# SCHEDULE 1 – HOME CARE SERVICE SPECIFICATION


| Contents | | |
|---|---|---|
| **1.0** | **Introduction** | **3** |
| | | |
| **2.0** | **Scope** | **3** |
| | | |
| **3.0** | **Service requirements** | **4** |
| 3.1 | Regulatory and legal | 4 |
| 3.2 | Service User Groups | 4 |
| 3.3 | Key principles | 5 |
| 3.4 | Service outcomes | 5 |
| 3.5 | Types of care and support tasks | 7 |
| 3.6 | Service availability and flexibility | 9 |
| 3.7 | Keeping Service Users informed and in control | 10 |
| 3.8 | Recording | 10 |
| 3.9 | Out of hours contact service | 11 |
| 3.10 | Care and Support Planning | 11 |
| 3.11 | Managing Individual Service Funds | 11 |
| 3.12 | Business transition | 12 |
| 3.13 | Referrals and commencement of the Service | 12 |
| 3.14 | Transition pathway | 13 |
| 3.15 | Risk assessment and management | 13 |
| 3.16 | Health and safety | 14 |
| 3.17 | Health/medical care | 14 |
| 3.18 | Partnership working | 15 |
| 3.19 | Supporting the wider care system | 16 |
| 3.20 | Social value | 16 |
| | | |
| **4.0** | **Workforce requirements** | **17** |
| 4.1 | Data and intelligence | 17 |
| 4.2 | Planning and management | 17 |
| 4.3 | Social Care Commitment | 18 |
| 4.4 | Staff supervision and annual appraisals | 18 |
| 4.5 | Leadership and management | 18 |

| | | |
|---|---|---|
| 4.6 | Enabling care and support | 18 |
| 4.7 | Core skills, induction and The Care Certificate | 18 |
| 4.8 | Qualifications and learning | 19 |
| 4.9 | Specific skills and knowledge | 19 |
| 4.10 | Business continuity management | 21 |
| | | |
| **5.0** | **Quality and safeguarding** | **22** |
| 5.1 | Quality standards and assurance | 22 |
| 5.2 | Complaints, concerns and compliments | 23 |
| 5.3 | Safeguarding | 24 |
| | | |
| **6.0** | **Performance management** | **25** |

## 1.0 Introduction

**1.1** Home care is care and support delivered to people living in single household accommodation that is owned or occupied by the person receiving care and support, and that occupation is entirely independent of the care and support arrangements (which remain at all times a visiting arrangement).

**1.2** This schedule sets out the specification for a new home care service for Service Users with care and support needs. It describes what the Authority requires from the Service Provider in delivering the Service, and must be considered alongside the Framework Services Agreement, Service Contract and ITT document.

## 2.0 Scope

**2.1** The Service will be provided to people with care and support needs who:

- Meet the national eligibility threshold for care and support as set out in the Care and Support (Eligibility Criteria) Regulations 2014 for the Care Act 2014
- Have unmet eligible needs and outcomes that could be met through the provision of home care; and
- Are deemed to be ordinarily resident within the administrative area of Lancashire County Council.

**2.2** The following situations are included within the scope of this specification:

When a Personal Budget is deployed:

- As a managed account held by the Authority with care and support provided in line with the Service User's eligible needs and outcomes
- As a managed account held by a Service Provider (often called an Individual Service Fund or ISF) with care and support provided in line with the Service User's eligible needs and outcomes.

N.B. Direct Payments are not included within the scope of this specification.

**2.3** As detailed in the 'Scope of the Framework' section of the ITT document, related service provision may fall within scope at a future date using the most appropriate call-off method as determined by the Authority and set out in Schedule 3 of the Framework Services Agreement.

**2.4** The Service may also be provided in circumstances where the Authority exercises its powers, under Section 19(3) of the Care Act 2014, to meet a Service User's urgent care and support needs without having first conducted a needs assessment or eligibility determination.

**2.5** The Service is predominantly aimed at people aged 18 or over. Where a Service Provider has selected to provide the Service to young people with disabilities as they transition to adulthood they will be required to provide the Service to people aged under 18.

**2.6** The Service will be commissioned by the Authority or any organisation acting on its behalf under the Authority's power to delegate its functions.

**2.7** The Service shall be available to all eligible Service Users irrespective of gender, religion or belief, ethnicity or race, culture, sexuality, disability, age, class or socio-economic status.

**2.8** The Service shall be delivered within Lancashire County Council's boundaries subject to the Zone(s) appointed to. However, there may be occasions when the Service Provider is requested to provide the Service outside of these boundaries.

## 3.0 Service requirements

### 3.1 Regulatory and legal

The Service Provider must be registered to provide personal care with the Care Quality Commission (CQC) and will maintain registration throughout the duration of the Service Contract. Therefore, the regulations required for registration (and their associated standards), and the monitoring of the achievement of those regulations and standards are not duplicated in this specification. The Service Provider must comply with all relevant legislation that relates to the operation of their business.

The Service provided under this Service Contract must be provided in accordance with (but not limited to) the requirements of:

- The Care Act 2014
- Care Standards Act 2000 (including any amendments, modifications or re-enactments)
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- CQC
- The National Minimum Standards for Domiciliary Care
- The Domiciliary Care Agencies Regulations 2002
- Mental Capacity Act 2005 (Deprivation of Liberty Safeguards)
- Equality Act 2010
- Human Rights Act 1998
- Autism Act 2009
- Deprivation of Liberty Safeguards
- Counter Terrorism and Security Act 2015
- Service Users' individual assessed needs and outcomes and any subsequent assessment, Care and Support Plan or review documentation
- Any future legislative changes or changes to National Minimum Standards that determine the standard of care to be delivered.

### 3.2 Service User Groups

The primary Service User groups served by this specification are:

- Older people
- People with dementia
- People with physical disabilities
- People with learning disabilities and/or autism
- People with mental health needs.

Other Service User groups which may receive this Service include:

- Sensory impairment
- Spinal injuries
- Acquired brain injury
- Neurological conditions
- Adults approaching the end of their life
- Young people with care and support needs transitioning to adulthood, if applicable (see 2.3).

The Authority may require from time to time for the Service to be delivered to other Service User groups that fall outside of the scope of the primary and other Service User groups detailed above and are to be determined at the sole discretion of the Authority.

### 3.3 Key principles

The Service Provider must value Service Users' rights to:

- Be independent
- Be regarded and treated as individuals
- Make choices for themselves
- Be treated in an equal and fair way
- Be treated with respect, dignity and confidentiality
- Access specialist support to realise potential
- Receive non-judgemental support.

In addition, the Service Provider must:

- Acknowledge that all Home Care Workers are visitors in Service Users' homes and should act accordingly
- Ensure Home Care Workers are able to provide the Service in a way that acknowledges and respects Service Users' gender, sexual orientation, age, ability, race, religion, culture, lifestyle, and communication needs
- Maximise Service Users' self-care abilities, independence and wellbeing
- Recognise Service Users' individuality and personal preferences
- Provide support for informal carers and recognise the rights of other family members
- Acknowledge that Service Users have the right to take risks in their lives and to enjoy a lifestyle of their choosing
- Provide protection to Service Users who need it, including a safe and caring environment
- Provide a consistent and high quality Service which is person-centred, flexible, reliable and responsive.

The Service model must be consistent with the five key principles of the Mental Capacity Act 2005 and the associated code of practice, which are:

- Principle 1: A presumption of capacity
- Principle 2: Individuals being supported to make their own decisions
- Principle 3: A person is not to be treated as unable to make a decision merely because they make an unwise decision
- Principle 4: Best interests
- Principle 5: Less restrictive option.

The Service Provider must adhere to any conditions of discharge imposed by a Mental Health Review Tribunal and seek authority from the Secretary of State if a condition of discharge is to be varied.

### 3.4 Service outcomes

The focus of the Service must be firmly on promoting choice, control, independent living, social inclusion and wellbeing. To achieve the Service outcomes the Service Provider will:

- **Promote the independence of Service Users through an enabling approach**

  - Support Service Users to gain/regain skills and confidence to achieve greater independence in their day to day living
  - Support Service Users to remain in the community and prevent, reduce or delay the need for more intensive care and support
  - Support programmes of rehabilitation, reablement, recovery, education, training and employment

- Motivate and facilitate Service Users to develop or maintain skills related to activities of daily living, for example washing, dressing, feeding, toileting, bathing and mobility
- Encourage Service Users to acquire or maintain skills relating to areas of non-personal care, for example shopping, cooking and cleaning
- Support Service Users to access community resources and encourage best use of assistive technology, such as community equipment and telecare to support activities of daily living
- Support flexible and innovative solutions for Service Users
- Support Service Users to develop problem solving skills and coping strategies.

- **Support Service Users to achieve the outcomes in their Care and Support Plan and to maximise independence**

  - Support Service Users to achieve the outcomes identified within their Care and Support Plan
  - Continuously review and record the achievement of, and progress towards, outcomes, enabling Service Users to gain greater independence and contribute to informing annual reviews
  - Work with families and other services so that they understand the approach to maximising independence
  - Support Service Users to carry out caring responsibilities they have for a child where this is an eligible need.

- **Support Service Users to engage with family/friends, their interests and community services**

  - Support Service Users to sustain significant relationships, including with family carers
  - Encourage and support Service Users to participate in their community and to use community resources and facilities
  - Support Service Users to develop confidence in their own ability to engage with hobbies/interests and to access and contribute to their wider community, e.g. employment, volunteering
  - Support Service Users to communicate and engage positively with others in a way which is appropriate to their personal preferences, lifestyle and needs
  - Support Service Users to identify and report hate crime and to develop approaches to minimise the impact.

- **Support Service Users to improve their health and wellbeing**

  - Support Service Users to maintain their health and personal hygiene
  - Promote healthy eating and hydration with Service Users
  - Support Service Users to access dentists, opticians, chiropodists and other healthcare services
  - Support Service Users to comply with medication regimes, including supporting self-administration
  - Encourage Service Users to use self-care programmes for long term health conditions
  - Support Service Users to make informed decisions about the management of their care and treatment using appropriate information, including risks and benefits
  - Support the early diagnosis and treatment of mental health needs, such as dementia
  - Support Service Users to alleviate loneliness and isolation
  - Ensure Service Users with learning disabilities/autism who develop mental health needs are supported to access generic mental health services with access to specialist support if needed
  - Work with Service Users and their care coordinator/social worker to develop and respond to relapse prevention plans
  - Make reasonable adjustments as part of the Equality Duty and in relation to delivering health care via Health Action Plans, Communication Passports and assistive technology.
  - Ensure Home Care Workers recognise the importance of risk assessment and the concepts of hazard, risk and control measures

- Ensure Home Care Workers know where to report their concerns should Service User circumstances change in a way that may require a risk assessment review and note this in the care records kept in the Service User's home
- Support Service Users and work with families to promote their understanding of key hazards and control measures.

### 3.5 Types of care and support tasks

The Service required will be set out in the Service User's person-centred Care and Support Plan. Therefore, the following list of types of care and support tasks required is not intended to be exhaustive or needed in all cases, and should not preclude creative solutions which may better suit an individual where it is part of their agreed Care and Support Plan. Such requirements that the Service Provider must provide may include:

**Care tasks**

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

- Direct assistance with or regular encouragement to perform tasks of daily living
- Providing advice and support on self-care
- Assistance to get up or go to bed
- Assistance with transfers from or to bed/chair/toilet
- Washing and bathing using equipment if necessary, shaving and hair care, denture and mouth care, hand and fingernail care, foot care (excluding any aspect which requires a registered chiropodist or podiatrist)
- Support with using the toilet, including necessary cleaning and safe disposal of waste/continence pads (including in relation to the process of menstruation)
- Empty or change catheter or stoma bags and associated monitoring
- Assistance with skin care such as moisturising very dry skin
- Dressing, undressing and supporting choice of what clothes to wear for the day
- Providing support to manage the health care of the Service User under the direction of a health professional where this has been specifically agreed and the Home Care Worker has received the appropriate training and has been deemed competent.

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

- Prompts to take and safely administer prescribed medication in accordance with agreed protocols and CQC standards
- Assistance with putting on appliances with appropriate training, for example leg calliper, artificial limbs and surgical stockings, and assistance with visual and hearing aids
- Food or drink preparation – ensuring that Home Care Workers have an understanding of nutrition and hydration, and are able to support Service Users to plan, shop, prepare and cook nutritious food
- Assistance with eating and drinking (including the administration of parenteral nutrition), including any associated kitchen cleaning and hygiene
- Support access to activities including employment, education and voluntary work
- Ensuring that any assistive technology such as telecare is active i.e. a regular basic check to ensure the telecare base unit and/or phone line has not been disconnected.

**Other support that promotes safeguarding**

- Identification and mitigation of any immediate risk and reporting of possible safeguarding adults, safeguarding children, domestic abuse or hate crime concerns

**Other support that promotes effective risk management**

- Ensuring Home Care Workers read the risk assessments relevant to the Service User
- Ensuring Home Care Workers recognise when key control measures are obviously missing or not working (e.g. hand rail broken, smoke alarm removed etc).

**Escorting and social activities**

Supporting and facilitating access to social, vocational and recreational activities as stipulated in the Care and Support Plan, including but not limited to:

- Supporting Service Users to attend day services and any appointment which promotes the Service User's continued health and wellbeing
- Assisting with shopping, including accompanying Service Users to the shops
- Assisting Service Users to access local community based services
- Assisting Service Users to make their way to places and to assist in road safety and learning routes.

**Cleaning and domestic support around the home**

Where it is stipulated in the Care and Support Plan that cleaning and domestic support is required around the home the Service Provider will provide this or support the Service User to do so. This may include vacuuming, sweeping, washing up, polishing, cleaning floors and windows, bathrooms, kitchens, toilets and general tidying, using appropriate domestic equipment. The Service Provider will also:

- Make beds and change linen
- Dispose of household and personal rubbish
- Assist with laundry
- Clear areas of any potential slip or trip hazards
- Identify and mitigate as far as possible any hazards or risks around the household.

**Double-handed care**

Where a Service User's care and support needs require two Home Care Workers, for example because they lack or have lost the ability to weight bear, it will be set out in their Care and Support Plan and the Service Provider will be required to accommodate this. In such circumstances, both Home Care Workers should arrive at the Service User's home in time to work together, except where some of the care and support can be performed by a single Home Care Worker.

In order to promote the independence, dignity and privacy of Service Users; one-to-one relationships between Service Users and Home Care Workers; workforce capacity for, and availability of, the Service; and the provision of cost effective care and support, the Service Provider must not operate blanket policies, or have insurance cover, that disregard individual situations and require as mandatory practice the use of double-handed care in moving and handling Service Users.

The Service Provider must cooperate with the Authority in minimising the provision of double-handed care through the use of specialist moving and handling equipment (e.g. ceiling track hoists, bed positioning systems) and techniques provided by the Authority or the NHS, where it is considered safe as part of a suitable and sufficient individual risk assessment undertaken by a competent person, and the Home Care Worker has received the necessary training and is deemed competent to safely carry out the moving and handling alone, or with a willing and able informal carer.

This is required for Service Users receiving the Service for the first time and also Service Users who are having their care and support needs reviewed by the Authority.

**3.6 Service availability and flexibility**

The Service Provider must be available to meet the full requirements of the specification 24 hours a day, 7 days a week, 365 days a year and will not operate on a reduced basis over periods of public holidays or festivities. Service Users must be given the choice as to whether they wish to receive the Service during periods of public holidays, for example Christmas Day.

The vast majority of home care will be provided between the hours of 7am and 11pm, however on occasions the Service will need to be provided outside of these hours, as determined by the Service User's Care and Support Plan. The Service Provider must use all reasonable endeavours to ensure there are sufficient Home Care Workers to cover the geographical Zone(s) in which they are appointed to operate.

The Service must be provided in a flexible manner to ensure the Service User's identified needs and outcomes are met. The level and frequency of Service provided to an individual will be set out by the Authority. The Service User can choose to vary the times and durations of visits in partnership with the Service Provider.

There must be no visits of 15 minutes or less, except in circumstances where it is a Service User's personal choice, or there is a need to check if a Service User is safe or that they have taken their medication.

The Service Provider must:

- As far as is reasonably and safely possible, be proactive in accepting all referrals in the Zone(s) to which they are appointed through effective management of referrals, workforce capacity and staff rostering/coordination
- Report to the Care Navigation Service on a weekly basis to confirm the availability and capacity of the Service
- Provide a response to Home Care Package requests to the Care Navigation Service via the Oracle Sourcing system within the timescales set out in 3.13
- Ensure that there is the necessary workforce capacity to accept and commence Home Care Packages over weekends/Bank Holidays
- Encourage reductions in care and support needs where safe to do so and/or where independence permits
- Minimise the number of Home Care Workers delivering care and support to the Service User to promote consistency and continuity
- Ensure that there is a match between Service Users' care and support needs and the skill sets, knowledge and competency of Home Care Workers
- Undertake Service User risk assessments prior to commencement of the Service and produce a plan to manage these
- Have no entry procedures in place which Home Care Workers know how to follow in the event they are unable to access a Service User's home for an arranged visit
- Ensure the Service is delivered in accordance with the Service User's Care and Support Plan and personalised outcomes.

The Service Provider will be flexible and responsive in:

- Its approach to Service provision;
- The timings of visits;

- Identifying and dealing with a Service User's fluctuating needs, including through discussion with the Service User, planning for such eventualities and in ensuring Home Care Workers are able to adapt; and
- Supporting the individual outcomes of the Service User.

### 3.7 Keeping Service Users informed and in control

The Service Provider must supply Service Users with reliable and timely information via an information pack when their Service commences and update it as required to ensure they are kept informed and involved. The information pack should be in plain English, be available in formats that suit Service Users with different communication or capacity needs, and include the following:

- Statement of purpose
- Contact details for the Service including out of hours and emergency contacts
- Service provision details
- The contingency arrangements in the event of Service interruption, including if missed or late visits occur
- Safeguarding information
- How to access the Service Provider's most recent CQC inspection reports
- Complaints procedure.

The Service Provider must keep Service Users informed in advance and involved in decisions about any planned long term changes to their Service and, as far as possible, unavoidable short term changes to their Service, including changes to the Service User's regular Home Care Workers and/or changes to the timing of visits.

Once the Home Care Package has been established the Service Provider should give Service Users choice regarding the specific Home Care Workers who attend to provide the Service and, where possible, the opportunity to meet new Home Care Workers.

### 3.8 Recording

With the Service User's knowledge, the Service Provider must ensure that Home Care Workers note in the care records kept in the Service User's home the time and date of every visit, the care and support provided and any incidents or changes. Records should be made at the time of each visit and include (where appropriate):

- Assistance with medication, including time and dosage on a medication chart
- Other requests for assistance with medication and action taken
- Details of any change in the Service User's circumstances, health, physical condition or care and support needs
- Details of any change in the Service User's circumstances that prompt the need for a risk assessment review
- Any incident or accident, however minor, involving the Service User and/or Home Care Worker.

The Service Provider must ensure that no information is recorded in the Service User's home that could compromise their safety and/or wellbeing, and that Home Care Workers read new entries if they have not seen the person recently.

The Service Provider must have in operation an Electronic Time Management System in line with the provisions of clause 29 of the Service Contract prior to the commencement and delivery of Services.

### 3.9 Out of hours contact service

The Service Provider must ensure that at all times outside of normal office opening hours there is a dedicated responsible person(s) with sufficient knowledge and training to be a point of contact to respond to enquiries and emergencies from Service Users, Home Care Workers and the Authority. The Service Provider will ensure the out of hours contact service has telephone and email capabilities as a minimum. The out of hours contact details must be clearly communicated to those who may need to use them.

### 3.10 Care and Support Planning

The Service Provider may, without reference to the Authority, mutually agree day to day changes with the Service User to their direct care and support provision and minor revisions to the direct care and support elements of the Service User's Care and Support Plan. The changes made still need to meet an assessed need. In agreeing any such changes the Service Provider is required to:

- Ensure that such changes are in keeping with the objectives of the Care and Support Plan and continue to meet the Service User's assessed needs and identified outcomes in a safe way
- Consult the Authority if the Service User wishes to use funds within their Personal Budget for an outcome that has not been identified within their Care and Support Plan
- Inform the Authority if a Service User's support needs reduce or if the Service User's needs increase and cannot be met within the existing Home Care Package and Care and Support Plan
- Update the Service User's Care and Support Plan so that it remains current and reflects the actual support that is being provided by the Service Provider
- Consult with the Service User's carer/representative/advocate where they would have substantial difficulty in agreeing such changes, including those who lack mental capacity.

### 3.11 Managing Individual Service Funds

Where a Service User chooses to take payment of some or all of their Personal Budget via an Individual Service Fund, the Service Provider will manage the Individual Service Fund in accordance with the Service User's agreed Care and Support Plan. The Service Provider will provide direct care and support identified within the Service User's Care and Support Plan in a flexible and person-centred way to meet their individual needs and outcomes.

The Service Provider will ensure that the Service User retains the maximum degree of choice, control and flexibility over how the Service Provider provides direct care and support within the Care and Support Plan using funds within the Individual Service Fund. To meet this expectation, the Service Provider will need to communicate with the Service User on an ongoing basis to agree the details of care and support provision in relation to service inputs (service times and tasks) to meet agreed Care and Support Plan outcomes as flexibly as possible.

In agreeing with a Service User any changes to their care and support arrangements provided via an Individual Service Fund, the Service Provider must have regard to the requirements set out in 3.10 above.

The Service Provider may agree to directly contract external formal paid for Universal Services and/or Informal Services and Support on the behalf of Service Users using funds from within their Individual Service Fund provided these arrangements are documented within the Service User's Care and Support Plan. Where the Service Provider does so, it will be responsible for monitoring and managing any such services, and will be the contracting party to all such contracts and agreements.

### 3.12 Business transition

It is expected there will be a significant number of Service Users receiving home care who will have their Home Care Package transferred to the Service Provider, as their existing Service Provider has not secured a place on the new Framework Services Agreement and the Service User has chosen not to take up the option of managing their own Personal Budget via a direct payment. This is considered to be a major undertaking that may take in the region of 12 months to complete following commencement.

The Service Provider must cooperate with the Authority, work with outgoing Service Providers and under the direction of the Authority take a lead and proactive role to service transfer, including but not limited to:

- Ensuring Service continuity for current Service Users and the new arrangements are established in a safe, timely and sensitive manner
- Managing any workforce transfers as required under TUPE Regulations 2006 and ensuring the approaches to recruitment, retention and training are robust during the transition
- Working with the Authority and Service Providers to develop and implement a clear and effective communication strategy
- Ensuring information, finance, premises, management and other systems are in place and scaled up to deal with the new or increased levels of activity in the relevant Zone(s)
- Appointing a designated lead contract manager to provide a readily available contact point for the Authority throughout this phase.

The Service Provider must also cooperate with the Authority and incoming Service Providers in circumstances where existing Service Users' Home Care Packages need to be transferred to another Service Provider because the Service Provider is not contracted to provide the Service within the applicable Zone(s).

The Service Provider must produce and maintain an implementation and mobilisation plan for the entirety of the transition phase. This will cover changes in the delivery hours and the key activities to achieve the required volume in a planned way. It will include details such as:

- Recruitment, induction and retention of staff
- Any management restructure required
- Any capital expenditure e.g. IT systems, additional offices.

### 3.13 Referrals and commencement of the Service

The Service Provider will in the main receive and respond to referrals from and to the Authority's Care Navigation Service using the Oracle Sourcing system.

The Service Provider must keep a record of any occasional referrals received outside of this process e.g. direct from the Authority's social work staff, from the Emergency Duty Team, or for Home Care Package restarts by NHS staff upon discharge from hospital or community health settings.

The Service Provider is required to inform the Care Navigation Service as to whether or not it can accept a Home Care Package within the following timescales:

- A response time within 2 hours for Home Care Packages starting within the next 3 days
- A response time within 24 hours for Home Care Packages starting within the next 4 – 7 days
- A response time within 48 hours for Home Care Packages starting within 8 days or more.

The Care Navigation Service will set the response time on a case-by-case basis depending on the circumstances of the Home Care Package required and commencement date of the Service. A response time will be determined by the Care Navigation Service and will be published at time of advertising the Home Care Package.

### 3.14 Transition pathway (requirements if the Service Provider has chosen to provide the Service to young people as they transition to adulthood)

Part 3 of the Children and Families Act places a duty on the Authority to develop for children and young people with more complex needs, a coordinated assessment of needs and a new 0 - 25 Education, Health and Care (EHC) plan. The Service Provider must comply with the requirements of the Children and Families Act 2014 and work with education and health services to ensure a smooth transition to Adult Services.

Where appropriate, the Service Provider must make use of EHC plans as a basis for arranging and agreeing support for young people with ongoing care and support needs in adulthood. The plans must identify which aspects are being met by the Care Act.

The Service Provider must contribute to meeting these aims:

- High expectations and aspirations for what children and young people with Specialist Educational Need and Disabilities can achieve, including paid employment, living independently with choice and control over their lives and support and participating in society
- Education, health and social care partners collaborate so that a coordinated and tailored support can be provided to children, young people and families
- Clarity of roles and responsibilities to ensure that collaboration goes hand in hand with accountability to fulfil duties.

### 3.15 Risk assessment and management

The Service Provider must have a Risk Management Policy, and must operate systems to ensure it can complete an assessment of risk and provide a risk management plan where necessary on all aspects of tasks carried out by its staff. A copy of the policy must be available to the Authority on request.

**For Staff**

The Service Provider must maintain clear policies, procedures and guidance for all staff on safety precautions that must be taken relating to risk, including lone working, and will ensure that staff are familiar with the guidelines and their application in the work situation. The policy must be comprehensive and include care tasks, community based activities, moving and handling, use of equipment and environmental hazards. The Service Provider must have clear monitoring procedures to ensure its staff work to these standards.

**For Service Users**

Responsible risk taking is a normal part of living. Service Users must not be discouraged from participating in activities solely on the grounds that there is an element of personal risk. Service Users must be encouraged to discuss and judge risk for themselves and make their own decisions where the safety of others is not unreasonably threatened and where the Service User has the mental capacity to do so. Where a Service User lacks mental capacity, a best interest decision must be made, recorded and retained. A risk assessment must be undertaken in all circumstances where a risk has been identified and maintained on the Service User's care records for staff reference, and for inspection by the Authority if required. Risk assessments must be reviewed as changes arise, and in line with good practice guidance. All Home Care Workers must have access to the risk assessment and have read and understood its content prior to undertaking any care provision.

In relation to Service Users who present challenging behaviour, the Service Provider is required to ensure that there is a written, individualised behaviour support plan for Service Users requiring them that includes:

- Relational support requirements
- Proactive strategies
- Reactive strategies
- Monitoring and review arrangements.

### 3.16 Health and safety

To ensure staff are informed and deal confidently with accidents, injuries and emergencies, the Service Provider is required to ensure that:

- There is a comprehensive health and safety policy with clear written procedures for the management of health and safety, which comply with all current and relevant Health and Safety legislation, and define individual and organisational responsibilities
- There is a detailed policy covering the risks and support for lone workers
- Infection control procedures are in place when a Home Care Worker or Service User has a known transmittable disease or infection
- The provision and wearing of protective clothing where appropriate
- Procedures for managing violence and aggression to staff are in place
- One or more competent persons, depending on the Service provided, are nominated to assist in complying with health and safety duties and responsibilities, including:
    - Identifying hazards and assessing risks
    - Preparing health and safety policy statements
    - Introducing risk control measures
    - Providing adequate training and refresher training
    - Ensuring all records relating to health and safety are accurate and kept up to date
- Any accidents or injuries to a Service User that require hospital treatment or GP attendance are reported to the Service Provider's Service Manager and noted on the Service User's care records
- All staff know the Service Provider's procedures for dealing with emergencies
- All staff have first aid training and manual handling training where appropriate
- They have a policy and procedure to protect staff travelling to and from the home of the Service User
- Identity cards are worn by all staff undertaking home visits
- They promote an understanding of the risk of fire and other hazards among their staff and the Service Users they support. This will particularly apply to those whose behaviour or environment may pose particular fire risks e.g. smoking or open fires. This will include taking account of advice from, and agreements reached with, the Lancashire Fire and Rescue Service to ensure risk assessments are completed and advice is followed.

### 3.17 Health/medical care

The Service Provider is required to ensure that Home Care Workers have access to the contact details of the GP with whom the Service User is registered. The GP, the NHS 111 service or 999 (depending on and appropriate to the circumstances) must be contacted without delay whenever a Service User requests assistance to obtain medical attention, or appears unwell and unable to make such a request. The Service User's next of kin must be informed as soon as possible.

The Service Provider will need to support the health care of the Service User under the direction of their GP, District Nurse, Community Matron, other health care professional or Community Health Team where this has been specifically agreed and the Home Care Workers have received the appropriate training and have been deemed competent by a health care professional. This will not ordinarily include any care requiring a medical or professional qualification, but will require appropriate training. A record of all applicable training shall be maintained by the Service Provider.

The Service Provider will be required to work with a range of health care professionals to support adults who require the Service at the end of their life. The Service Provider must work within the common principles set out by Skills for Care[1] and also take account of the National Institute for Health and Care Excellence (NICE) 'End of life care for adults' standards[2] when supporting Service Users at this stage of their lives.

The Service Provider must ensure that Home Care Workers who are required to assist Service Users to take prescribed medication receive appropriate instruction and written guidance in accordance with its policies and procedures and are supported by appropriate training and assessment of staff competency.

The Service Provider will ensure Service Users with needs associated with mental health, learning disability and autism access all screening and Annual Health Check appointments as applicable and identify all barriers that make access to health services difficult, including the availability of staff/family who know the person well, specific phobias e.g. needles, waiting rooms etc. and set out actions that need to be taken to overcome these barriers, and record in the Service User's care records.

Where a Service Provider is providing Home Care to Service Users with learning disabilities, it should complete Public Health England's 'Health Charter for Social Care Providers' self-assessment tool and sign up to and implement the Charter[3].

### 3.18 Partnership working

Partnership working is at the heart of successful delivery of the Service. This applies to the relationship between the Authority and the Service Provider, but also with other significant agencies supporting Service Users.

The Service Provider must cooperate and work in partnership with other organisations or individuals to: promote the wellbeing of Service Users; signpost the Service User to other relevant services; contribute to the prevention, reduction or delay of the development of Service Users' needs; and improve the quality of person-centred and joined-up care and support, including the outcomes Service Users achieve. The Service Provider must work with the community health teams, and other partners to prevent inappropriate admissions to hospital at the point of crisis.

This includes, but is not limited to, the following partners:

- CQC
- General Practitioner (GP) Practices
- Community Health Services
- Community Mental Health Teams/Services
- NHS Trusts
- CCGs
- North West Ambulance Services
- Lancashire Fire & Rescue Service
- District Councils
- Other Registered Care Providers
- Carers' Services
- Voluntary, community and faith sector organisations
- Family members/informal carers.

[1] http://www.skillsforcare.org.uk/Topics/End-of-Life-Care/End-of-life-care.aspx
[2] https://www.nice.org.uk/guidance/qs13/chapter/introduction-and-overview
[3] https://www.improvinghealthandlives.org.uk/publications/1221/Health_Charter_for_Social_Care_Providers

- Health practitioners to manage and minimise the risks for Service Users with swallowing assessments and identified needs in this area
- CAMHS and Family Services to ensure a smooth transition to Adult Services.

The Service Provider must make appropriate use of local networks for information, advice and advocacy to ensure that a Service User's needs are met holistically and resources are used effectively.

### 3.19 Supporting the wider care system

The Service Provider must contribute to prevention strategies which are aimed at:

- Reducing the number of unplanned admissions to hospital
- Supporting the safe and timely discharge of patients from hospital
- Keeping people in community settings rather than institutional care and support.
- Developing integrated care pathways
- Identifying and meeting the needs of vulnerable Service Users at the earliest possible stage
- Reporting any observed poor and/or unsafe care.

The Service Provider will work closely with local organisations, across the health and social care system to continually improve the Service to Service Users, in accordance with identified needs and taking into account changes in national and local guidance and policy. This may involve working with a range of statutory, voluntary and community sector organisations to deliver the required outcomes and developing information sharing protocols to enhance partnership working where needed.

The Service Provider will be required to assist when care and support is coordinated by a health professional. As such, the Service Provider will liaise with adult social care services, community nursing and therapy teams, voluntary agencies, acute trusts and other professionals and agencies to ensure seamless clinical and personal care provision to Service Users.

Where appropriate, the Service Provider will maintain the therapeutic rehabilitation care plan, including rehabilitation exercises and techniques or mobility and transfers under the instruction of a care professional.

**System escalation**

There will be times when the health and care system is in a period of escalation, for example in emergency situations such as: floods; civil emergency; health outbreak or pandemic; periods of heatwave or cold weather; and periods of severe system pressure, including service closures/suspensions and potential closure or temporary cessation of hospital services.

In these circumstances, the Service Provider may be asked to:

- Take urgent actions in partnership with other organisations
- Reprioritise delivery of the Service
- Flex their workforce and the Service
- Take additional Home Care Packages at short notice
- Increase welfare checks in neighbourhoods.

### 3.20 Social value

The Service Provider must ensure that travel is kept to a minimum within the Zone(s) in which they operate thus reducing the carbon footprint.

The Service Provider must give consideration to the employment needs within their local community when recruiting and selecting staff and as such must give consideration to how their recruitment processes support the local economy.

In accordance with the Authority's social value policy[4], the Service Provider must work with the Authority to enhance the social value associated with this Service in terms of sustainable employment and investment in the workforce.

## 4.0 Workforce requirements

### 4.1 Data and intelligence

The Service Provider shall register with the Skills for Care National Minimum Data Set for Social Care (NMDS-SC) and complete the following:

- The NMDS-SC organisational record and update this data at least once per financial year
- Fully complete the NMDS-SC individual staff records for a minimum of 90% of the staff, including updating these records at least once per financial year
- Apply for funds to support workforce development from Skills for Care.

The Service Provider shall retain records that ensure they can demonstrate their performance under this Service Contract. Records will show resource inputs, organisational processes and outcomes related to the Service and Service Users.

The Service Provider must participate in any survey of Adult Social Care employees organised by the Authority or Skills for Care and actively encourage its staff based in Lancashire to respond.

The Service Provider will be required to provide to the Authority, as required and within reason, additional workforce related data not covered by the NMDS-SC and other established methods of data collection.

### 4.2 Planning and management

The Service Provider must identify a suitable person or persons with full knowledge and understanding of workforce issues pertaining to the delivery to be responsible for workforce planning for the Service.

The Service Provider must develop workforce plans which need to be updated at least annually or more often as appropriate to ensure that arrangements are in place to maintain the workforce capacity and capabilities required to deliver the Service for the duration of the Service Contract.

Specific plans must be developed for the following:

- Recruitment and retention of staff
- Management of sickness and other absences
- Learning and development.

The Service Provider should develop separate documents for the following:

- Succession plans for key management posts and/or posts requiring scarce skills
- Specific plans for issues identified locally/organisationally.

The Service Provider must have in place an effective sickness absence management and monitoring system, and must inform the Authority at the earliest opportunity if such absences will impact upon their capacity to deliver the Service.

[4] http://www.lancashire.gov.uk/media/898255/approved-social-value-policy-and-framework.pdf

### 4.3 Social Care Commitment

To demonstrate its commitment to delivering quality care and support, the Service Provider is expected to make and maintain the Social Care Commitment[5].

### 4.4 Staff supervision and annual appraisals

The Service Provider must ensure that all staff have regular, planned and documented practice-based supervision sessions at a minimum every 3 months and identify any development needs to be addressed.

The Service Provider must ensure that all staff have a documented annual appraisal and a plan for learning and development and should include, where possible, feedback from Service Users and carers.

The Service Provider must ensure that staff know when and how to raise an issue, comment, concern or complaint with their manager.

### 4.5 Leadership and management

The Service Provider must be able to evidence that it is developing effective leadership at all levels of the organisation by encouraging and supporting staff to develop leadership skills and competencies through training, supervision and reflective learning.

The Service Provider must be able to evidence that its managers, including registered managers, hold or are working towards the appropriate management level qualification, as recommended by Skills for Care, and continue to refresh their learning regularly.

The Service Provider must ensure that individual registered manager(s) complete the Manager Induction Standards within six months of taking up a management role.

### 4.6 Enabling care and support

The Service Provider must ensure that learning and development activities for Home Care Workers focus on maintaining and promoting independence. Home Care Workers should be confident in enabling Service Users to make their own choices and supporting them to achieve these. They should treat Service Users, their families and carers as equals and partners in care.

### 4.7 Core skills, induction and The Care Certificate

The Service Provider must ensure that all staff possess the core skills their role requires.

The Service Provider must be able to evidence that at recruitment they have assessed the core skills of Home Care Workers and that they are supported in further developing their core skills. As such, a values based recruitment and retention process should be adopted to create and maintain a workforce which embraces workplace values in line with national guidance[6].

The Service Provider must ensure that all Home Care Workers are supported to overcome any cultural communication barriers between Service Users, carers and other professionals.

[5] https://www.thesocialcarecommitment.org.uk/.
[6] http://www.skillsforcare.org.uk/Recruitment-retention/Values-based-recruitment-and-retention/Recruiting-for-values-and-behaviours-in-social-care.aspx

The Service Provider must ensure that all Home Care Workers receive a thorough induction to their new role, the organisation and the care sector.

The Service Provider must ensure that all new Home Care Workers achieve the Care Certificate within the time period defined by Skills for Care.

The Service Provider must be able to evidence that they are working to bring all Home Care Workers to a standard of knowledge and skills as required by the Care Certificate, whether individuals are new starters, or who have previously worked in care or existing members of staff.

### 4.8 Qualifications and learning

The Service Provider must ensure that its staff are supported to maintain their training, qualifications and continued professional development as appropriate and in accordance with the requirements of regulations and the role they are carrying out.

In accordance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Service Provider must provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of Services Users at all times. Staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities effectively. They should be supported to obtain further qualifications.

As a minimum, staff should be working towards, or have achieved, a relevant qualification as advised by Skills for Care:

**Registered Managers**

- Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services.

**Home Care Workers**

- Care Certificate for staff new to health and social care
- Level 2 Diploma in Health and Social Care.

From time to time partners may offer free training. Partners often incur significant expense and planning overheads to provide training in this way and consequently the Service Provider is expected to demonstrate reasonableness in accessing the training and ensuring staff attendance.

### 4.9 Specific skills and knowledge

**Generic**

The Service Provider must ensure that all staff have access to learning and development opportunities which enable them to meet the needs of all those using the Service. The learning requirements of staff are therefore expected to go beyond the level of induction and the Care Certificate.

The Service Provider will be expected to work within the Skills for Care Common Core Principles for Dementia[7]:

[7] http://www.skillsforcare.org.uk/Documents/Topics/Dementia/Common-core-principles-for-dementia.pdf

The Service Provider must consider what specific skills and knowledge staff require to ensure that the diverse needs of Service Users are met and must put in place plans to enable this within the Service. The following non-exhaustive list of specific skills and knowledge is relevant to the delivery of the Service:

- Dementia care
- End of life care
- Continence care
- Challenging behaviour
- Communication
- Falls prevention
- Combating loneliness and isolation
- Fire safety in a community setting
- Skin care
- Working with carers
- Strokes
- Dignity in care
- Assistive technology
- The Mental Capacity Act 2005 and consequent deprivation of liberty safeguards
- Safeguarding adults
- The requirements and responsibilities under the Equality Act 2010 and the Human Rights Act 1984.

**Mental health and learning disability specific – applies to provision of services to these Service User groups only:**

The Service Provider will be required to recognise the specific mental health needs, including those associated with dual diagnosis, to develop approaches to respond to these and provide:

- A flexible, person centred, empathetic, non-confrontational and non-judgemental approach, which is important for maintaining an appropriate intervention programme
- A recovery based approach
- Trusting and supportive relationships with clinical or social work professionals
- Support to give Service Users the motivation to deal with substance problems and other associated difficulties
- An understanding of the chronology of the disorders and maintaining a holistic focus in addressing the substance misuse, psychological, social and physical health problems
- A harm reduction approach to substance misuse in the first instance
- Advice and information about the impact of substance use.

The Service Provider must have in place training programmes specific for adults with learning disabilities and/or autism for all staff groups, which include mandatory and up to date training and support for continuous professional development. Training must include:

- Challenging behaviour & positive behavioural support
- Epilepsy and behaviour, autism, mental health issues, self-injury
- Postural care
- Valuing People (2001) and Valuing People Now (2009)

The Service Provider must use a positive behaviour support framework for developing an understanding of a Service User's challenging behaviour. It must include:

- Personalisation of both assessment and care and support arrangements
- Systematic assessment of the Service User’s behaviour

- Attention to the broader context to ensure that other factors influencing the Service User's behaviour are properly understood
- Development of both proactive and reactive support arrangements
- Preventing the Service User's challenging behaviour as much as possible through the provision of a more helpful and less challenging environment
- Avoiding support arrangements that punish the Service User in any way or create unnecessary restrictions on their freedom of movement and choice.

The Service Provider will ensure Home Care Workers receive specialist training in autism and the Home Care Worker will be able to:

- Use appropriate communication skills when supporting a Service User with autism i.e. make reasonable adjustments to develop the most effective ways of understanding and communicating the Service User's experience, help others to understand them and find ways of responding
- Support families and friends, and make best use of their expert knowledge of the Service User
- Recognise when a Service User with autism is experiencing stress and anxiety and support them with this
- Recognise sensory needs and differences of a Service User with autism and support them with this
- Support the development of social interaction skills
- Provide support with transitions and significant life events
- Understand the issues which arise from co-occurrence of mental ill health and autism.

**4.10 <u>Business continuity management</u>**

The Service Provider must have a business continuity plan in place to ensure the delivery of the Service is continuous and consistent for the benefit of Service Users. Under this agreement the Service Provider must:

- Develop and maintain a business continuity plan;
- Review the business continuity plan on a regular basis, but not less than once every 3 years; and,
- Provide the Authority with a copy of this plan if requested to do so.

The business continuity plan must include:

- Identification of service critical functions and the resources required to deliver them, including but not limited to:
    - Premises
    - People
    - ICT Hardware & Software
    - Telecommunications equipment
    - Vehicles
    - Suppliers/Contractors
    - Any other critical equipment/supplies.
- Identification and assessment of risks that could limit the availability of the above resources and potentially lead to a disruption in the delivery of services
- Appropriate continuity solutions should an impact be experienced
- Supporting information such as key contact numbers, generic and hazard specific action plans, incident management procedures.

The Authority shall have the right to carry out an open audit of the business continuity plan with no less than 24 hours' notice.

## 5.0 Quality and safeguarding

### 5.1 Quality standards and assurance

The Service must be provided by appropriately qualified/experienced staff, in line with the standards set by the CQC.

The Service Provider must ensure that they meet the registration requirements for delivery of the appropriate regulated activities and must include correct information within their Statement of Purpose submitted to CQC. The Service Provider must at all times achieve and maintain Good or Outstanding overall ratings from CQC inspections. In the event the Service Provider fails to achieve this, the Applicable Terms (Schedule 1) of the Framework Services Agreement and provisions of clause 8 of the Service Contract shall apply.

The Service Provider should understand NICE guidance[8] and quality standards[9] on Home Care and operate the Service in line with evidence and recommendations contained within them. The Service Provider should also adhere to the Skills for Care Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England[10].

As part of an approach to continuous quality improvement, including promoting better terms and conditions for Home Care Workers, the Service Provider must:

- Commit to and implement stages 1 and 2 of Unison's ethical care charter[11] on commencement of the first year of the Framework Services Agreement with the exception of the requirement relating to zero hours contracts
- Ensure that from the commencement of the second year of the Framework Services Agreement they do not use zero hours contracts in place of permanent contracts, unless a Home Care Worker specifically requests to be employed on such terms due to their personal wishes and circumstances; and
- Cooperate to explore the feasibility of implementing stage 3 within future frameworks.

The Service Provider must be committed to achieving and maintaining high quality services. This will be a key factor in their own business success, for the Service Users they support and also in the achievement of the success of the wider care system.

The Service Provider must ensure that continuous quality improvement systems are in place to ensure the Service is run in the best interests of Service Users, demonstrates the quality and consistency of information, measures Service User outcomes and ensures that risks to Service Users are minimised. As part of the Service Provider's approach to continuous improvement, the Authority encourages the use of the Care Improvement Works guides, tools and resources produced by Skills for Care and the Social Care Institute for Excellence[12], and collaboration with Framework Partners to share good practice and learning.

The Service Provider must use an outcome based framework for a strengths approach to supporting positive change around Service User led outcomes and priorities e.g. the Recovery Star for adults managing their mental health.

[8] https://www.nice.org.uk/guidance/ng21
[9] https://www.nice.org.uk/guidance/qs123/chapter/using-the-quality-standard
[10] http://www.skillsforcare.org.uk/Documents/Standards-legislation/Code-of-Conduct/Code-of-Conduct.pdf.
[11] https://www.unison.org.uk/content/uploads/2013/11/On-line-Catalogue220142.pdf
[12] http://www.careimprovementworks.org.uk/.

The Service Provider must have quality assurance and monitoring systems, which seek the views and experiences of Service Users, carers and health and social care professionals, to enable a realistic assessment of the Service provided.

The Service Provider will be expected to follow the Skills for Care 'Principles to Practice'[13] which defines the principles and key areas to support good mental health.

All staff should be actively involved in the quality assurance and monitoring processes. Quality services will be recognised as a motivating force and staff must strive for continuous improvement and best practice.

The Service Provider's quality assurance system must demonstrate:

- Measurable organisational improvement
- The quality and standards of the Service provided
- Training that provides staff with the skills and tools to promote quality improvement
- Staff are empowered and supported to make positive changes
- Positive attitudes and working relationships
- Early warning systems
- Learning from complaints, serious incidents and safeguarding alerts/investigations
- Continuous building on good practice
- Introduction of new procedures.

The Service Provider will be required to cooperate with the Authority in evaluating and improving quality, not only of the care to individual Service Users but also compliance with the Framework Services Agreement, and in improving the quality of the Service.

The Service Provider must have a clear set of policies and procedures to support good practice and meet the requirements of legislation and this specification. These policies and procedures should be dated and monitored as part of the Service Provider's quality assurance system. They should be reviewed at a timescale that is appropriate to the content of the policy and at least annually.

The Service Provider must ensure that all policies and procedures in place have a person-centred emphasis, which promote feedback of Service User experience, and which ensure safe and appropriate working practices.

### 5.2 Complaints, concerns and compliments

The Service Provider shall ensure that it has in place a written compliments procedure in addition to a written complaints procedure that complies in all respects with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009/309 and any other applicable legislation from time to time in force (the "Complaints Procedure").

The Service Provider shall ensure that all Service Users, their relatives, advisors and/or advocates (as appropriate) are aware of and have access to and have had explained to them the Complaints Procedure.

The Service Provider shall ensure that it has in place arrangements for receiving and acting on complaints that comply in all respects with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014/2936 ('the 2014 Regulations') and any other applicable legislation from time to time in force.

[13] http://www.skillsforcare.org.uk/Documents/Topics/Mental-health/Principles-to-Practice-good-mental-health.pdf

The Service Provider shall ensure that it has an effective system in place for recording all compliments received regarding the Services.

The Service Provider shall acknowledge all complaints and concerns immediately upon receipt and will provide a comprehensive reply within 28 days of the complaint being received.

In addition to complying with regulation 16 of the 2014 Regulations, for the duration of the term the Service Provider shall operate equivalent arrangements for reporting complaints and compliments received regarding the Services to the Authority, including an obligation to provide the Authority with the following information within 28 days of receiving a request to do so:

- sufficient details of compliments received;
- sufficient details of complaints made;
- details of the Service Provider's responses to complaints and compliments along with any further correspondence with the individual submitting the compliant or compliment;
- learning, outcomes, or action plans developed and delivered by the Service Provider as a result of any complaints or compliments; and
- any other information as the Authority may request regarding any complaints or compliments received by the Service Provider.

The Service Provider shall maintain comprehensive records of all complaints made and compliments received, including all associated correspondence and shall maintain such records, including any investigation records, for period of at least [6] years following the expiry of the Service Contract.

A copy of the Service Provider's complaints and compliments procedure shall be provided to the Authority on request.

A record of compliments received should be retained by the Service Provider and shared with all staff to promote good practice and an understanding of what can make a difference to Service Users.

### 5.3 Safeguarding

The Service Provider must ensure that robust arrangements are in place to safeguard Service Users from any form of abuse or exploitation in accordance with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Care Act 2014, and the government guidance: Working Together to Safeguard Children 2015. The Service Provider must have in place policies and procedures for identifying and dealing with the abuse of vulnerable people which are complementary to the Pan Lancashire Policies and Procedures for Safeguarding Adults[14] and Children[15].

The Service Provider must also comply with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 – Duty of Candour to ensure its safeguarding practice promotes openness, transparency and trust.

The Service Provider must ensure that policies and procedures are covered in induction and fully understood by staff. All staff must be given an initial understanding of their safeguarding duties within their first week of employment. Comprehensive training on awareness and prevention of abuse must be given to all staff as part of their core induction within 3 months and updated at least annually. In addition, update training will be provided in light of new policies and procedures introduced either locally or nationally.

The Service Provider will minimise the risk and likelihood of incidents occurring by:

[14] http://plcsab.proceduresonline.com/chapters/contents.html
[15] http://panlancashirescb.proceduresonline.com/

- Ensuring that staff and Service Users understand the aspects of the safeguarding processes that are relevant to them
- Ensuring that staff understand the signs of abuse and raise this with the right person when those signs are noticed
- Ensuring that Service Users are aware of how to raise concerns of abuse
- Having effective means to monitor and review incidents, concerns and complaints that have the potential to become an abuse or safeguarding concern
- Having effective means of receiving and acting upon feedback from Service Users and any other person
- Having a whistleblowing policy and procedures in place
- Having a medicines management policy and procedures in place
- Taking action immediately to ensure that any abuse identified is stopped and suspected abuse is addressed by:
    - having clear procedures that are followed in practice, monitored and reviewed, and take account of relevant legislation and guidance for the management of alleged abuse
    - separating the alleged abuser from Service User and others who may be at risk or managing the risk by removing the opportunity for abuse to occur, where this is within the control of the Service Provider
    - reporting the alleged abuse to the appropriate authority
    - reviewing the Service User's Care and Support Plan to ensure that they are properly supported following the alleged abuse incident
- Using information from safeguarding concerns to identify non-compliance, or any risk of non-compliance, with the regulations and take any necessary action to ensure compliance
- Working collaboratively with other services, teams, individuals and agencies in relation to all safeguarding matters and having safeguarding policies that link with the Authority's policies
- Having clear procedures followed in practice, monitored and reviewed in place about the use of restraint and safeguarding
- Taking into account relevant guidance set out by the CQC
- Ensuring that those working with Service Users wait for a full Disclosure and Barring Service disclosure before providing the Service
- Training and supervising staff in safeguarding to ensure they can demonstrate the necessary competences.

The Service Provider must also have policies and procedures in place on the safe handling of money and property belonging to Service Users.

## 6.0 Performance management

The Authority is establishing a new performance management framework for home care. Therefore, the Service Provider must comply with the requirement to provide the performance information as set out in Schedule 2 of the Service Contract.