

Schedule 1

East of England Service Specification Learning Disability Residential Services – May 2018

East of England: Service Specification Residential Services

1. Introduction

- 1.1 The Services shall be those services to be provided by the Service Provider, as set out below, and performed in accordance with the Contract (the 'Services').
- 1.2 Providers must recognise the role they play in ensuring that people with learning disabilities experience the good health and wellbeing necessary to live a meaningful life. Providers should be aware that there are higher incidences of long term conditions, and other health problems, experienced by people with learning disabilities, and prioritises preventative and palliative services and support to minimise potential impacts to service users. As such staff must have sufficient and appropriate training and skills to effectively engage people with learning disabilities in health promotion.

2. Transforming Lives

- 2.1 Adult Social Care within Cambridgeshire County Council has developed a new approach to social work and social care called Transforming Lives. The vision of this model is to:
- Enable people to live independently
 - Support people in a way that works for them
 - Support the development of strong, connected communities
 - Recognise the strengths of individuals, families and communities and build upon these
 - Work in partnership to achieve this
- 2.2 General Principles:
- Personalisation, choice and control
 - Supporting carers and families
 - Multi-agency and partnership working
 - A skilled and confident workforce
 - Person- centred, strengths based and outcome focused.
 - Best use of technology where appropriate
- 2.3 The Model
- Tier 1 - Help to Help yourself:
Accessible, friendly, quick information, advice, advocacy, support to carers and families, universal services to the whole community, prevention, early identification and early intervention
- Tier 2 - Help When You Need It:
Immediate short term help, time limited, reablement, rehabilitation, intense support to regain independence, nominal delays, no presumption about long term support, goal-focused, integrated support

Tier 3 -

Ongoing support for those who need it, self-directed, personal budget based, choice and control, highly individualised, integrated support, strengths based.

- 2.4 By establishing these distinct tiers of support the Council is trying to move away from a model based only on a static assessment and the creation of long-term, fixed care packages and instead help people live as independently as possible at all levels of need. In Learning Disability Services, the majority of service users require tier three services so the focus is on progression – working with people to help them live more independently – rather than prevention.

3. The Commissioners

- 3.1 The services are currently commissioned by Cambridgeshire County Council Social Workers and Adult Support Co-ordinators who use the call off process as described.
- 3.1.1 Peterborough City Council may use this framework to call off support for service users they have assessed as eligible using their own criteria
- 3.2 At some point during the life of this agreement, this process will change to the use of a brokerage team, who will work with the Social Workers and Adult Support Co-ordinators to commission the support.
- 3.3 In order to support providers to manage their vacancies, it will be the providers' responsibility to provide details of vacancies to the Brokerage Team on a regular basis. Until the Brokerage Team is formed, this information should be supplied to the Access to Resources Team.
- 3.3.1 In order to support the management of vacancies across the county, priority will be given to filling these in the call off process.

4. General Requirements (of regulated Service Providers)

- 4.1 In providing the Services the Service Provider is required to be registered with the Care Quality Commission (CQC) and to maintain that registration throughout the Contract Period. All Service Providers must meet the 'Fundamental Standards' as set out in Part 3 of the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** (as amended) (the "Fundamental Standards") and Part 4 of the Care Quality Commission (**Registration) Regulations 2009** (as amended). Each Service Provider must be registered with the Care Quality Commission (CQC) and will be inspected as required by the CQC.
- 4.2 In addition to meeting the requirements of the Fundamental Standards as set out above, the Service Provider is required to meet the specific

Contract Standards, as set out in the East of England Service Outcomes and Standards of Care, section 18 below below.

- 4.3 Each Service Provider must ensure that it has the ability to provide the necessary Services with sufficient numbers of trained and competent staff necessary to provide care for each Service User. The Service Provider must ensure that each person responsible for the delivery of care is fully aware of the requirements of the Contract Standards as well as the Essential Standards of Quality and Safety and be able to demonstrate a commitment to maintaining and delivering high quality Services for adults with a variety of needs and/or conditions and provide Services where all aspects of a person's care are met.
- 4.4 The Service Provider will provide Services that meet the needs of the individual and are provided by competent staff in a way that supports the safety and security of the Service User. The Services shall be responsive, reliable and maintain a persons dignity and respect at all times. The Services shall be accessible and delivered with understanding and without discrimination.
- 4.5 Where possible services must always be provided in a way that enables the Service User to maximise their independence, health and wellbeing and supports their social, spiritual, emotional and healthcare needs.
- 4.6 When supporting adults the Service Provider shall have regard to the Care Act 2014 and the Care and Support Statutory Guidance issued under the Care Act 2014 by the Department of Health and ensure that their Services comply with The Care Act 2014 and the requirements of the 7 principles as detailed and explained in "A Vision for adult social care: capable communities and Active Citizens (November 2010) namely:
- **Prevention:** empowered people and strong communities will work together to maintain independence. Where the state is needed, it supports communities and helps people to retain and regain independence.
 - **Personalisation:** individuals not institutions take control of their care. Personal budgets, preferably as direct payments, are provided to all eligible people. Information about care and support is available for all local people, regardless of whether or not they fund their own care.
 - **Partnership:** care and support delivered in a partnership between individuals, communities, the voluntary and private sectors, the NHS and councils - including wider support services, such as housing.
 - **Plurality:** the variety of people's needs is matched by diverse service provision, with a broad market of high quality service providers.
 - **Protection:** there are sensible safeguards against the risk of abuse or neglect. Risk is no longer an excuse to limit people's freedom.

- **Productivity:** greater local accountability will drive improvements and innovation to deliver higher productivity and high quality care and support services. A focus on publishing information about agreed quality outcomes will support transparency and accountability.
- **People:** we can draw on a workforce who can provide care and support with skill, compassion and imagination, and who are given the freedom and support to do so. We need the whole workforce, including care workers, nurses, occupational therapists, physiotherapists and social workers, alongside carers and the people who use services, to lead the changes set out here.

The Service Provider must also ensure that their Services are delivered in a manner which is compatible with the following duties placed on the Local Authority under the Care Act 2014:-

- Section 1 - The Duty to Promote Individual Wellbeing
- Section 2 - The Duty to prevent the need for care and support
- Section 3 - The Duty to promote the integration of care and support with health services
- Section 4 - The Duty to Provide information and advice
- Section 5 - The Duty to promote diversity and quality in provision of Services
- Section 6 - The duty to co-operate with partners
- Section 42 - The duty to pursue Safeguarding Enquiries

4.7 The Service Provider must ensure that its Staff have regard for the Service Users equality and diversity and upholds peoples human rights (in line with the guidance outlined in the Report of the Equality and Human Rights Commission inquiry) and does not discriminate against people for any reason. Its policies will incorporate respect for both Staff and Service Users.

4.8 The Service Provider must ensure that all staff work in an enabling way that allows individuals to increase or maintain their level of independence, develop self-caring and move to a reduction in care and support, where appropriate.

4.9 Where the Service Provider is providing services for young people under the age of 18, the requirements noted in the Addendum for Young Peoples Services must be adhered to.

4.10 **Prison Social Care**

Under the Care Act 2014, Local Authorities are responsible for assessing and meeting the social care needs of adult prisoners (not just on discharge from prison but also while they are serving their sentence). All prisoners will be treated as if they are resident in that area for as long as they reside in prison. All adults with disabilities or long term health conditions may be eligible for social care support.

These services are currently provided by the Council's own staff. During the life of this Contract there may be occasions where the Council may want to commission specific support services for prisoners. Any services commissioned will be broadly in line with the services described in this document. This could include individuals in a Young Offenders Institution (YOIs) who are over 18. Cambridgeshire has two prisons:

- HMP Littlehey
- HMP Whitemoor

5 Maximising Health and Wellbeing

- 5.1 Staff members will have the specific knowledge and skills to work with service users to achieve optimal wellbeing. Members of staff will be expected to demonstrate to the Council their understanding of health promotion and how they work with service users to maintain health and wellbeing.
- 5.2 The provider will ensure that staff have access to learning and development opportunities that includes public health messages and an understanding of the services that can support them. Delivery of training courses should include self advocates and family carers.
- 5.3 Any organisational learning needs analysis will include consideration of staff understanding of how to maintain good health; local health services and initiatives, and an overview of common health conditions and health risks for people with a learning disability. Providers should consider how their local Community Learning Disability Service can support this.
- 5.4 As part of the Contract the Provider will recognise the importance of supporting annual health checks for the service user and where this has been arranged, support and prioritise attendance over social activities. The provider will provide appropriate staff to support the service user in attending their annual health check and will ensure that information available from annual health checks is used effectively to plan for, and respond to, the health needs of service users as part of the person's care and support plan. This includes plans for access to healthcare and medical intervention, including hospital admissions (if this requires changes to the person's support plan, the provider will contact the social worker/adult support co-ordinator and agree changes to tier 3 plan/agree tier 2 plan if necessary)
- 5.5 Any staff member supporting a service user to attend a health appointment of any type should have permission from the individual; have a good understanding of any health conditions; be able to advocate on behalf of the person and be prepared to support the individual to feed relevant information back to others. Prior to a health appointment, the staff member should meet with the individual to agree

the purpose of the appointment and the service users' expectations regarding how they wish to be supported.

- 5.6 The provider will also demonstrate a commitment to preventative care as a means of reducing the number of emergency admissions and understands the specific service requirements of people with a learning disability. They will be aware that certain conditions, such as epilepsy, constipation and conditions related to dysphagia or swallowing (such as chest infections, pneumonia and gastro-oesophageal reflux disease) have been identified as in the top five reasons for hospital admissions for people with learning disabilities (IHaL) and as such will invest in appropriate support and training, to help reduce admissions from these conditions.
- 5.7 People with a learning disability often having poorer oral hygiene than the rest of the population. Providers understand that poor oral hygiene can lead to a number of serious health conditions including heart disease. They will be aware that pain as a result of toothache can also cause behaviour that challenges services and ensure that this is not overlooked when providing care services and support. The provider will ensure that staff are working with service users to understand and maintain good oral hygiene and are accessing the dentist at least annually.

6. The Service: Residential Care

- 6.1 The Services provided in the residential home and wider community shall be as set out in the Council's contract (e.g.soc360b) Exceptions can be made where recorded on the Service User's Care Plan as prepared or agreed by the Service User's Social Worker/Adult Support Co-ordinator and the Service User or their representative.
- 6.2 As well as personal care tasks, Service Providers should make it a clear and expected aspect of the work of their Staff that part of their role is for Staff to spend time talking to, relating with, and understanding the lives of Service Users and supporting them with appropriate activities.
- 6.3 The services provided should include a single room (unless service users wish to share), toilet and bathing facilities, full board, staffing on a 24 hour basis and day time and evening activities.
- 6.4 The residential home shall arrange and pay for (unless paid for by the local CCG) any health equipment and materials (eg to relieve pressure, aid continence, ensure safe handling or to provide bariatric care) required by Service Users.
- 6.5 Transport

7.5.1 Where the Service provider is responsible for the transport the vehicles must be appropriately maintained, insured and, where

appropriate, drivers must be trained and have the required vehicle category on their driving licence.

- 6.5.2 The service will be entitled to use the Service User's mobility allowance/PIP in order to fund any transportation needed.
- 6.5.3 The Service Provider must be sufficiently flexible in its transportation arrangements in order to support a wide range of activities for Service Users.
- 6.5.4 It is expected that all transportation for those in 24 hour residential care will be identified and arranged by the service. This will include those Service Users who have been provided with a day service package as well as the 24 hour residential package.

7a Providers

- 7a.1 Providers shall be required to work to the following criteria:
- Registration with the Care Quality Commission.
 - Have an office base that is in a location accessible to all Provider Staff.
 - Be prepared to adopt an open book approach towards rostering information, staffing capacity and availability, accounting and pricing transparency.
 - Develop relationships with other key Partners which will include Housing and Health.
 - Prepare detailed performance reports on a 12 monthly basis or more frequently if required using the template found in Appendix 1. These will include but are not limited to the following areas:
 - Number of offered placements accepted and rejected.
 - Changes in key members of staff e.g. Manager; Operations Manager
 - Number of reportable incidents
 - Contract Breaches
 - Safeguarding issues
 - Complaints
 - Compliments
 - Results of compliance visits by the Care Quality Commission
 - Annual Quality Assurance report
 - Develop positive working relationships and attend meetings on a regular basis with stakeholders, users of services, commissioners, elected members and health practitioners in order to develop services and tackle local issues affecting the delivery of services.
 - To have Staff available to respond to requests for services and to liaise promptly with the Commissioning Teams.
 - Liaise with the Commissioners, Workforce Development Team to develop a range of initiatives that will assist with developing the

workforce (including recruitment, retention, training standards and apprenticeships).

- To work with Commissioners and the Workforce Development Team to develop an outcome based approach to delivery of services throughout the life of the contract. This could include but is not confined to use of trusted assessment models, use of Assistive Living Technology to maintain independence and support changes to services, information sharing to facilitate joint working with our operational teams and other technological solutions.
- Collaborate with the Commissioners to ensure that all placements are picked up within agreed timescales.
- Engage regularly or as required with Service User groups, advisory bodies, voluntary groups and commissioners regarding the development of new services or initiatives.
- Attendance at Contract Review meetings when requested by the Council, or as per each commissioners call off

7a.2 Providers must keep themselves informed of the developments relating to the Clinical Commissioning Groups in their area and develop relationships with relevant bodies in order to develop services in response to identified needs. The County Council shall provide regular updates regarding the developing commissioning responsibilities of health partners.

7a.3 All Providers have responsibility to engage regularly with Service Users and have systems in place to implement service improvements where appropriate.

7b. Required Service Outcomes

7b.1 The Provider shall work in partnership with Service Users and Commissioners to deliver an outcome based and personalised approach to the provision of all Services and this specification reflects that requirement. The Provider shall be expected to meet evolving requirements during the Contract Period with the development of outcome based commissioning for specific and focused areas of the Support Plan. The principle will be based on the specification of this Contract. However, the outcome with the agreed time period will be determined at the point of the Call Off which will be agreed within the Support Plan.

7b.2 For each Service User, the determining factor will be the outcomes to be achieved. The Service User, and with the consent of the Service User, their Carers, should always be central to decisions as to how outcomes should be achieved. The outcomes to be achieved must be recorded in the Support Plan. The following are categories of outcomes for individual Service Users that may be relevant for this service. Please note, this list is not exhaustive given that outcomes set will be personal to each Service User.

- Service Users have choice and control, and are able to plan daily living
- Service Users health & wellbeing are maintained/has improved health has improved
- Service Users gain, re-gain or maintain independence
- Social exclusion is reduced
- Personal learning and development is encouraged
- Access to employment or work is supported
- Access to the local community is increased
- Safety and safeguarding of Service Users

7b.3 The Service Provider will be expected to support Service Users to achieve their individual outcomes as recorded on the Support Plan. The Service User (and where appropriate, their family and carers) should always be central to any decisions as to how the outcomes should be achieved.

7b.4 The Service Provider will be expected to maximise the use of Assistive Living Technology and other aids to promote independence and control for the Service User and their family/carers. This will be achieved through the Provider working in close partnership with the Council in developing and implementing the recommendations made at the time of the assessment by any of the Council's Commissioners or Officers.

8 Volume of Service

8.1 The Service Provider will deliver the outcomes as set out in the Service User's Support Plan. For the avoidance of doubt, the Council does not guarantee any minimum volume of work under this Contract.

9. Accessing the Service & Assessments

9.1 The Council has a statutory responsibility, within its eligibility criteria (SEE Schedule 2), to ensure the provision of certain statutory Services in order to meet individual assessed needs.

9.2 The needs of each Service User will be identified through an assessment completed by a Social Worker/Adult Support Co-ordinator from the Council in conjunction with the Service User. If the Service User is eligible for the Services, the Social Worker/Adult Support Co-ordinator will produce a personalised and outcome focused Support Plan and a Risk Assessment, with input from the Service User and / or their representative, to identify how their needs will be met and setting out the outcomes to be achieved.

9.3 The Assessment completed will clarify the need for complex support. For the avoidance of doubt, the definition of complex needs is:
A service user assessed as having a learning disability and

- Associated multiple disabilities, which may include impairments of vision, hearing and movement as well as other problems like epilepsy and autism.
- Most people in this group are unable to walk unaided and many people have complex health needs requiring extensive help which may include a requirement for staff to complete competency based training to carry out health tasks.
- People with profound intellectual and multiple disabilities have great difficulty communicating; they typically have very limited understanding and express themselves through non-verbal means, or at most through using a few words or symbols.
- They often show limited evidence of intention.

People in this group require support to manage risk in order to keep themselves safe and others around them, and support to make or contribute to choices and decision making in line with MCA as appropriate.

- Some people have, in addition, problems of challenging behaviour such as self-injury'. "Severely challenging behaviour" refers to:
 - behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or
 - behaviour which is likely to seriously limit or delay access to and use of ordinary community facilities

- 9.4 The Learning Disability Partnership Locality teams shall have authority to refer Service Users to the Services on behalf of the Council. Referrals may also be made by the Peterborough City Council Operational Teams.
- 9.4 The Service Provider shall nominate those persons with authority to accept referrals and shall inform the Authorised Officer of their names, addresses and telephone numbers, notifying changes as they occur.
- 9.5 Referrals may be made by telephone or email. The Referral and the agreed start date shall be confirmed in writing with the appropriate paperwork within 10 Business Days of the Referral being made by email. A copy of the Care & Support Plan and Risk Assessment will also be sent to the Service Provider. (Appendix 2)
- 9.6 The Service Provider shall provide the Services for the named Service User from the start date, until the Services are cancelled, suspended or varied in accordance with the Contract.
- 9.7 The first 28 days (or any other period of time agreed at the time of referral) shall be regarded as a trial period unless the parties agree otherwise in writing.

10. Information and Guidance

10.1 Section 4 of The Care Act 2014 places a duty on the Council to put in place measures that ensure Service Users are supplied with appropriate information and advice.

10.2 Within two weeks of the start of the Services, Service Providers are required to supply the following information to all Service Users. This explicitly includes self-funders.

- When and how to ask for an assessment from Cambridgeshire County Council
- Basic information on Cambridgeshire County Council Services
- Basic information on what financial support is available from Cambridgeshire County Council
- Signpost to independent financial advisors
- Basic information on the advocacy service and when and how to use it.

The Service Provider is also required to supply this information to any self-funders receiving a service from the Provider

10.3 The Council will provide this information in advance to the Service Provider.

10.4 Where possible only use Deprivation of Liberty Safeguards when it is in the best interest of the Service User and in accordance with the Mental Capacity Act 2005, **Act 2007, Deprivation of Liberty Safeguards (DoLS) 2009 and local protocols within DoLS.**

10.5 Comply with Safeguarding Regulations under the Care Act 2014. (Appendix 3)

11. **Support Reviews / Changes in Service**

11.1 The Provider must inform the Council of the need to review the Support Plan if there is a material change in the Service User's needs, or in the way that a Service User would prefer to have their Services provided.

11.2 A social care review will be held as often as the Social Worker/Adult Support Co-ordinator considers necessary, or as requested by the Service User and / or their representative, or by the Provider but at least annually in line with statutory guidance.

11.3 The social care review will involve the Service User and/or their representative, the Social Worker/Adult Support Co-ordinator or their representative, and where appropriate, the Provider or designated representative and an advocate. Consideration will be given to ensure convenience and adequate notice for all participants wherever possible. Where appropriate reviews may be joint with other involved parties such as CHC, Health etc.

- 11.4 The social care review will consider the extent to which the outcomes set out in the Support Plan are being met and will identify future objectives.
- 11.5 The Service User's Support Plan will be amended as appropriate following the review.
- 11.6 Minor variations to the Support Plan may be made on an ad hoc basis outside of the review process in agreement with the Social Worker/ Adult Support Co-ordinator, Service User and / or their representative, and Provider.
- 11.7 The support offered to the Service User is to be monitored by the Provider with regular input from the staff team. Support must be reviewed by the Provider on a regular basis, at least every 6 months, even if there is no change required. Significant changes are to be notified to the Commissioning team through a request for a reassessment.

11.8 Brokerage

Prices offered by **Service Providers** will be assessed to ensure they are competitive. This shall take place at any time from when a quotation is requested to when a contract expires.

The **Brokerage Team** will make use of **Cost Calculators** in this task. The Service Provider shall provide price breakdown details as requested ensuring care hours are itemised and applied rates are consistent with any pricing schedule agreed with the **Commissioner**. Other non-hours based costs shall also be supplied by the Service Provider.

The Brokerage Team will carry out shared hours reviews to ensure available care hours are maximised across the cohort of **Service Users** in a **Service** or across Services. The Service Provider shall provide **Staff Rota's** and **Service User Activity Schedules** details as requested. Other information which helps the Commissioner to understand shared hours shall be requested by exception and the Service Provider will use all reasonable endeavours to provide that information.

12. Temporary suspension of individual places in the Services

- 12.1 In the event of the Service User's admission to hospital the Service Provider shall maintain appropriate contact with the Service User or their representative.
- 12.2 The payment arrangements that apply for temporary suspension of places in the Services are set out in Schedule 3 (Calculation of Total Price).

13. Termination of individual places in the Services

- 13.1 Payment for the individual Service shall be terminated on the death of the Service User 7 days after the death of the Service User.
- 13.2 The Council may terminate an individual place in the Services on giving not less than 28 day's notice to the Service Provider unless mutually agreed otherwise on a case by case basis
- 13.3 The Service Provider may terminate an individual place in the Services on giving not less than 28 day's notice to the appropriate Social Worker/Adult Support Co-ordinator and to the Authorised Officer unless mutually agreed on a case by case basis.
- 13.4 For the avoidance of doubt, the County Council does not pay any void costs, unless this has been agreed on an case by case basis

13 Individual Service Funds (ISF)

- 13.1 Individual Service Funds are a further development of Personal Budgets where Providers work with the person to design, develop and manage the best possible Support Plan. The ISF enables the Provider to alter support, with minimal bother where changes are required to meet a person's outcomes. ISF is a way in which a service Provider can work in partnership with a person to respect their needs and wishes. Moving forward the council will be looking to expand the take up of this service

14 How and what we will monitor

- 14.1 The Commissioners are responsible for monitoring the quality of the Services provided and for reviewing the individual needs of Service Users. However, the Council may also monitor with other strategic partners and the Provider acknowledges that the Council may undertake monitoring visits with these strategic partners including other Eastern Region Local Authorities and the local Clinical Commissioning Groups (CCG's).
- 14.2 As part of this Contract the Commissioners will periodically monitor the Service delivery to ensure compliance with the Contract Standards, The East of England Service Outcomes and Standards of Care, its Terms and Conditions as well as the Contract Schedules, and to assess the quality and performance of the Services being delivered to Service Users in relation to meeting their outcomes.
- 14.3 To do this the Commissioners will use a variety of methods. Assessment will include, but not be limited to, the following:
 - By feedback from Service Users and/or their carers on the standards of Services being provided.

- By feedback from Staff on the standards of Services being provided.
- By feedback from the Reviewer regarding whether or not the Service is meeting the Service User's assessed needs and meeting the agreed outcomes in the best possible way.
- By systematic monitoring of the Service Provider by the Council, in order to evaluate and record the Services delivered against the Specification.
- By consulting with Service Users and/or their representatives.
- By the investigation of complaints and / or safeguarding instances.
- By Service Provider Performance Monitoring Forms.
- By reviewing written procedures and records for both Service Users and Staff.
- By the Service Provider, submitting to the Council an annual report detailing the outcome of quality assurance processes, including its service improvement plans.
- Through external compliance reports from CQC.
- Through receiving information from other Local Authorities and Commissioning Agencies.

14.4 The Service Provider is also required to return on a 12 monthly basis, or at more frequent intervals at The Council's discretion, the Periodic Performance Report found in Appendix 1.

14.5 The Council is mindful of the need to apply a proportionate approach in respect to the monitoring of Services and how the Council will go about determining its monitoring schedule is detailed in Appendix 4.

14.6 The Council will review performance against the Contract as and when required. A Contract Review can be requested by the Provider, Carer, Service User or by the Council. The Service Provider should be prepared to attend, at 4 weeks' notice, a meeting with the Council to review performance under the contract. The meeting should be used to share good practice and to agree areas for improvement.

14.7 At the request of the Council, the Service Provider will return the following additional information on an annual basis:

- a) Business Continuity Plan.
- b) Accounts for the most recent completed financial year (audited if required by law).
- c) Insurance Schedules and Certificates.
- d) A Copy of the Service Provider Compliance Assessment tool (PCA) or equivalent. The Council will examine the PCA or equivalent to identify good practice and areas for improvement.
- e) Results of the Service Provider's Annual Service User Satisfaction Survey. The Council will use the results from the Service User Satisfaction Survey to ascertain views on the quality and performance of the Services.
- f) A copy of the Service Provider's annual report including their Service improvement plan.

- g) A copy of their training matrix for all staff.
- h) A copy of the Care Quality Commissions Quality Risk Profile (QRP) for the Service Provider.

14.8 The Service Provider acknowledges and agrees that Officers of the Council may take evidence of risks and concerns identified during contract monitoring visits, including photographs and photocopies, and for this to be used to formulate a plan of action to ensure the Service Provider complies with the Contract.

14.9 The Service Provider is required to register with the Skills for Care National Minimum Dataset for Social Care (NMDS-SC) and will:

- Complete an NMDS-SC organisational record and must update all of its organisational data at least once per annum;
- Fully complete individual NMDS-SC worker records for a minimum of 90% of its total workforce (this includes any staff who are not care-providing). Individual records for workers which are included in the 90% calculation must be both fully completed and updated at least once per annum.

14.10 The Commissioners are part of the eastern region collaborative and as such may share information gained through the above monitoring with regional partners. Also Councils within the region may conduct monitoring visits with, or on behalf of, other regional authorities.

15. Notification to the Commissioners

15.1 Without prejudice to its responsibilities under [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014/2936](#) the Service Provider will be responsible for notifying the relevant commissioning team within the Council as soon as it is practical to do so, if any or the following occur:

- (1) Any circumstances where the Service User has consistently refused provision of the Services, medication, or medical attention.
- (2) Serious accident, serious illness or serious injury to the Service User.
- (3) Death of the Service User if a death occurs during service delivery and when a death occurs as a result of service delivery
- (4) Outbreak of notifiable infectious disease in the Services.
- (5) Any emergency situation e.g. fire, flood.
- (6) Legacy or bequests to Service Provider and/or staff.
- (7) Unplanned absence of the Service User.
- (8) Hospital admission.
- (9) An investigation related to Safeguarding of a Vulnerable Person
- (10) Where the Service Provider has been unable to gain access to the Service User's Home.

16. Behavioural Standards and Codes of Practice

The Service Provider and its staff shall adhere to the relevant codes of conduct for their profession:

The Skills for Care Code of Practice available at:

<http://www.skillsforcare.org.uk/Document-library/Standards/National-minimum-training-standard-and-code/CodeofConduct.pdf>

The Nursing Midwifery Council (NMC) codes of conduct available at:

<http://www.nmc-uk.org>

17. The East of England Service Outcomes and Standards of Care:

- 17.1 In addition to meeting all of the above requirements each Service Provider is required to meet the specific Contract Standards, as set out in the East of England Service Outcomes and Standards of Care as set out in the attached document below:

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 1	Involvement & Information
Standard 1	Respecting & Involving Service Users
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service users understand the care and support choices available to them. They are actively encouraged to express their views, give consent to and be involved in making decisions about the way their care and support is delivered. Their privacy, dignity and independence are respected and their (or their carer's) views and experience are taken into account in the way in which the service is provided.</i>
	To achieve this the Service Provider will:
1.1	Ensure that its Staff do not discriminate against people because of their age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity, have policies that will incorporate respect for both their Staff and Service Users irrespective of race and gender and treat service users with respect, recognise their diversity, values and human rights.
1.2	Have systems in place that uphold and maintain the Service User's privacy, dignity and independence.
1.3	Encourage and support service users to always express their view, choices and preferences about the way their care and support is delivered.
1.4	Put service users at the centre of their care by giving them adequate information in an appropriate and meaningful way to enable them to make informed decisions about the care and support they receive.
1.5	Take account of service users' choices and preferences and discuss and explain their care and support options with them.
1.6	Encourage and support service users to give them feedback about how they can improve their services and act on the feedback given.
1.7	Ensure that service users are able to maintain relationships with family, friends and the community in which they live and will support service users to play an active role in their local communities as far as they are able and wish to do so.
1.8	Provide appropriate support to service users so that they can enjoy a variety of activities and social opportunities based on their preferences and strengths as part of everyday life within the service.
1.9	Provide information in line with the Accessible Information Standard https://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/
1.10	Support and direct the Service User to advice on the range of welfare benefits and opportunities available to them including employment and work opportunities
	The Provider will ensure that:
	They have appropriate policies, training and arrangements in place to support equality and diversity and ensure that service users remain at the centre of their care and support and that their views are always taken into account.

	They have appropriate mechanisms in place to monitor compliance with the required standards of practice.
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EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
DOMAIN 1 (continued)	Involvement & Information
Standard 2	Consent
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Where they are able, service users give valid consent to the care and support they receive. They understand and know they can challenge any decision that has been previously agreed about their care and support. Their human rights continue to be respected and are taken into account.</i>
	To achieve this the Service Provider will:
2.1	Ensure staff know and understand when to obtain consent, when to take verbal or implied consent and how to document records of consent. Ensure that staff are clear regarding their responsibilities where they may be asked to consent on the service users' behalf.
2.2	Assess their capacity as required to give informed consent and ensure this is reviewed regularly in accordance with the Mental Capacity Act (2005).
2.3	Provide service users with sufficient information in appropriate formats relating to consent and ensure this is reviewed regularly.
2.4	Discuss and explain the risks, benefits and alternative options to the way services can be delivered with all relevant stakeholders.
2.5	Support service users to access advocacy services to help them make informed decisions.
2.6	Follow advanced decisions in line with the Mental Capacity Act 2005.
2.7	Take account of restrictions in line with the Deprivation of Liberty Safeguards when providing care and support.
2.8	Evidence , through recording, that service users make choices and decisions about their health and social care needs in accordance with the MCA (2005) regarding decision making and best interests; and that due process has been followed where a choice is made that is in conflict with health promotion messages.
2.9	Ensure that service users are supported and signposted to relevant services by members of staff who have the skills to undertake a meaningful conversation with them to ensure they are making an informed choice regarding lifestyle factors including, but not limited to, smoking; drinking alcohol; sexual activity; illegal drugs; maintaining a healthy weight and undertaking physical activity.
2.10	Where appropriate, act in accordance with the Supreme Court ruling 2014 on deprivation of liberty and alert the commissioners for the need to make an application to the Court of Protection to obtain an authorisation to deprive the Service User of their liberty.
	The Provider will ensure that:
	They have appropriate policies, training and arrangements in place to monitor

	practice around consent and capacity.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 2	Personalised Care & Support
Standard 3	Care & Welfare of Service Users
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service users' experience appropriate, effective, care and support in an enabling way that safely meets their needs, protects their rights and maximises their independence, health and wellbeing. Where support leads to greater independence, service users experience a reduction in support.</i>
	To achieve this the Service Provider will:
3.1	Ensure that Service Users (and where appropriate their stakeholders) are involved in their support planning, ensuring that the Support Plan produced is clear, accessible and detailed to enable all Staff to provide effective support for the Service User.
3.2	Ensure service users know who their careworker / key worker is and how they can contact you as the provider of their service.
3.3	Assess service users in a way that reflects their strengths, abilities and interests and enables them to meet all of their needs and preferences through a written support plan.
3.4	Assess the needs of the service user including risks to their health and wellbeing.
3.5	Effectively plan the delivery of support so the service user remains safe; their needs are adequately met; and their welfare is protected. Staff should always ensure that Service Users undertake self-care and practical tasks for themselves using assistive technology where appropriate, and wherever possible ensuring that Service Users retain control and are able to make decisions relating to matters of daily living wherever possible.
3.6	Regularly review the effectiveness of support plans and ensure that these are kept up to date to support the changing needs of the individual.
3.7	Assess the risk of harm to the service user, including environmental risks, and ensure that this is effectively managed and reviewed regularly to keep the service user safe.
3.8	Provide services in an effective and enabling way to help maximise the service user's independence and quality of life.
3.9	Support service users in setting goals to help maximise their independence and improve the quality of their life.
3.10	Provide continuity of care, with Service Users receiving care from as few different support workers as possible.
3.11	Ensure that assessments of an individual, for example Speech and Language Assessments, are featured within their Support Plans and underpin the way in which their support is delivered. Equally, these assessments should be considered and used in all areas of their support, including but not limited to Mental Capacity Assessments and Deprivation of Liberty Assessments.
	The Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain the effective care and wellbeing of service users.

	They have appropriate mechanisms in place to monitor compliance with required standards of practice.
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EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
DOMAIN 2 (continued)	Personalised Care & Support
Standard 4	Meeting Nutritional needs
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service users are enabled and supported to have a choice of nutritional and balanced food and drink to meet their diverse needs.</i>
	To achieve this the Service Provider will:
4.1	Support service users to make informed choices and lead healthy lifestyles and provide access to information about healthy and balanced diet, recognising individual preferences, cultural and dietary requirements, whilst recognising service users right to make unhealthy choices.
4.2	Ensure that service users have 24 hour access to a choice of food and drink that takes into account their preferences, diverse needs and dietary requirements. Ensure there is accessible information about meals and meal times.
4.3	Food and drink are provided in a way that promotes service users dignity and independence.
4.4	Support Service Users to access other social care or health services as required and taking into consideration their choice and preferences.
4.5	Support service users to access specialist services, guidance and advice around nutrition where required.
4.6	Ensure that staff who are involved with food preparation have up-to-date food and hygiene training.
	The Provider will ensure that:
	They have appropriate policies, training and arrangements in place to meet the nutritional needs of service users.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 2 (continued)	Personalised Care & Support
Standard 5	Co-operating with other providers
	What outcome can people who use your services expect?
	<i>Service Users receive safe, coordinated care and support where more than one provider is involved, or where they are moved to another provider.</i>
	To achieve this the Service Provider will:
5.1	Co-operate and communicate with other providers of the individual's care and support when this responsibility is shared, or when the service user is transferred to one or more services, ensuring data protection requirements are considered. Ensure that there is a named individual to support any transition.
5.2	Ensure that the care and support plan includes effective arrangements for when service users are transferred to another service ensuring that this includes everything the receiving service needs so the needs of the individual can continue to be met safely.
5.3	Keep appropriate records and information and ensure that it is shared in a confidential manner in line with the Contract and the requirements of the Data Protection Act.
5.4	Support service users to access other social care or health services as required. There is an expectation that organisations will work together with local statutory health providers to support service users to understand health action plans. This will primarily, but not exclusively, be the service users GP practice and local learning disability health services.
	The Provider will ensure that:
	They have appropriate policies, training and arrangements in place to effectively co-operate with other providers.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 3	Safeguarding & Safety
Standard 6	Safeguarding People who use the Service from abuse
	What outcome can people who use your services expect?
Core criteria in bold	<i>Service users are protected from abuse or the risk of abuse and their human rights are respected and upheld. Service users are at the centre of this process and their voice should be heard.</i>
	To achieve this the Service Provider will:
6.1	Take action to identify and prevent abuse from happening in the service and respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.
6.2	Be aware of, and follow, their responsibilities under the Local Authority's safeguarding and whistle-blowing policy and procedures. Ensure that appropriate organisational policies and procedures concerning safeguarding are implemented, reviewed and that such organisation policies and procedures are in line with the Council's policies and procedures regarding safeguarding.
6.3	Ensure that appropriate guidance and training about safeguarding adults from abuse is accessible to staff, put into practice, implemented and monitored.
6.4	Only use Deprivation of Liberty Safeguards when it is in the best interest of the service user and in accordance with the Mental Capacity Act 2005.
6.5	Review and update the service user's support plan to ensure that individuals are properly supported following any (alleged) abuse.
6.6	Give service user's and their Carer's adequate information about how to identify and report abuse, as well as sources of support outside the service, including the Local Authority, and actively support and encourage service users to raise issues and concerns when necessary.
6.7	Support service users and their carer when they have to take part in any safeguarding processes.
6.8	Ensure that service users' human rights are promoted and protected through the assessment and delivery of care.
6.9	Ensure that safeguarding is personal and Service Users are at the centre of the process and their voice is heard. Service Users should be involved in a way in which is appropriate to their needs, using tools and methods which they understand
	The Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain the safety of service users.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 3 (continued)	Safeguarding & Safety
Standard 7	Cleanliness & Infection Control
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service users experience care and support in a clean environment that protects them from, and reduces the risk, of infection.</i>
	To achieve this the Service Provider will:
7.1	Have effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.
7.2	Provide sufficient information to service users, staff and visitors about infection prevention and control matters.
7.3	Have appropriate arrangements in place for the management and disposal of waste.
7.4	Provide staff with appropriate training relating to infection prevention and control and waste management.
	The Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain a clean environment and effective infection control.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 3 (continued)	Safeguarding & Safety
Standard 8	Management of Medicines
	What outcome can people who use your services expect?
Core criteria in bold	<i>Service Users will have the medicines they are prescribed, at the times they need them, and in a safe way.</i>
	To achieve this the Service Provider will:
8.1	Handle medicines safely, securely and appropriately. (Appendix 5)
8.2	Ensure that medicines are stored and administered safely including any homely remedies. Where covert and PRN/'homely remedy' medication is required, this is administered in line with the legal framework, appropriate protocols are in place and signed by the prescriber.
8.3	Keep appropriate records around the (prescribing) administration, monitoring and review of medications and take action when errors occur/ Service User refuses.
8.4	Involve service users in their decisions regarding their medications.
8.5	Ensure that staff handling medications undertake the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.
8.6	Have effective and robust mechanisms in place to monitor the management of medications whether prescribed or not.
8.7	Maintain accurate records in the Support Plan where a Service User administers his or her own medication with an agreed risk assessment.
	The Service Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain safe and effective medication management.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 3 (continued)	Safeguarding & Safety
Standard 9	Safety & Suitability of Premises
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service users, together with those who work in or visit the premises, are in safe and accessible surroundings that promotes and protect their wellbeing.</i>
	To achieve this the Service Provider will:
9.1	Protect people, staff and others against the risks of unsafe or unsuitable premises.
9.2	Risk Assessments are undertaken at Service User's and are reviewed as part of an ongoing process, with appropriate information shared with other agencies such as Housing Organisation, Health, other Council Departments and the Fire Service.
9.3	Have appropriate security arrangements in place to address the risk of unauthorised access.
9.4	[NOT USED]
9.5	Assess any risks to premises and facilities and act on any risks identified.
9.6	Ensure that staff undertake fire safety training as well as risk assessment and risk management training.
	The Service Provider will ensure that:
	The premises remain suitable for the effective delivery of the care and support required by service users.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 3 (continued)	Safeguarding & Safety
Standard 10	Safety, Availability & Suitability of Equipment
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service users, together with those who work in or visit the premises, are not at risk of harm from unsafe or unsuitable equipment (including furnishings or fittings). Service users benefit from equipment that is comfortable and meets their needs.</i>
	To achieve this the Service Provider will:
10.1	Ensure that equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.
10.2	Ensure that staff are appropriately trained on how to use equipment safely.
10.3	Assess the risks associated with the use of equipment and develop plans to manage any risk identified.
10.4	Provide people with an explanation and adequate information where equipment is used as part of their care & support, take account of their choices and preferences, and use it in a way that protects their privacy and dignity.
	The Provider will ensure that:
	They have appropriate policies, training and arrangements in place to ensure that equipment is properly used and maintained.
	They have appropriate mechanisms in place to monitor and record compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 4	Suitability of Staffing
Standard 11	Requirements relating to staff recruitment
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service users are safe and their health and welfare needs are met by staff who have been appropriately recruited and who have the right qualifications, skills and experience.</i>
	To achieve this the Service Provider will:
11.1	Have effective recruitment and selection procedures in place. (Appendix 6)
11.2	Carry out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.
11.3	Ensure that when staff are provided by an external organisation that those staff, whether agency, bank or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff.
11.4	Ensure that other people who provide additional services are subject to any appropriate and necessary checks.
11.5	Ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.
11.6	Assess risks around working environment and conditions and make reasonable adjustments to enable staff to fulfil their role.
11.7	Have robust and effective arrangements around the appropriate behaviour of staff, particularly in their relation to their code of professional conduct and the assessment of stress and other work-related hazards.
	The Provider will ensure that:
	They have appropriate policies, procedures and arrangements in place to ensure effective staff recruitment.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 4 (continued)	Suitability of Staffing
Standard 12	Staffing and Staff Deployment
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service users and their health and welfare needs are met by sufficient numbers of appropriate staff with the right qualifications, knowledge, skills, approach and experience.</i>
	To achieve this the Service Provider will:
12.1	Make sure that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support. Ensure that senior / supervisory staff are available on site to support and mentor staff effectively.(Appendix 7)
12.2	Have enough staff on duty that know and understand the specific needs of the service users receiving a service in order to deliver safe, effective and consistent support.
12.3	Have robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies). Monitor the working hours of all staff across Services to ensure that any working patterns do not have a detrimental impact on the care and support of Service Users.
12.4	Have effective mechanisms in place to identify and manage risks that result from inadequate staffing levels.
12.5	Ensure that staff are aware of and trained in the organisation's Business Continuity Processes.
12.6	Ensure that staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs, using any tools or equipment that is provided to the Service User. Staff should have a basic understanding and appreciation of different cultures and be able to speak and understand English (or the language most appropriate to the service) to a good conversational standard as cited in the Immigration Act 2016.
12.7	Ensure that staff have appropriate knowledge and understanding of current health promotion messages to help support service users to maximise their health and wellbeing and live a fulfilled life.
	The Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain and deploy a sufficient number of appropriately trained staff.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
DOMAIN 4 (continued)	Suitability of Staffing
Standard 13	Supporting Staff
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service users are safe and their health and welfare needs are met by staff who are appropriately trained, well supervised, and receive the development opportunities they need to carry out their role effectively whilst keeping their skills and training up to date.</i>
	To achieve this the Service Provider will:
13.1	Ensure that all staff receive appropriate induction at the start of their employment in line with the Skills for Care - Care Certificate.
13.2	Ensure that all staff receive appropriate supervision, by a suitably experienced and qualified person every 6 weeks for full time staff (or pro rata to the number of hours they're working), their performance is appraised annually and that they receive observations of their practice, which involves gathering feedback from Service Users. Supervision should be carried out by staff with relevant qualifications or training. Both supervision and appraisal records should be kept as per the Council's policies.
13.3	Ensure that all staff undertake mandatory training as per Cambridgeshire County Council's Training Standards and refresh this as required. (Appendices 7 & 8). Learning from training attended should be followed up through supervision and observations.
13.4	Support staff to acquire further skills, qualifications and specialist training that is relevant to their role, the work they undertake and the needs of the service.
13.5	Ensure that any temporary staff have the appropriate training and skills to undertake their role.
13.6	Keep training records (including evidence of attendance) for all staff.
13.7	Assess risks that may impact on performance and make reasonable adjustments to enable staff to fulfil their role.
13.8	Have appropriate policies and mechanisms in place to prevent and manage incidents of bullying, harassment and violence towards staff.
13.9	Have robust and effective HR arrangements in place around managing Sickness and other absences Including the assessment of stress and other work-related hazards.
	The Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain a sufficient number of appropriately inducted, supervised and trained staff.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

	EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE
DOMAIN 5	Quality of Management
Standard 14	Assessing & Monitoring the Quality of Service Provision
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service users benefit from safe, quality care due to effective decision making and management of risks to their health, welfare and safety because lessons are learned and the quality of services is effectively monitored.</i>
	To achieve this the Service Provider will:
14.1	Have a robust quality assurance process carried out on at least an annual basis that gathers and evaluates information about the Services delivered, to ensure that people receive safe and effective care and support. This shall include gathering the views of Service Users and their friends and family, staff and professionals involved with services where appropriate..
14.2	Have a clear decision-making framework in relation to support of service users.
14.3	Have mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly.
14.4	Ensure that incidents are reported and investigated in accordance with the appropriate policies and procedures and where appropriate reported to the Care Quality Commission and the Commissioners.
14.5	Improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.
14.6	Identify, manage and monitor risks to service users, staff or visitors to the service.
14.7	Provide information about the quality of the service to people who use the service.
14.8	Ensure that service users are involved in all decisions about their care and support.
14.9	<p>Ensure there is a system in place that monitors the quality of the service being delivered, with a minimum of monthly spot checks completed by a Senior Member of staff, a quarterly audit completed by the Manager of the Service and an annual audit completed by someone within the organisation that does not have direct involvement with the running of or delivery of the service. Audit should include, but not be limited to:</p> <ul style="list-style-type: none"> • Quality Recording • Quality of support delivered [observations] • Medication • Management of Service User's finances • Support planning and risk assessment • Health and Safety <p>Reports of these audits should be kept and shared at the request of the Council.</p>
	The Provider will ensure that:

	They have appropriate policies, training and arrangements in place to assess and monitor the quality of services provided. They learn lessons and implement changes to improve the services delivered.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
DOMAIN 5 (continued)	Quality of Management
Standard 15	Complaints
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service users and / or their nominated representative can be sure that the provider actively listens to and acts on their complaints and comments. They know that they will not be discriminated against for making a complaint or raising an issue.</i>
	To achieve this the Service Provider will:
15.1	Provide service users and / or their carers with adequate information, in an appropriate and suitable format, about the complaints process, including information on how to contact the Local Authority and the Local Government Ombudsmen.
15.2	Support service users to raise a complaint or make comments, including compliments about the service.
15.3	Consider fully, respond appropriately and resolve, where possible, any comments and / or complaints. Where required support the council to investigate any complaints made directly to them.
15.4	Support people throughout the complaints process keeping them informed of the progress and outcome of their complaint in a timely manner.
15.5	Support service users to access advocacy services, if this is required to enable a service user to make a complaint or raise a comment about the service.
15.6	Ensure that learning is taken and shared to improve the experience of service users who use the services.
15.7	Keep adequate records about the complaint, including any relevant and factual information about the investigation, responses, outcome and actions taken.
15.8	Share details of complaints and the outcomes with the Local Authority and notify the Social Worker of any complaint from a Service Users within 24 hours; if the complaint is going to impact or prevent the delivery of care and support. For example, where a Service User makes a complaint about a Staff member and/or the Agency The Commissioners or Social Worker may request an agreement for notification around specific complaints or persistent complaints, where there is an operational demand on the management and reporting of these complaint and expect the Provider to work collaboratively with the Council to remedy these.
	The Provider will ensure that:
	They have appropriate policies, training and arrangements in place to effectively manage and learn from any complaints.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.

EAST OF ENGLAND SERVICE OUTCOMES AND STANDARDS OF CARE	
DOMAIN 5 (continued)	Quality of Management
Standard 16	Records
	What outcomes can people who use your services expect?
Core criteria in bold	<i>Service users are confident that the records kept by the provider about their care and support (including those that are required to protect their safety and wellbeing) are accurate, fit for purpose, held securely and remain confidential.</i>
	To achieve this the Service Provider will:
16.1	Ensure that the personal records of service users receiving services are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.
16.2	Use these records to plan the support of the service user to help ensure that the service user's rights and best interests remain protected and their needs are met.
16.3	Only share information on a need to know basis, with the consent of the service user and / or in line with the contract and/or legal arrangements such as deputyships.
16.4	Only keep and store records in line with the Data Protection Act and in line with the Local Authorities requirements as set out in the contract.
16.5	Support service users to access information about their care and support when they request it.
16.6	Ensure that when information is inappropriately shared, transferred or lost, this is reported, investigated and acted on in accordance with the appropriate incident reporting procedures.
16.7	Ensure that other records necessary for the operation and management of the service are stored in accordance with the provider's and Council's policies and procedures.
16.8	Monitor the standards of practice through a programme of effective audits.
16.9	Ensure that any records kept are both appropriate and proportionate.
	The Provider will ensure that:
	They have appropriate policies, training and arrangements in place to maintain effective records in line with the Data Protection Act 1998 and the requirements of the Local Authority.
	They have appropriate mechanisms in place to monitor compliance with required standards of practice.