provider must ensure that multiple staff have secure access.

The Provider will have to first complete a Data Security and Protection (DSP) Toolkit before an NHS Mail account can be issued. The Trust will support Providers through this process:

<https://www.dsptoolkit.nhs.uk/>

# **8 Medicines Management**

The Provider must have a ratified medication policy from which to operate. This must be in line with the Trust’s guidance on the Administration of Medicines in a Care Home.

The Provider shall ensure that a policy for skilled non-registered staff is in place in respect of medicines management.

The Senior Carer will ensure that a medication administration record (MAR) is kept in line with the Trust’s guidance on Medicine Administration Records in Care Homes and Domiciliary Care:



Please see Appendices for document.

The Senior Carer must report all Controlled Drugs errors to the accountable officer for controlled drugs via [accountableofficerdcios@nhs.net](mailto:accountableofficerdcios@nhs.net)

The tasks outlined in the following table are grouped into three different levels; which each have different levels of responsibility:

**Level 1** tasks are general support tasks where the service user remains responsible for administering their own medicine, and general support is provided by the care worker.

**Level 2** tasks are when the care worker would be responsible for administering medication.

**Level 3** tasks are when the responsibility remains with the healthcare worker, and can be administered by the care worker if appropriate training is provided. Please note that the training is specific to the service user and the ability to provide that health support cannot be transferred to other service users.

# **9 Pressure Ulcer Prevention**

Pressure ulcers are caused when an area of skin and the tissues below are damaged as a result of being placed under pressure sufficient to impair the blood supply. Pressure ulcers tend to affect people who are confined to lying in a bed or sitting for prolonged periods of time, in particular people over 70 years old are vulnerable to pressure ulcers, as they are more likely to have mobility problems and ageing skin.

The Trust recognises that interventions for the prevention of pressure ulcers need to be a part of community care and would therefore specify that care workers have the knowledge and skills of the risks associated with pressure areas, including:

* Having the knowledge to check for pressure areas in service users with poor mobility
* Being able to look at pressure areas to identify whether skin is damaged to alert clinical staff to the needs of the service user

The Trust expects Providers to adhere to the NICE guidelines:

Pressure ulcers: prevention and management <https://www.nice.org.uk/guidance/cg179>

Pressure Ulcers Nice Quality Standard <https://www.nice.org.uk/guidance/qs89>

# **10 Safeguarding Vulnerable Groups**

10.1 Safeguarding

Provider shall comply with staff employment requirements of the Safeguarding Vulnerable Groups Bill – March 2006 and will have a safeguarding policy in place for adults and children.

The Provider shall comply with the Trust’s Alerters Process and Safeguarding policy.

Should the Provider become subject to a Safeguarding whole service investigation, referrals will be suspended for the duration of the investigation and may or may not be restored pending the results of that investigation. If a Commissioning Provider of Concern process is instigated then referrals may be suspended until this process has been completed. The suspension of referrals will be communicated to the Provider by the Trust.

10.2 Service users consenting to their care arrangements

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. It is the responsibility of both the Trust and the Provider staff to abide by this principle.

This is an important aspect of law that all health and social care providers must implement when proposing to undertake any act in connection with care and treatment that requires consent.

Where there is doubt that a person is able to consent to their care arrangements the Mental Capacity Act 2005 is implemented

In circumstances where there is an element of doubt about a person’s ability to make a decision due to ‘an impairment of or disturbance in the functioning of the mind or brain’ the Mental Capacity Act must be implemented. An assessment of capacity will be necessary and this should be undertaken by a suitable qualified person who requires the person to make the decision and if appropriate a ‘Best Interest Decision’ about the proposed health or social care intervention will need to be made. This will protect all staff who engage in acts in connection with the care treatment.

10.4 Deprivation of Liberty

If there is a need for any use of restriction or restraint for a person lacking capacity, Deprivation of Liberty Safeguards should be considered. This legal process ensures that where there is a need to restrain or to deprive a person of their liberty the circumstances have been appropriately assessed and sanctioned. These legal processes must be followed to ensure the human rights of the individual are upheld and the staff and management of the Provider are acting lawfully.

# **11 Hazard and Incident Reporting**

The Provider shall ensure compliance with the Trust’s Governance processes and alert the Trust to any significant hazards or incidents as defined by the Trust’s Governance Policies; Incident Reporting and Management Policy including Serious Incidents.



Please see Appendices for document.

All incidents, including falls, pertaining to a person placed in the service under this contract should be reported to the Trust preferably on the same day or within one working day, and a copy of the Incident Form provided to the Trust.

The Trust will document the details of the incident on the Trust’s incident reporting system, Datix.

The Provider should have a robust policy and system in place for the reporting of all untoward incidents and near misses and all staff should be aware of the policy and how to report an incident to the Trust.

An incident is defined by the Trust as ‘any event or circumstance that could have or did lead to unintended or unexpected harm, loss or damage. Incidents may or may not be in a clinical context and may involve actual or potential injury, damage, fire, theft, violence, abuse, accidents, ill health, falls and near misses.’

A near miss is ‘an incident that did not lead to harm, loss or damage but had serious potential to do so and where lessons can be learnt from changes in procedures, processes and systems.’

A hazard is ‘something with the potential to cause harm, or a situation/factor that may cause an incident or make it more likely to happen.’

Appropriate action should be taken, including making sure that people are safeguarded immediately after the incident occurs, and the incident appropriately investigated in a timely manner. The Provider should be able to demonstrate that full investigation of the incident has led to organisational learning.

# **12 Serious Incidents Requiring Investigation (SIRI’s)**

A SIRI is defined as ‘an accident or incident when a service user, member of staff, or member of the public suffers serious injury, major permanent harm or unexpected death (or the risk of death or injury) on premises where care is provided or where the actions of care staff are likely to cause significant concern.’

There are a number of factors which suggest that an incident should be regarded as a SIRI. These include:

* Unexpected/unexplained accidental or suspicious death(s)/serious injury to staff, service user, or visitor during the course of providing care
* Category 3 and 4 Pressure Ulcers developing
* Actual or suspicion of a serious error by a member of staff resulting in harm to a service user or individual
* Repeated serious complaints or concerns regarding poor judgement about a member of staff which could give rise to public concern
* Suicide of any service user receiving care
* Incident which might give rise to serious criminal charges or litigation
* Incidents where a member of staff has to be suspended
* Abuse of vulnerable adults
* Serious breach of confidentiality
* Serious communicable diseases or incidents such as food poisoning, transmission from employee to service user of a communicable disease or any incident involving a care worker infected with HIV or Hepatitis B or C
* Suspicion of large-scale theft or fraud
* Incident that results in the service user requiring hospital admission/treatment e.g. fall resulting in a fractured neck or femur
* Medication error - where harm has been caused or Controlled Drugs are involved

All SIRIs must be reported to the Trust within 12 hours of the incident occurring.

All SIRIs must be fully investigated by the Provider and a written report and action plan in response to the incident and its root cause factors submitted to the Trust within 14 days of the incident.

The Trust will document the details of the SIRI on the Trust’s incident reporting system, Datix.

It is important that the service user is informed fully of any incident involving their care or treatment. As part of the “Being Open” framework this will include the identification of a key person to liaise with.

With the service user’s consent, consideration must also be given to discussing the events with relatives or carers. Service user consent must be recorded in the service user’s notes.

In cases where the service user is deceased, the discussion should be held with the named next of kin and recorded in the service user’s notes.

Under Duty of Candour, for incidents assessed as a Serious Incident Requiring Investigation, a senior clinician will be identified as the key point of contact with the service user/family or to undertake this discussion and ensure that the service user is kept informed.

During and following an investigation, contact must be maintained with the service user and their relatives, ensuring they are kept informed of progress at all times and that the outcome is discussed with them. They should be informed about the Trust’s Complaints Procedure.

# **13 Inability to Provide the Service**

In the event that the Provider is unable to provide all or any part of the scheduled service due to problems affecting the staffing of the service, The Trust should be notified immediately. The Provider must follow their business continuity plan in conjunction with The Trust.

The Provider is required to ensure that it has business continuity plans in place to guarantee continued delivery of the service and the safety of service users.

Service failure will be monitored. Continued, regular or persistent failure to provide the Service shall constitute a breach of contract.

# **14 Cooperation with Other Providers**

If more than one Provider is contracted to deliver services to a service user, the Providers are asked to work together to ensure continuity of care, including but not limited to, the providing of information to the other Provider(s). For example, in situations where the service user required double handed care for transfers or when an alternative agency supplies staff.

# **15 Contract Management Process**

Where the performance of the contract drops below the standard detailed in the Service Specification, the Contract Manager will enact Performance Management in three tiers

1. Informal Stage
2. Contract Performance Rectification Notice
3. Contract Default Notice and/or Suspension of Placements Notice

Any issues identified will be discussed with the provider and documented as part of the Contract Review Meeting process. The Contract Manager will keep the issue under review.

A **Contract Performance** **Rectification Notice** will be issued to the provider based on continued poor performance or failure to adhere to the contractual specification. A rectification notice will provide specific detail of events and occurrences where performance is not being met as specified.

When the provider receives a rectification notice, they will have 10 working days to acknowledge the notice and 20 working days to provide a rectification plan. The rectification plan will outline the specific actions that the provider will implement to ensure that service delivery is improved to meet the standard laid out in this specification.

If the provider fails to improve the service delivery within three reporting months or fails to acknowledge the rectification notice within the time allocated the Contract Manager will escalate the issue further to a Default Notice.

TSDFT will issue **Contract Default Notices,** in but not limited to the following situations:

* Following failure of the provider to improve service delivery as detailed above
* CQC non-compliance:
* The Service Provider has been issued by CQC with a draft or published report showing it to be “Inadequate” overall or “Requires Improvement” in all domains. Any Contract Default notice issued as a result of a draft report will be withdrawn if CQC then issue a final report that does not show the Service Provider to be “Inadequate” overall or “Requires Improvement” in all domains.
* Contract Management and Quality Reviews by TSDFT in relation to Home Care providers:
  + The Service Provider does not submit an action plan where requested within the given timeframe;
  + Failure to complete action plan targets set via the contract management process;
  + The Service Provider has not achieved and actioned improvements in the given timeframe to resolve quality standards identified as an outcome from a Quality Review;
  + The Service Provider being rated as Requires Improvement in three successive CQC inspections;
  + TSDFT has major concerns regarding the financial viability of the Service Provider.
* Safeguarding Concerns:
  + - The Service Provider is subject to “whole service safeguarding concerns.” Information will be shared with Senior Management of The Trust when the safety of residents cannot be assured.

TSDFT has the right to suspend the Contract with immediate effect if the service is subject to “whole service safeguarding concerns.”

TSDFT has the right to terminate the Contract on 28 days’ notice if:

* The Provider cannot demonstrate that it is achieving the improvements set out in the agreed action plan following the issue of a default notice;
* The Provider cannot demonstrate its own financial viability to ensure that the Service Provider will remain financially sustainable.

TSDFT has the right to terminate the Contract immediately if it has reasonable grounds to believe that risks to the Service users are immediate and unacceptable.

Further information regarding situations whereby the contract can be terminated can be found in the NHS Standard Contract General Conditions GC17.

# **16 Performance and Quality Indicators and Service Level Agreements**

Providers must adhere to the quality requirements within the overarching contract.

The Trust reserves the right to suspend or limit the service for a set period of time if concerns are raised regarding the ability of the Provider to fulfil its obligations as covered in this service specification. The Trust will work with the Provider to develop remedial action plan(s) to address issues.

The below table outlines the Key Performance Indicators which will need to be reported quarterly to the Trust:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Quality / performance indicator** | **Green** | **Red** |
| **1** | Number of staff fully mandatory trained | Score of 85% or above – No Action | Score of 84% or below – Reasons will need to be submitted and a target set to improve by the next reporting period |
| **2** | Number of new formal complaints | Score of 3% or below – No action | Score of 4% or above - Reasons will need to be submitted and a target set to improve by the next reporting period |
| **3** | Number of Serious Incidents opened | Score of 1% or below – No action | Score of 2% or above - Reasons will need to be submitted and a target set to improve by the next reporting period |
| **4** | Number of new Safeguarding Incidents reported | Score of 1% or below – No action | Score of 2% or above - Reasons will need to be submitted and a target set to improve by the next reporting period |
| **5** | Number of medication errors (missed meds, incorrect meds, Mar chart staff errors) | Score of 3% or below – No action | Score of 4% or above - Reasons will need to be submitted and a target set to improve by the next reporting period |
| **6** | Number of service user satisfaction surveys sent in previous 6 months | Score of 100% | Score of 99% or below - Reasons will need to be submitted and a target set to improve by the next reporting period |
| **7** | Number of service users satisfied/very satisfied with the service | Score of 90% or above | Score of 89% or below - Reasons will need to be submitted and a target set to improve by the next reporting period |
| **8** | Number of staff satisfaction surveys sent in previous 6 months | Score of 100% | Score of 99% or below - Reasons will need to be submitted and a target set to improve by the next reporting period |
| **9** | Number of staff satisfied/very satisfied with the role | Score of 90% or above | Score of 89% or below - Reasons will need to be submitted and a target set to improve by the next reporting period |

The below table outlines the Service Level Agreements which will be monitored within the Trust:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Quality / performance indicator** | **Green** | **Red** |
| **1** | Response time within 30 minutes of referral between 8am and 6pm Monday to Friday | Score of 85% or above – No Action | Score of 84% or below – Reasons will need to be submitted and a target set to improve. |
| **2** | Face to face time.  *This metric will not be used if utilisation drops below 67% due to lack of referrals from the Trust.* | 8 hours face to face time per 12 hour shift (67%) | If face to face time drops below 67% the reasons will be investigated and actions taken if appropriate. |
| **3** | 2 x carers available every night between 6pm and 6am | 100% | Exceptions will be investigated and actions taken if appropriate. |
| **4** | Provider to be contactable for referrals out of hours including bank holidays and weekends | 100% | Exceptions will be investigated and actions taken if appropriate. |

If providers score red in a number of areas or consistently over a period of time, a Quality Officer or a Contract Manager will contact the provider and will instigate an action plan. Breaches of the quality standards in this specification can lead to a default notice, suspension of the contract or ultimately termination of the contract.