

Cardiff Council Social Services



Service Specification for the Provision of Personal Domiciliary Care for Adults in Cardiff

2021

This document should be read in conjunction with:

Delivery of Domiciliary Care Terms and Conditions

Part 1 – Introduction

1.1 Introduction and Background

1.1.2 Cardiff Council is committed to supporting people who have been assessed as having care and support needs to live as independently as possible, for as long as possible, in their own homes and communities.

1.1.3 Domiciliary Care, often referred to as Care at Home, supports those with assessed needs to receive care and support within their home environment. The support provided by domiciliary care workers can include household tasks, personal care and any other activity that allows individuals to maintain both their independence and quality of life.

1.1.4 A level of this support is delivered by Cardiff Council Social Services – a team known as the Community Resource Team (hereafter referred to as CRT Home Care). CRT Home Care provides wraparound support for people at home, often following a hospital discharge. The reablement support provided by this team is time limited to 6 weeks¹. Following this time period (or earlier if dictated by support needs), care is either stepped down or referred to the commissioned providers to continue or provide more intensive or specialised support.

CRT Home Care is designed as short term care, and so additional, long term Domiciliary Care is commissioned to external providers. This supports the Council to meet the assessed need of the local people.

1.1.5 Since 2014, Domiciliary Care has been commissioned via an Accredited Provider List (DPS), akin to a Dynamic Purchasing System.

1.1.6 Whilst a similar process for commissioning these services will continue within the new contractual arrangements with Domiciliary Care providers, a new model of delivery is now required to be commissioned. This new model will have a focus on a locality approach to delivery, complemented by strength based social work practice that moves away from ‘time and task’ where appropriate and towards more flexible, outcome focused care, promoting long term stability of the care sector, and putting the needs and wishes of local residents in the centre of delivery.

1.1.7 This service specification describes the service that will be provided by all Domiciliary Care providers accredited and enrolled to a new Cardiff Council Domiciliary Care Dynamic Purchasing System (DPS), and will outline the minimal expectation on all Providers and how this will be monitored

¹ Please note, this time frame can be extended on a case by case basis if outcomes are being observed

1.2 Vision

1.2.2 Cardiff Council has worked with existing providers to co-produce a **vision**, outlining what both the Council and providers wish to achieve through the delivery of domiciliary care in the city of Cardiff. The intention of the **vision** is that all decisions made in relation to the future commissioning of domiciliary care are aligned with what key stakeholders hope to achieve for individuals who receive care at home. The **vision** provides a mechanism to ensure everyone is working towards the same outcomes, and is as follows:

We will identify preventative measures and where necessary develop solutions that enable those in need of care and support, and their families, to be safe and as independent as possible. This will include steps to support people to live within their local community, as close as possible to home, family and friends where appropriate.

1.2.3 The Council believes this vision will be best supported via a locality approach to service delivery. This is focused on the benefits that can be realised from care at home services working closely with preventative services, community health and social work teams, community hubs and primary care clusters to achieve the best preventative and care outcomes for people. The **vision** for a locality approach to delivery of services in Cardiff is described below:

A seamless join-up of services which will require domiciliary care providers to form strong links and work in partnership with third sector organisations, community health teams, social work teams and other providers of care and support, both within specific localities and across the city to help support the health and well-being of individuals. A locality can be a place, an identity and/or a shared interest which matters to an individual, and enables them to take control of what, where and how they access their local community.

1.2.4 Further detail is given on the locality approach to delivery in **section 2.7**

1.3 Service Values and Principles

1.3.2 Domiciliary Care provision will allow individuals with assessed needs to easily access care and support at home that offers a person centered package and takes the needs of the whole person into consideration. Provision will focus on identifying and building on an individual's strengths and resources to support independence as long as possible.

1.3.3 The provision of domiciliary care will:

- Contribute to helping people achieve their outcomes by focusing on strength based practice
- Promote independence, social inclusion and overall wellbeing
- Consider the needs, views and wishes of the individuals receiving care and their families, meaning care is, where possible, co-produced.

- Safeguard individuals by protecting them from harm, abuse and/or neglect
- Deliver care that is flexible to the changing needs and wishes of the individual
- As well as other population cohorts including those that are frail and require support without a specific diagnosis, services will be able to meet the needs of people with advanced dementia
- Offer best value for the City, whilst ensuring long term stability of the sector

1.4 Cardiff – A Local Context

1.4.2 Cardiff Council is committed to the delivery of its **Capital Ambition** to support individuals to live fulfilled, independent lives within their communities, of which this new model supports. This will be achieved in partnership with statutory, voluntary and community sector partners, as well as local communities, in order to make a difference.

1.4.3 The Cardiff Council Adult Social Services Strategy (currently in development) will set out the context in which Adult Services operate within Cardiff, including services commissioned externally. The draft strategy proposes to '**Support people to lead the lives they want to lead**'

1.4.4 The draft Strategy has the following 5 themes, which links into the overall delivery of domiciliary care, and the new model being proposed.

- Developing **enabling** support and care
- Striving for **excellence** in practice
- **Investing** in our workforce
- Improving the **efficiency and effectiveness** of services
- Promoting productive **partnerships**

1.4.5 Cardiff Council currently procures approximately 32,000 – 35,000 hours of domiciliary care each week from c. 66 independent sector providers across all categories of care to the follow population cohort groups:

- Learning Disabilities
- Mental Health
- Mental Health Services for Older People
- Older people
- Physical and Sensory Impairment
- Substance Misuse

1.5 Welsh Context – The Law

1.5.2 The Social Services and Well-being (Wales) Act 2014

The Act imposes duties on local authorities, health boards and Welsh ministers that requires them to work to promote the well-being of those who need care and support, or carers who need support.

The Social Services and Well-being (Wales) Act 2014 outlines key duties to ensure:

- People have control over what support they need, making decisions about their care and support as an equal partner.
- New proportionate assessment focuses on the individual
- Carers have an equal right to assessment
- Easy access to information and advice is available to all
- Powers to safeguard people are stronger
- A preventative approach to meeting care and support needs is practised
- Local authorities and health boards come together in new statutory partnerships to drive integration, innovation and service change

The principles of the Act are:

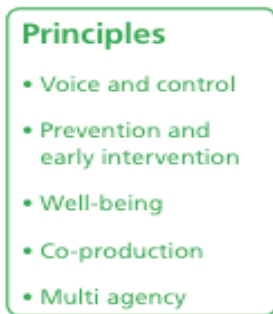
- To support people who have care and support needs to achieve well-being.
- People are at the heart of the new system by giving them an equal say in the support they receive.
- Partnership and co-operation drive service delivery.
- Services will promote the prevention of escalating need and the right help is available at the right time.

The Social Services and Well-Being (Wales) Act 2014 is a landmark piece of legislation for social care in Wales it became law in 2014 and came into force in April 2016. It modernises and brings together different pieces of social care law.

This new legal framework consists of three elements – the **Act** itself, which is already in place; the **Regulations**, which provide greater detail about the requirements of the Act; and the **Codes of Practice**, which give practical guidance about how it should be implemented. The Act covers **adults** (people aged 18 or over), **children** (people under the age of 18) and **carers** (adults or children who provide or intend to provide care and support).

The Act consists of 11 parts, is built on five principles and defines the people it affects. It is useful to think of these as the '3 Ps':

- People it affects
- Parts within the Act
- Principles throughout the Act



1.5.3 The Regulation and Inspection of Social Care (Wales) Act

1.5.4 The Regulation and Inspection of Social Care (Wales) Act (often referred to as RISCA) became law on 18 January 2016.

1.5.5 The act aims to build on the Social Services and Wellbeing Act and places the quality of services and improvement at the heart of regulation. The act aims to strengthen protection for those who need it, and creates a regulatory system that is centered around people who need care and support, and the social care workforce.

1.5.6 RISCA introduced the following main changes to Social Care practice in Wales:

- Establishing Social Care Wales
- Regulation of the social care workforce
- Regulation of social care service providers
- New approach to the inspection of local authorities and how they report
- Requirements for local authorities and Welsh Ministers in terms of market stability and oversight

1.5.7 The following five principles underpin RISCA:

- Reflecting the changes brought about by the Social Services and Wellbeing (Wales) Act 2014
- Putting people at the centre of their care and support
- Development a coherent and consistent Welsh approach
- Responding quickly and effectively to new models of service and any concerns over the quality of care and support

1.5.8 The Well-being of Future Generations (Wales) Act 2015

1.5.9 The Well-being of Future Generations (Wales) Act came into force on 1 April 2016, and focuses on improving the social, economic, environmental and cultural well-being of Wales. The aim of the Act is to help create a Wales that we all want to live in, now and in the future

1.5.10 The Act identifies seven well-being goals ('the goals') which provide a shared vision for public bodies to work towards. The seven goals are as follows:

- A prosperous Wales
- A Resilient Wales

- A Healthier Wales
- A more Equal Wales
- A Wales of Cohesive Communities
- A Wales of vibrant culture and thriving Welsh Language
- A globally responsible Wales

1.5.11 The Act also places a duty on Public bodies (including Local Authorities and Local Health Boards) to make sure that when making their decisions they take into account the impact they could have on people living their lives in Wales in the future.

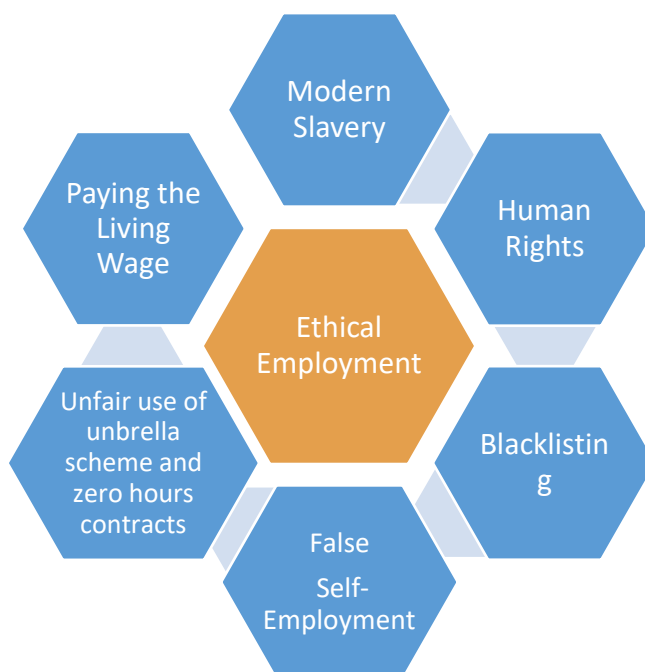
The Act requires them to:

- Work together better
- Involve people reflecting the diversity of our communities
- Look to the long term as well as focusing on the now
Take action to try and stop problems getting worse – or even stop them happening

1.5.12 Further information about the Act can be found at <https://www.futuregenerationswales.about-us/future-generations-act/>

1.5.13 Ethical Employment

1.5.14 The ‘Ethical Employment in Supply Chains’ Code of Practice was launched in 2017 by the Welsh Government. It aims to support the development of more ethical supply chains delivering contracts for the Welsh Public sector. All organisations are encouraged to sign up to the Code and businesses in public sector supply chains are expected to adopt it. The Code is to ensure that workers in public sector supply chains are employed ethically and in compliance with both the letter and spirit of UK, EU and international laws. The Code has 12 commitments which cover issues shown in the diagram.



1.6 Welsh Language

- 1.6.2 During the Contract and the provision of the Services, all Providers will be required to comply with the requirements of the Authority's Welsh Language Scheme; and the Welsh Language (Wales) Measure 2011 as and when the provision of the Measure come into force, and in so far as it relates to the provision of the Services.
- 1.6.3 The Providers must adhere to the principles of the Welsh Government's 'More than Just Words' strategy. Ensuring the safety, dignity and respect of Welsh speakers is at the heart of providing health and social services in Welsh. It is not just about complying with legal requirements and maintaining professional standards; it is also about improving the quality of care and meeting the language need of people and providing good public services that focus on the individual. More than just words...., the Welsh Government's original strategic framework for Welsh language services in health, social services and social care, launched in 2012, has led to a number of improvements which helped ensure Welsh speakers receive health, social services and social care services in their first language. This has been achieved by making the best use of the existing skills and resources across our NHS and social services. The Strategy and related follow-on strategic frameworks support a greater level of recognition among service providers that the use of the Welsh language is not just a matter of choice but also a matter of need.
- 1.6.4 Where a Service User has indicated a preference to receive information and provision of their care through the medium of Welsh, it must be demonstrated that every effort has been made to meet that need.
- 1.6.5 Staff training should include language sensitivity and its impact on care delivery, with particular reference to the Welsh Government's 'More than Just Words'

Part 2 – Service Delivery

2.1 Overall aim and purpose of the provision

2.1.1 The Provider will assist the Council to meet its statutory obligations to people with assessed care and support needs, to ensure they are protected and enabled to live as independently within the community through the provision of a good quality care and support service.

2.1.2 In delivering services to the residents of Cardiff, Providers must be able to demonstrate that they comply with the following principles:

- Enabling Individuals to lead their lives as independently as possible
- Delivering flexible services to Individuals which focus on re-ablement;
- Respecting Individuals/their families and/ or carers and their way of life, particularly with regard to ethnic, religious and cultural matters;
- Involving Individuals/ their families and/ or carers in all decisions which affect the delivery of services and be responsive to their informed choices and wishes;
- Accepting a wide range of home conditions, subject to risk assessment;
- Maintaining and developing Individuals' dignity in all situations;
- Maintaining and developing Individuals' existing domestic and personal care skills;
- Taking account of carers of Individuals within the boundary of the Care and support plan;
- Giving assistance in a safe, practical, reliable manner and in ways acceptable to the individuals receiving care which maintains control of the manner of the delivery of their care, as appropriate;
- Maintaining and supporting current care and support networks;
- Maintaining and enhancing individuals/carers' confidentiality;

- Avoiding any discriminatory practices, which includes age, disability, gender, language, race, religion and sexual orientation;
- Complying with relevant equality legislation.
- Observing Welsh Government Guidance in relation to Covid -19 to appropriately safeguard individuals receiving care and the Care Workers who provide care and support.

2.1.3 Providers will be expected to contribute to Outcome Focussed Care as outlined in **Part three** of the service specification and as below:

- Service provision that improves the persons independence and well-being
- Service provision with a focus on prevention – ensuring effective access to and use of community based support services
- Enabling people to do things for themselves rather than doing things for them
- Element of flexibility in terms of the responsiveness of service provision so that temporary and unpredictable fluctuations in need can be met
- Contributing to a reduction in long term demand across health and social care systems

2.2 General Provisions

2.2.1 Providers on the Cardiff Domiciliary Care DPS will be required to support and provide care for at least one of the following population groups. For the avoidance of doubt, Providers will be able to provide care and support for one some or all of the population groups if they meet the accreditation and enrolment for doing so for the different lots.

- Learning Disabilities
- Mental Health
- Mental Health Services for Older People
- Older people
- Physical and Sensory Impairment
- Substance Misuse

2.2.2 Providers will work collaboratively with a range of partners and stakeholders including but not limited to, the Council's Case Managers, the Council's Contracts team, and a range of health providers, in addition to local community offers. The Providers should work constructively with these partners for the benefit of the people who use the service.

- 2.2.3 Providers will ensure that all appropriate employees are fully trained to support older people and vulnerable adults with a variety of care and support needs. Staff should also be aware of Adult Social Services legislation, understanding the local services, processes, procedures and opportunities to ensure effective outcomes for those who receive the care and support service.
- 2.2.4 Providers will ensure that the Service delivers person focussed practical and wellbeing support. The Providers must ensure that the service works collaboratively with each person and their support networks to develop a care and support plan to best meet their needs, which is updated as they progress and is based on their Wellbeing Assessment.
- 2.2.5 The service provided must meet the outcomes of the individual specified within the Care and Support Plans including any health care guidance and must respond to the individuals needs as assessed by the case manager. However, in order for individuals to live as independently and a fulfilled life as is possible the service is to be person centred and outcome focused. Individual(s) must be fully involved in how the service is provided on a day-to-day basis.
- 2.2.6 The Providers will be required to work closely with the Social Workers and / or CRT Home Care colleagues and if applicable, health teams, to ensure the delivery of any identified opportunities that will benefit an Individual at home or in the community.
- 2.2.7 The Providers are required to ensure that individuals are proactively supported in accessing their local community Hubs, where appropriate, and the Dewis Cymru website whereby they are in a position to access services or information such as:
- Independent financial and budgeting advice
 - Getting in to education, employment or volunteering
 - Getting to know the community they live in and meet people who are living in their community
 - Joining in with community groups that may feed in to individuals chosen personal activities or lifestyle interests etc.
 - Accessing local/new services
 - Finding out about local events
- 2.2.8 It is a local ambition that Individuals and Services are appropriately linked into networks of family (including unpaid carers), friends and local services to get the right support they need, and at the right time. This will reduce the likelihood of isolation for local people, and empowers them to live as independently as possible. Domiciliary Care agencies on the Cardiff DPS will contribute to this ambition via delivery in line with this model and service specification.

2.3 Core Requirements of Service Delivery

- 2.3.1 All Care and Support delivered by Domiciliary Care Services on the Cardiff DPS

will be directed by the eligible needs identified via a Social Worker assessment, and the associated Care and Support Plan. An initial Care and Support Plan and overview of the individual will be shared with potential providers when a service requirement is issued so Providers can consider and evidence how they can meet the identified need of each individual.

2.3.2 Care Services

The services to be delivered through the contract comprise of:

- Personal Care Services
- Non-Personal Care Support Services
- Night Care Services
- Services to Carers

2.3.3 Personal Care Services

Nature of Service

Personal Care Services will be delivered 24 hours a day, 7 days per week, including Bank Holidays. The majority of the care will be required between the hours of 7am and 11pm, but occasionally, the Council may require Personal Care Services to be delivered between the hours of 11pm and 7am.

All visits will be accounted for by the Provider as the actual time delivered.

Elements of Service

The Personal Care Service is concerned with assisting the service user with personal care needs, together with general attention to the user's general comfort. The purpose of the service is to enable users to achieve or maintain maximum independence within their own homes and in the community.

Tasks would include but not limited to those listed in **Appendix A**

2.3.4 Non-Personal Care Support Services

Nature of Service

Non-Personal Care Support Services will mainly be delivered between the hours of 7am and 11pm, seven days per week, including Bank Holidays. The Council may require Non-Personal Care & Support Services to be delivered between the hours of 11pm and 7am.

Some Non-Personal Care Support Services will be required to be delivered within a short visit, typically 15 minutes. All visits will be accounted for by the Provider as the actual time delivered.

The Provider will need to pay particular attention to the needs of all people who display behaviours that challenge in the delivery of Non-Personal Care Support Services. The Provider will clarify with the service user the degree of assistance the service user requires to carry out tasks that maintain and encourage independence however, the details of the expected way of delivering the service will have already been discussed with the service user and carer where appropriate, and will be detailed in the Care and support plan.

Elements of Service

A Non-Personal Support Service is broadly concerned with the delivery of a range of practical tasks and general household services but excluding Personal Care Services. Non-Personal Care & Support Services will include but not be confined to:

- Domestic Tasks
- Nutritional Information & Guidance
- Emotional and psychological Support
- Medical Assistance
- Provision of Transport
- Specialist substance misuse input

However, many care and support plans will specify that both types of service will need to be provided as part of a single care package. Conversely, there may be occasions where one or other type of care or support is provided on its own.

The aim of the service is to maintain individuals in their own home in the community and to enable the service user to achieve or maintain maximum independence.

Non-Personal Care & Support Services tasks will include but not limited to those also listed in **Appendix A**

2.3.5 Night Care Services

A Night Care Service is concerned with the delivery of support services to individuals and their carers, in the service user or carer's own home through the night, between the hours of 11pm and 7am.

The purpose of the Night Care Service is to enable the person who usually cares for the service user to have an undisturbed night's sleep and ensure the safety and welfare of the service user.

Whilst in the home, Care Workers will ensure the safety and welfare of the service user while the carer has a break, including but not confined to:

- Ensuring the safety and welfare of the person cared for;
- Reminding or encouraging the use of medication;
- Offering companionship to reduce social isolation;

- Assistance with toileting and dressing;

Carrying out domestic tasks necessary to the overall support offered, e.g. clearing spillages.

2.3.6 Service to Carers

The purpose of this service will be for the provider to deliver a range of services to carers to give a carer a break to maintain the service user in their own home in the community, under the provision of the Social Services and Well-being (Wales) Act 2014.

Nature of Service

Providers should be aware of the importance of services to carers in supporting carers in their role. Providers should respect the carer's contribution to the service user's care and consider the needs of both the carer and service user in delivering services.

Services to carers will be defined as either Day Time Care Services or Night Time Care Services. The Provider will provide both or either type of service as requested by the Council for any individual carer or service user.

Daytime Care Services will be delivered between the hours of 7am and 11pm; and Night Care Services will operate from 11pm to 7am, seven days per week, including Bank Holidays.

Elements of Service

Services to carers could include the delivery of a sitting service to individuals, in the service user or the carer's own home for a defined period of time. The purpose of the service is to enable the carer to take a break from caring. Whilst in the home, Care Workers will ensure the safety and welfare of the service user while the carer has a break.

2.4 Key Partners and Partnership Working

2.4.1 Key partnership working will be demonstrated with a wide range of services and groups. The providers will be expected to build links and professional relationships with the following as a minimum but not limited to:

- Cardiff Council Social Services, including case management and contracts and commissioning
- GP surgeries and other health colleagues
- Community groups such as local churches, support groups, clubs and support offers
- Third sector providers that meet the needs of the individual
- Local Hospital Discharge teams as required
- Cardiff Council Community Resource Team (CRT)

- Any other local service that may support an individual achieve their outcomes
- 2.4.2 All Providers must have excellent working relationships with Cardiff Council, both via the Commissioning & Contracts team, referral teams and overall case management including the Social Workers responsible for each individual.
- 2.4.3 The Community Resource Team (CRT) Home Care will be a key partner of Domiciliary Care agencies and there must be effective working relationships between the teams including, but not limited to:
- Receipt and discussion of referrals and successful service agreements
 - Warm handovers between CRT and the external Provider to support efficient and safe transfer of care between the teams
 - Collaborative care plan creation, including the service user, as per the Tripartite Conversation detailed in section 2.10.6.
- 2.4.4 Cardiff Council will host quarterly Provider Forums for all Domiciliary Care agencies on the DPS. The aim of the forum is to update the sector on any relevant information, research and/ or legislation that impacts service delivery as well as an opportunity for feedback or queries for both the Council and Providers. It is also an opportunity for the Council and Providers to work in collaboration regarding overall service development.
- 2.4.5 All Providers on the Cardiff Domiciliary Care DPS are expected to attend these forums. Frequent non-attendance of such forums will be raised within provider performance via the Contracts team.
- 2.4.6 Cardiff Council will also convene regular Managed Network Meeting within the Localities / Clusters for Providers to come together to consider specific issues related to delivering services within a Locality / Cluster. The designated Provider Care Coordinators covering the specific Locality / Cluster will be expected to attend these meetings.
- 2.4.7 Providers are expected to respond to any communication requested by the Council that may support service development, including any questionnaires or surveys.
- 2.4.8 The Dewis Cymru website is an online platform which details a range of information regarding health and social care based services for adults and children across Wales. Providers on the Cardiff Domiciliary Care DPS must be detailed on this website and ensure that details of service delivery are kept up to date and relevant. This must be reviewed by Domiciliary Care management on at least an annual basis.

2.5 Strength Based Approach

- 2.5.1 The Council is implementing a strength based approach to all aspects of its social work practice and decision making, and this will be reflected within the service delivery and contractual arrangements with Domiciliary Care providers on the Cardiff Domiciliary Care DPS.
- 2.5.2 Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets.
- 2.5.3 As such, it concerns itself principally with the quality of the relationship that develops between those providing and those being supported, as well as the elements that the person seeking support brings to the process.
- 2.5.4 Working in a collaborative way promotes the opportunity for individuals to be co-producers of services and support rather than solely consumers of those services
- 2.5.5 A strengths-based approach to care, support and inclusion allows professionals to look first at what people can do with their skills and resources and secondly at what the people around them can do in their relationships and their communities. People need to be seen as more than just their care needs – they need to be experts and in charge of their own lives. This model considers what a person can do, their available networks of support and what is available to them within the community in which they live to support independence.
- 2.5.6 The Council Practitioners and Provider Care Workers will work in collaboration with individuals to establish and acknowledge the capacity, skills, knowledge, network and potential of both the individual and the local community. This will form the basis of the Assessments and Care and Support Plan for each individual receiving care from a Domiciliary Care agency.

2.6 New Elements of Domiciliary Care Delivery

- 2.6.1 In addition to the core elements of Domiciliary Care outlined above, new elements of the model of delivery will be introduced throughout the length of the new Approved Provider List. This will include:
- A Locality Model of Delivery for Older People and/or Mental Health Services for Older People, aligned with Cardiff's GP Clusters
 - A Trusted Assessor Approach, informed by a pilot
 - Banking of Hours, informed by a pilot
- 2.6.2 The above additional elements of Domiciliary Care will be supported via an implementation plan over the first two years of the new DPS which can be

observed in **Appendix B**

2.6.3 The next sections of the specification aim to outline the implementation of these elements and what Domiciliary Care Providers will be expected to deliver over this time.

2.7 Locality Model of Delivery for Older People and Mental Health Services for Older People

2.7.1 Locality working brings together a combined set of skills from Community Wellbeing Services, Social Care, Primary and Acute Health Services into the community, close to our service users' homes, as the foundation for seamless, personal centred services in partnership with third and private sector organisations.

2.7.2 Locality based working aims to:

- Ensure our citizens can live independently and are connected to their communities, aligned with what matters to them
- Provide easily accessible locations within the community for colleagues, citizens, and partners to deliver **shared priorities**
- Provide flexible services that adapt with needs of the individual
- Expand and diversify expertise, sharing best practice across the community and health care services
- Galvanise a whole systems approach to supporting independence, by bringing together a combined set of specialist skills as one locality focussed team, ensuring equality of access to those who need care and support
- Supporting Council based services to develop close relationships with Domiciliary Care Providers to ensure warm handovers of the correct level of care, based on what matters to the individual.

2.7.3 The key principles for locality working is:

- A single point of contact
- Occupational led assessment and coordination
- Multidisciplinary team working
- Focus on reablement, Home First, with care closer to home and what matters to the individual
- Achieving wellbeing goals by co-creating flexible reablement plans, proactively reviewed in partnership with the service user and their care network
- Applies to people leaving hospital, and those at risk of stepping up into care and hospital
- Multiple services run simultaneously, coordinated by the locality team



2.7.4 People and Communities, (including the overall adult social services CRT Home Care and Independent Living Service), are being remodelled into locality based community teams across two areas of Cardiff – **North East and South West**.

2.7.5 The 6 GP Clusters will be supported by these overarching localities – with 3 Clusters being present within each Locality.

- **North East Locality**
 - Cardiff North
 - Cardiff East
 - Cardiff South East
- **South West Locality**
 - Cardiff City and South
 - Cardiff West
 - Cardiff South West

2.7.6 The 6 GP clusters are made up of the 30 Residential Wards of Cardiff, and are set out below and detailed in the GP Cluster Locality Map located in **Appendix C**

- **Cardiff North** (Rhiwbina, Ilanishen, Lisvane, Pontprennau & Old St Mellons, Pentwyn, Penylan, Cyncoed, Heath)
- **Cardiff East** (Rumney, Llanrumney, Trowbridge)
- **Cardiff South East** (Gabalfa, Cathays, Pllasnewydd, Adamstown, Splott)

- **Cardiff City and South** (Grangetown, Cardiff Central, Butetown)
- **Cardiff West** (Pentyrch, Whitchurch & Tongwynlais, Radyr & Morganstown, Llandaff, Llandaff North, Fairwater, Cragiau & St Fagans)
- **Cardiff South West** (Ely, Caerau, Canton, Riverside)

2.7.7 The new locality model is to be adopted in Domiciliary Care, alongside other organisations (such as Primary Care) so services and actions can be taken in collaboration between partners and bring support care closer to home, which will in turn improve the overall health and wellbeing for individuals within the area or locality.

2.7.8 Domiciliary Care will be provided across the 6 GP Clusters, via this Locality Model of delivery. Providers are only expected to deliver care within the locality based model for the following population cohorts:

- Older People
- Mental Health Services for Older People

2.7.9 Other population groups (i.e. learning disabilities, mental health, substance misuse and physical and sensory impairment) will continue to be delivered on a city wide basis by Providers on the DPS.

2.7.10 Domiciliary care agencies are able to apply for one, some or all of the GP Cluster sub-categories on the Cardiff Council Domiciliary Care DPS.

2.7.11 However, Providers will be required to demonstrate that they are meeting these key dependencies in each GP Cluster they are commissioned to deliver care from:

- Providers will become experts within their local Clusters, ensuring they can offer services that are representative to the individual needs of each community and have demonstrative knowledge and proficiency to support access to any local offer / services available to the individual that helps meet their desired outcomes
- Providers must link in and have close, effective working relationships with local services to best meet the holistic needs of the individual's they are supporting.
- Providers must be an active participant in the Managed Network covering the local Clusters in which they are operating.
- A primary workforce will be identified for each specified cluster in which the provider operates from – supporting consistency of care workers, helping to forge effective relationships and the development of local knowledge
- Providers will have a dedicated Care Co-ordinator covering no more than 3 specified Clusters in which they operate from who will be responsible for overseeing the primary workforce, be the single point of contact for

the overall locality team and ensure the Provider is embedded within the local community.

- For the avoidance of any doubt- the definition of a care coordinator in this context is as follows:

"an individual who is able to assist the Registered Manager of the service for the day to day provision of care within the cluster(s) the Provider works from. This individual will be responsible for ensuring care delivery is arranged appropriately within each cluster, ensuring a primary / dedicated team of carers delivers domiciliary care in dedicated clusters, and that these staff members understand and have knowledge of the other community offers and support available to individuals living in these areas. This individual will also be the single point of contact for other agencies to support with multi-agency meetings and approaches for individuals and will attend Managed Network Meetings."

- Providers will need appropriate premises within each cluster that the Provider can operate from – this can include co-location with existing services such as in a day service, extra care or sheltered housing scheme or Locality Hubs (which will in place during the length of the DPS)

2.7.12 For the avoidance of doubt, Providers are not required to have an office base in each cluster they operate from but must be able to demonstrate their physical presence and local expertise via the above requirements

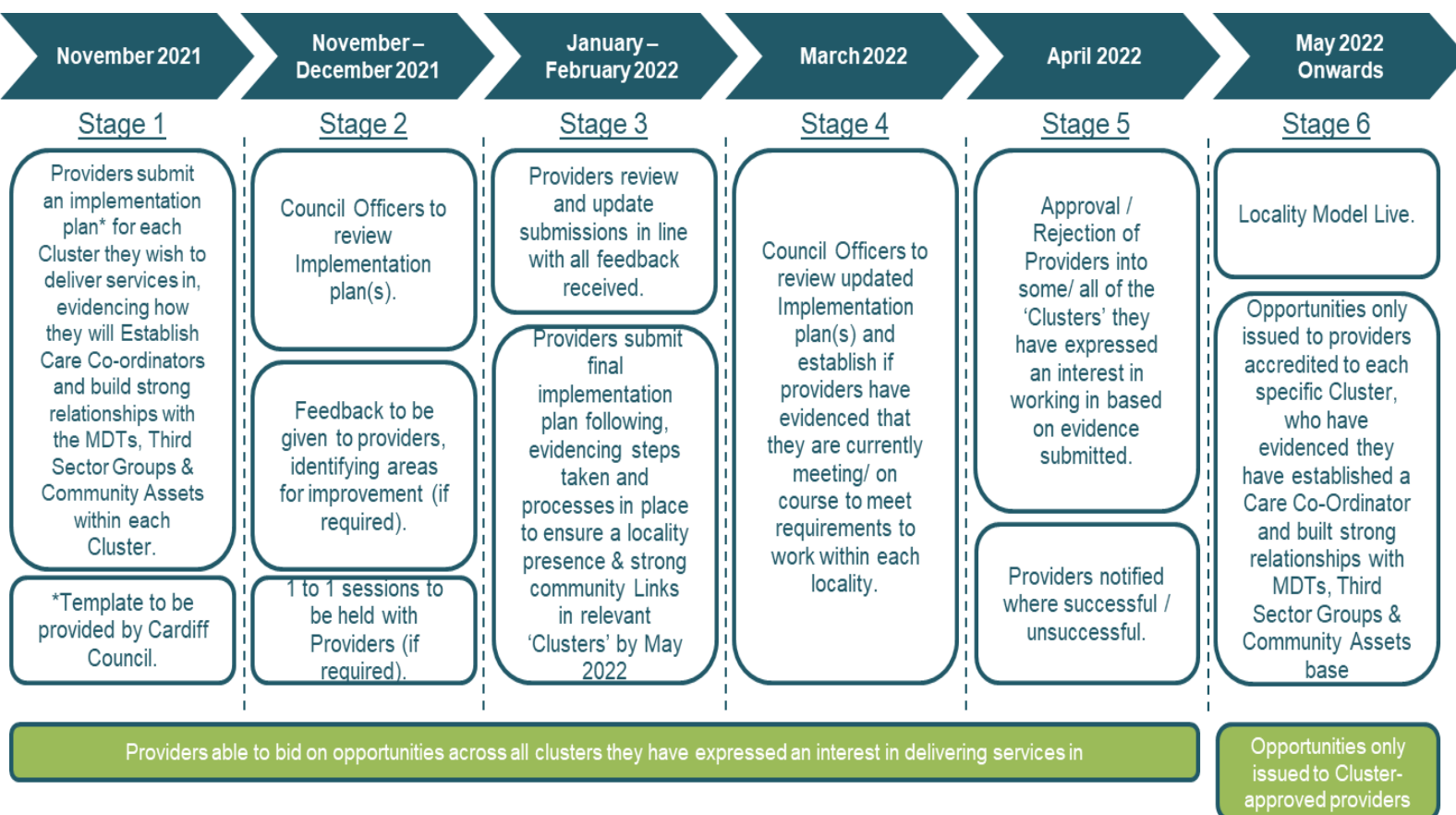
2.7.13 To support this way of working, Cardiff Council will also provide an allocated Network Manager for the Clusters that will aide to develop close working relationships between providers and the Council, and facilitate a managed network of Domiciliary Care Providers per Cluster of delivery.

2.7.14 Cardiff Council will also be introducing two Locality Hubs (one per locality) during the life of the DPS which Domiciliary Care providers will be able to access and arrange multi-agency meetings within to support this wrap-around model.

2.7.15 **Timeline to transition to a Locality Model of working:** It is acknowledged that a number of Domiciliary Care Providers have already started transitioning to this way of working, but others have not. As such, an implementation plan has been agreed to support Providers to transition to achieving locality working within the first **6 months of joining the DPS.**

2.7.16 Providers will be required to submit a Locality Implementation Plan for locality working as part of the application to join the DPS which will be evaluated and reviewed over the first 12 months of joining to ensure efficient progress is being made to achieve locality based working.

2.7.17 The below diagram highlights this process:



2.8 Trusted Assessor Approach

- 2.8.1 The Council requires a flexible and person centred approach in how Domiciliary Care services are commissioned and delivered. The Council expects a service that is equipped to manage a flexible response where individuals have options, and where there is an emphasis on relationship building a personalised approach.
- 2.8.2 It is hoped that there will be increased flexibility in service delivery for Domiciliary Care utilising the Trusted Assessor Approach
- 2.8.3 The Trusted Assessor Approach allows Providers to carry out a holistic assessment of need that avoids duplication and speeds up a response time to alter care as required by changing needs of individuals.
- 2.8.4 The long term adoption of this approach will be informed by a pilot, which will be completed as part of the initial term of the DPS. The outcome of this pilot will inform recommendations on whether and how to implement the Trusted Assessor Approach throughout the length of the DPS

2.8.5 The following will be tested via the Pilot, which is anticipated to be completed by a limited number of Providers on the DPS:

- Providers will be given the opportunity to temporarily adjust service delivery (e.g. increase or decrease hours of support) of up to 10% per week, as informed by a service user's changing needs. A temporary change is defined as up to 4 weeks. It is expected this will allow a formal review to be completed by the Case Manager to agree if this change is permanent.
- Whilst this initial adjustment can be completed without formal approval of the Council, the Provider must inform Case Manager and Cardiff Council Brokerage in writing within 24 hours of the adjustment to delivery. This will trigger a formal review by Social Services.

2.8.6 An example of this can be seen below:

Weekly Hours of Delivery	Change in need	% Change	New Hours of Delivery
14 hours per week (4x 30 min calls each day) = 840 minutes	Increase – 30 min call in the morning is not sufficient – add 10 min to each call	+8.3% (acceptable)	15 hours 10 minutes (910 minutes)
21 hours per week (3x 60 min calls each day) =1260 minutes	Decrease – Lunch time call no longer required 2 days a week – individual now attend local luncheon club	- 10% (acceptable)	19 hours (1140 minutes)
7 hours per week (2x 30 min calls each day) =420 minutes	Increase – an hour is need for the evening call	+33% (unacceptable)	Hours remain the same until a case manager has completed a formal review

2.8.7 However, there will be certain amendments to overall care delivery that cannot be completed without the approval of case management. This includes:

- Transition from single to double handed calls, or vice versa
- Additional Social Calls
- To support with additional cleaning provision within the home, not informed by overall needs.

2.8.8 Proposed Timeline for the pilot of Trusted Assessor Approach (as per implementation plan):

- Cardiff Council to design Pilot – 6 -12 months from Go Live date
- Pilot to run in the first 6 months of Year 2 of the DPS
- Review, recommendations and learning from the pilot and potential implementation of the model to be completed by Year 3 of the DPS.

2.9 Banking of Hours

2.9.1 To support an increasing person-centered and outcome focused delivery of home care, Cardiff Council are interested in trialing a Banking of Hours Pilot throughout the length of the DPS. This pilot will support local people to have more control and say in their care, which will be focused on the outcomes that are important to the individuals.

2.9.2 When given the option to bank hours, it is proposed that the individual receiving care will be supported to 'bundle' their hours which will help them meet the outcomes that are important to them. It is envisaged that the banked hours could then be used to support individuals to access community groups, clubs, leisure centres or even with additional person-led activities within the home. It is also proposed that this model could allow individuals to arrange the hours of care to when best suits them.

2.9.3 It is essential that the banking of hours complements the social care needs as identified by the Wellbeing Assessment, and is not at the detriment of this.

2.9.4 It is the intention that the pilot will seek to understand the impact that the option to bank hours will have, and further understand what these hours will be used for, as requested or directed by the individual receiving care. If there is a request to bank hours and alter service delivery, the pilot will understand the levels of oversight and agreement case management will be required to have with this process (unless within the 10% change as outlined above).

2.9.5 The following is a list of the type(s) of activities that could be completed using the banked hours, and it is proposed that the pilot is used to further test and understand this. Please note this is not an exhaustive list as this process is aimed to be led by the individual needs of the person receiving care:

- Supporting attendance and engagement at local community groups and befriending services
- Shopping assistance
- Meal preparation and cooking lessons / support
- Support attending healthcare appointments
- Trips to self-care appointments such as hairdressing

2.9.6 Examples of banking of hours can be seen in **Appendix D**.

2.9.7 Any proposed changes to delivery, via banking of hours must be in the best

interest of the Service User, and the Mental Capacity Act must be considered at all times. The pilot will help establish the most appropriate way to ensure this.

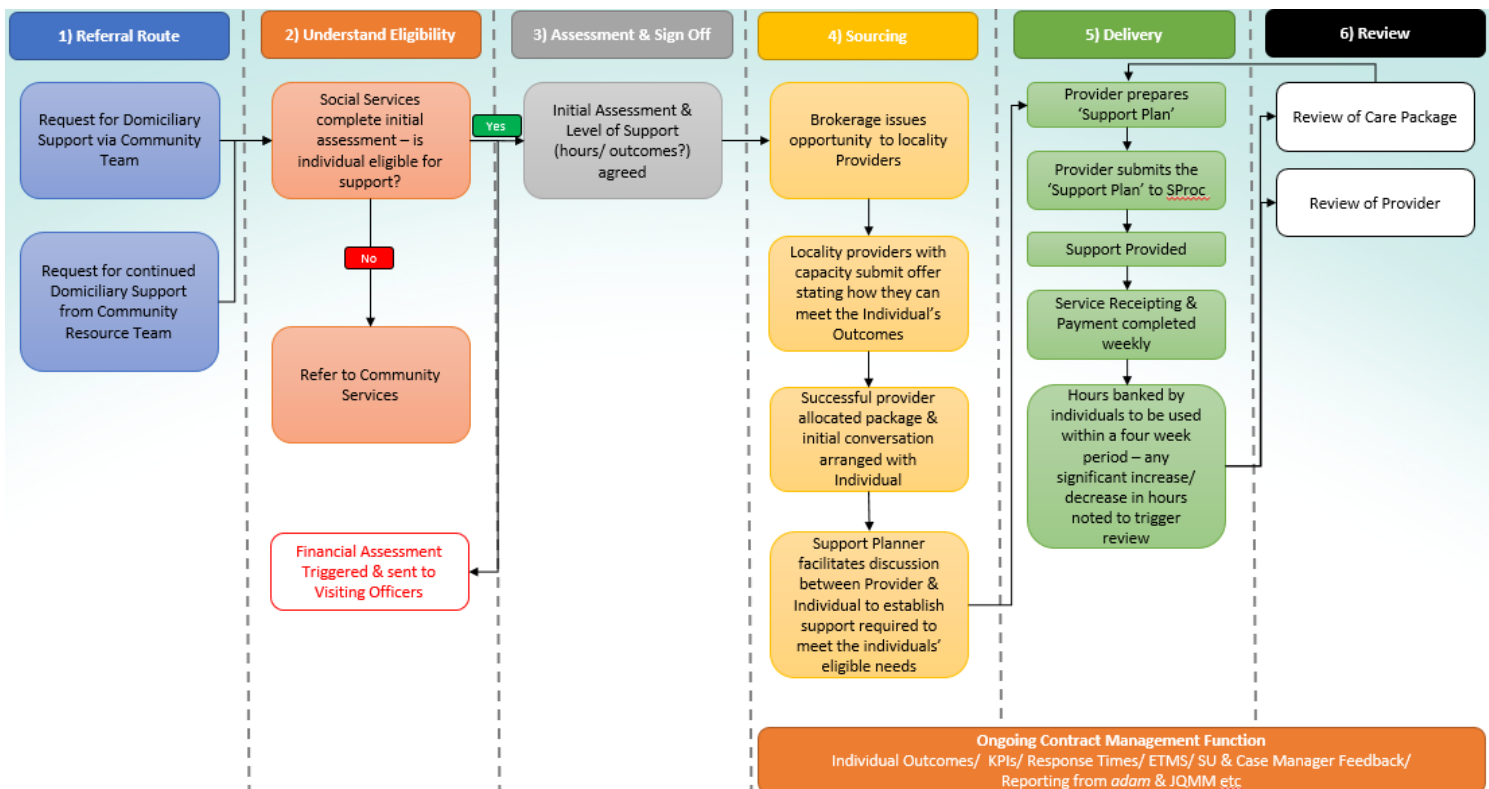
2.9.8 The pilot will test the tolerances and timeliness required for the reconciliation of these hours. It is currently anticipated that this reconciliation will be time limited to a 4 week period, and will be reflected within each service receipt. The 4 week period is likely to be defined as 1st day of the month to the 28/29/30/31 of the month.

2.9.9 Proposed Timeline for the pilot of Banking of Hours Pilot (as per implementation plan):

- Cardiff Council to design Pilot – 6 -12 months from Go Live date
- Pilot to run in the first 6 months of Year 2 of the DPS – limited number of providers to take part in the pilot (TBC)
- Review, recommendations and learning from the pilot and potential implementation of the model to whole market to be completed by November 2023

2.10 Service Delivery Journey

2.10.1 The below diagram outlines the new model of delivery for Domiciliary Care. The following sections of the specification will take each section and outline further detail for potential providers.



- 2.10.2 Following the completion of an individual's needs assessment by Cardiff Council Social Work team, individuals with an identified and eligible need for domiciliary care will follow an internal process to find and allocate suitable care. All individuals will be offered to source care via Direct Payments in the first instance. If this is declined, usual practice will refer new referrals to the in-house CRT Home Care in the first instance for short time, time limited support.
- 2.10.3 A further assessment will be completed by the Social Work team to agree if the individual continues to require home care which will be provided by a Provider on the Cardiff Domiciliary Care DPS. An updated wellbeing assessment and summary of the individual's needs will be drafted at this stage, outlining the required level of support, including hours of delivery and outcomes expected.
- 2.10.4 Following the approval to refer a package of care to externally commissioned providers, a tender opportunity will be advertised on the *adam* HTT Ltd (hereafter referred to as *adam*) platform for Providers on the Cardiff Domiciliary Care DPS to apply for.
- 2.10.5 A comprehensive handover must be completed between CRT and the successful domiciliary care agency if this is the referral pathway.
- 2.10.6 Following the award of a package of care to a provider based on the above criteria, the successful Provider will be invited to a multiagency meeting with the individual and Cardiff Council Social Work team for a 'tripartite conversation'. This conversation will review the initial Care and Support Plan, and allow the Successful Provider and the individual who will receive the care to contribute to the final and agreed plan which will meet the individual's eligible needs. This tripartite conversation would ideally occur face to face, but there may be circumstances where this is required to happen remotely (e.g. impact of the COVID 19 pandemic). This tripartite conversation must occur within **5** working days of the contract award to the successful provider. This supports the provider to meet their regulatory obligation to complete a Provider Assessment within 7 days of the commencement of the provision.

2.11 Review

- 2.11.1 As per the regulations, the care and support plan must be reviewed by the Provider as and when required, but at least every three months.
- 2.11.2 If the Provider believes changes are required to the care and support being delivered (in the absence of the trusted assessor approach) the Provider must discuss this with Cardiff Social Services prior to adjusting service delivery. This must be recorded in writing by the Provider to the Case Manager,

followed by a multi-agency meeting to discuss the care delivery ahead of any planned review date.

2.11.3 If additional support is required immediately and out of hours, the Provider is required to contact Cardiff Council's Emergency Duty Team at the earliest opportunity to request this.

2.11.4 If a long term and substantial change is agreed to a care and support plan, the *adam* system must be updated, a Change Order submitted and the Service Agreement amended.

Part 3 – Outcomes

3.1 Outcomes



3.1.1 An outcome can be described as the impact a service has on the person. Outcome focused services are fundamentally person centred in approach, recognising that each person is unique and will have different needs and

requirements. Cardiff Council has identified a range of outcomes to be achieved in the delivery of the domiciliary care and support services, to support people to take greater control of their lives and live as independently as possible, for as long as possible. Whilst not all are relevant to each care and support package, those relating to and identifying with the person's needs (and documented in their care and support plan), will be the basis on which the effectiveness of the service will be determined. The implementation of this specification must contribute to the following generic outcomes for people, which are also those, sought through the SSWB (Wales) Act 2014 Outcomes Framework and which Care Inspectorate Wales will be inspecting and registering Providers against.

- 3.1.2 Outcomes will be identified through people's initial and ongoing care and support wellbeing assessments and plans. Outcomes specified within the care and support plan will be met and must respond to the individuals needs as assessed by the case manager. However, in order for individuals to live as independently and have a fulfilled life as is possible the service is to be person centred and outcome focused. Individuals must be fully involved in how the service is provided on a day-to-day basis.
- 3.1.3 The Providers must update Care and Support Plans, risk assessments and any other documents relevant to the desired outcomes of the Individuals.
- 3.1.4 The following core impacts and outcomes are expected to be observed for individuals receiving Domiciliary Care, where relevant to their individual circumstances and assessed need:
 1. Individuals are supporting to meet their identified wellbeing outcomes
 2. For a person to recover from an event (e.g. hospital discharge) through short term support, sometimes referred to as reablement
 3. For a person to regain, where appropriate, to their previous level of independence, through medium term support
 4. For a person to live at home and within their community, comfortably and with dignity, with a long term condition
 5. For a person to better self – manage their needs
 6. For a person to remain within their own home as long as possible
 7. For families to have the support they need to maintain their family unit and build on their skills and resilience
 8. To support a person with mental health conditions through a recovery model
 9. Vulnerable people are safe from harm
 10. Individuals receive a quality service that is consistently delivered by appropriately trained staff
- 3.1.5 The following wellbeing outcomes are also expected for individuals receiving Domiciliary Care:

What well-being means	National well-being outcomes
Securing rights and entitlements Control over day-to-day life	<ul style="list-style-type: none"> ✓ I know and understand what care, support and opportunities are available and use these to help me achieve my wellbeing. ✓ I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being. ✓ I am treated with dignity and respect and treat others the same. ✓ My voice is heard and listened to. ✓ My individual circumstances are considered. ✓ I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me.
Physical and mental health and emotional well-being	<ul style="list-style-type: none"> ✓ I am healthy and active and do things to keep myself healthy. ✓ I am happy and do the things that make me happy. ✓ I get the right care and support, as early as possible.
Protection from abuse and neglect	<ul style="list-style-type: none"> ✓ I am safe and protected from abuse and neglect. ✓ I am supported to protect the people that matter to me from abuse and neglect. ✓ I am informed about how to make my concerns known.
Education, training and recreation	<ul style="list-style-type: none"> ✓ I can learn and develop to my full potential. ✓ I do the things that matter to me.
Domestic, family and personal relationships	<ul style="list-style-type: none"> ✓ I belong. I contribute to and enjoy safe and healthy relationships.
Contribution made to society	<ul style="list-style-type: none"> ✓ I engage and make a contribution to my community. ✓ I feel valued in society.
Social and economic well-being Participation in work	<ul style="list-style-type: none"> ✓ I contribute towards my social life and can be with the people that I choose. ✓ I do not live in poverty. ✓ I am supported to work. ✓ I get the help I need to grow up and be independent. ✓ I get care and support through the Welsh language if I want it.
Suitability of living accommodation	<ul style="list-style-type: none"> ✓ I live in a home that best supports me to achieve my well-being

3.1.6 Other individualised and person centred outcomes, as outlined on individual care and support plans, will also be monitored at the regular review meetings

with Cardiff Social Services.

- 3.1.7 A Provider's ability to meet the above service level and individual level impact and outcomes will be monitored routinely via the Contract Monitoring Processes and Provider Quality Score processes as outlined in **Part 7**.

Part 4 – Safeguarding

4.1 General Provisions

- 4.1.1 All Providers on the Cardiff Domiciliary Care DPS must work to protect and promote the health, safety and welfare of individuals in receipt of care and support, to ensure they have a good understanding of personal safety issues. This will include:

- Being safe at home and in the community
- Personal relationships
- Knowing who they can trust
- Awareness and advice of Alcohol Misuse
- Awareness and advice of Substance Misuse
- Not harming themselves
- Managing their worries and fears
- Awareness and advice on the safe use of information technology and social networking forums
- All employees of the Organisation and those (with capacity) who use it will have an awareness of the Prevent Agenda and how to report concerns.

- 4.1.2 The Providers must ensure that individuals are protected from abuse, neglect and self-harm. If there are any concerns regarding potential and/or suspected abuse or if there is an allegation of abuse, it must be reported to a line manager and the Council's Safeguarding Team using the Inter Agency Referral Form (VA1 form) immediately. For out of hours Providers must report to the Emergency Duty Team.

- 4.1.3 The Provider must at all times use the Wales Safeguarding Procedures, Part 7 (Safeguarding) of the Social Services and Well-being (Wales) Act 2014 and any other relevant future legislation and/or guidance.

- 4.1.4 The person will be safeguarded from neglect and abuse and will know that any concerns will be listened to and acted upon promptly.

- 4.1.5 All individuals will:
- Be free of deliberate abuse and neglect, with the Providers responding

- promptly to the sharing of any concerns
- Know who to report concerns to and issues regarding their care and support
- Know that concerns are taken seriously and addressed through the appropriate channels
- Live safely in their own home/community
- Know that home security isn't compromised by the service
- Feel that specific issues relating to equality and diversity have been managed appropriately
- Be supported to develop good communication skills and be enabled to have a voice regarding any concerns, discrimination and/or harassment
- Feel that their dignity, privacy and respect is maintained and safeguarded at all times

4.1.6 All providers must have in place a Safeguarding policy and procedure, which sets out its approach to safeguarding individuals. The Safeguarding policy will be aligned with, and make reference to, the Council's Corporate Safeguarding Policy. The current Corporate Safeguarding Policy is available in **Appendix E**

4.1.7 The Providers will identify a Designated Safeguarding Person to oversee training of staff and to oversee and monitor the response to any safeguarding concerns or allegations. The identified person must be available to discuss any safeguarding concerns with the workforce and should be consulted when immediate actions and referral to the Local Authority is required. All staff should know who to contact in their agency for advice regarding safeguarding and feel able to discuss their concerns no matter how insignificant they may appear. The provider must ensure there is a clear arrangement in place in the event of the named Safeguarding Lead/Person being unavailable.

4.1.8 In all cases of initial contact, where any Provider has reason to believe an individual is in danger, at risk, or that there are adult protection, safeguarding or overriding public safety concerns, the Police must be contacted immediately.

4.1.9 All providers will protect individuals from avoidable harm by ensuring appropriate safeguarding reports are made in accordance with the Council's Corporate Safeguarding policy and procedures, in addition to Regulatory Responsibilities (e.g. CIW and RISCA) and legislation

4.1.10 In addition to providers' statutory requirements, all safeguarding issues will be reported to the Council in writing and recorded on the person's Risk Management Plan and Support Plan within 24 hours as a minimum and reported to the person's social worker.

4.2 Notification of Significant Events

4.2.1 The Providers will immediately notify CIW and the local authority in the event of a death, serious illness or hospital admission of an Individual using the service.

4.2.2 The Provider shall record in writing any major or serious incident that occurs and report the incident to the Council's Contract Manager within a 24 hour period and if appropriate report it using the Council's safeguarding procedures.

By serious incident this includes (but is not limited to):

- Physical harm to a person, member of staff or member of the public;
- Safeguarding concerns;
- Fire-setting;
- Outbreak of serious infection or disease;
- Antisocial behaviour affecting other tenants or members of the public.

4.2.3 The Providers will notify the local authority within a 24-hour period of any incident that means an Individual, in receipt of care and support, may be excluded from a service.

4.2.4 The Providers will notify the local authority within a 24-hour period of other incidents or changes of circumstances that may affect the safety or well-being of the Individual.

4.2.5 The Providers will notify the local authority within a 24-hour period in the event an Individual has requested cancellation of the Service or has ceased to reside at their usual premises for any reason.

4.2.6 The Providers will notify CIW immediately and the local authority within a 24-hour period of any notifiable infectious disease as defined in the Public Health (Control of Disease) Act 1984 or the Public Health (Infectious Diseases) Regulations 1988.

4.2.7 The Providers will notify the local authority within a 24-hour period of any safeguarding issue, which has arisen with an Individual in the service.

4.2.8 The Providers will notify the local authority within a 24-hour period of the termination or suspension of services to the appropriate contact of the local authority who will then inform the respective area assessment and care management team.

4.2.9 The Providers will have written procedures for dealing with situations when an Individual, who is in receipt of care and support, is missing. This procedure shall be approved by the local authority, and fully understood by all support workers.

4.2.10 The Providers will ensure that care workers are fully aware of procedures to protect the welfare of Individuals, who are in receipt of care and support, in the event of an emergency involving for example, water, gas and electricity. Emergency procedures must allow for immediate action by support worker's to bring the situation safely under control.

4.2.11 The Providers must have its own internal guidelines for staff setting out that:

- It is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass their information to the responsible

- person
- Whistleblowers will receive support and protection in accordance with the Act

4.3 Staff Conduct

4.3.1.1 The Providers shall ensure that all staff sign up to the principles, outcomes and standards defined in this service specification and that their conduct is appropriate at all times.

4.3.1.2 Social Care Wales expects social care workers, to meet the **Code of Professional Practice for Social Care** and may take action if registered workers fail to do so. As an employer of social care workers, Providers are expected to take account of the Code in making decisions about the conduct of their staff. Social Care Wales maintains the Register of Social Care Workers (the Register). The Code is the primary document setting out the standards for conduct and practice. It also forms part of the wider package of legislation, practice standards and employers' policies and procedures that social care workers must meet. Registered social care workers are required to comply with the Code. However, Providers are expected to ensure that all its staff follow the Code whether they are registered or working towards registration as it is relevant to all social care workers as it sets clear standards of the conduct and practice expected of the social care profession in Wales

4.3.1.3 The Providers will ensure that staff focus all of their attention on the people who use the service and the delivery of the service – care workers **shall not:**

- Treat the people who use the service 'like just another number' or make assumptions about them
- Be impatient, fail to listen to what an Individual has to say, or talk down to an Individual
- Make commitments to individuals that they cannot keep
- Be distracted through reading, watching television, using mobile/smart phones or any other media, unless it is part of an agreed activity to support an Individual
- Ignore an Individual or the activity that they are supporting
- Be rude or disrespectful to any person using the service, partner professionals, or any other stakeholder
- Talk about an Individual, who is in the room/earshot, to others as if they are not present
- Have 'favourites' or treat those who use the service unfairly

4.3.1.4 The Provider will have a written policy for investigating allegations of misconduct by any staff, and for any subsequent action that may be required.

- 4.3.1.5 Any allegations of misconduct by a member of staff, which come to the attention of the Provider, will be reported immediately to the authorised representative and the relevant manager. A report on any such investigation, including any actions taken as a result, is to be submitted to the Authority, for oversight and involvement as required. The reporting of an incident will not necessarily preclude criminal proceedings taking place. CIW must also be updated.
- 4.3.1.6 The Providers will have a policy on the non-acceptance of gratuities, gifts or legacies which may be token in nature, offered to any employee or persons empowered, by the Provider or Cardiff Council, to provide care and support including paid and unpaid personnel
- 4.3.1.7 The Provider must ensure there is an organisational Code of Conduct that care workers are aware of and adhere to at all times.
- 4.3.2 Safeguarding training is to take place prior to the commencement of delivery of Services by an individual employee, and is to take place annually thereafter throughout the duration of employment under this contract. Awareness of the Wales Safeguarding Procedures App and how to download it and use it must be incorporated into staff induction programmes.
- 4.3.2.1
- 4.3.2.2 The Providers must hold regular team meetings and safeguarding must be a standing item on the agenda, regular updates and reminders must be given at these meetings.
- 4.3.2.3 The Providers must ensure that information about the duty to report safeguarding concerns are readily available to staff at all times.

4.4 Policies and Procedures

- 4.4.1 The Providers must put in place and monitor policies and procedures to respond to allegations of harm, neglect or abuse. This includes ensuring that workers have knowledge about signs of harm, neglect or abuse, be aware of their duty to report these, and know the action they should take.
- 4.4.2 The Providers must have policies and systems in place for workers and people to raise concerns about any matter which might have a negative effect on the delivery of the Services and take adequate action to respond to concerns.
- 4.4.3 There must be a clear policy and procedure for:
- Complaints and service user communication;

- Professional boundaries – setting out clearly the expectations regarding appropriate behaviour and relationships between staff and the individuals receiving the care;
- Whistleblowing - including clear and well publicised procedures for dealing with allegations of abuse by staff made by colleagues or other professionals.
- Medicines Policy, which must be aligned and taking into account the Cardiff Council Medicines Management Policy. This policy is currently in draft, but will be based on the Vale of Glamorgan Draft Medicines Policy outlined in **Appendix F**

4.5 Whistleblowing

4.5.1 The Public Interest Disclosure Act 1998 provides for the protection of people using a service who make certain disclosures of information in the public interest and to allow such people to bring action in respect of victimisation following such a disclosure. The Provider must have its own internal guidelines for staff setting out that:

- It is the responsibility of all staff to act on any suspicion, evidence of abuse or neglect and to pass their information on to the responsible person
- Whistleblowers will receive support and protection in accordance with The Public Interest Disclosure **Act** 1998.

Part 5 – Staffing and Management

5.1 Recruitment and Selection

5.1.1 All providers on Cardiff's Domiciliary Care DPS must have a safe recruitment policy and procedure which meets the following requirements and are in line with relevant employment legislation. Evidence of such a policy and/or procedure will be mandatory and part of the accreditation and enrolment of provider's onto the DPS.

5.1.2 All providers on Cardiff's Domiciliary Care DPS must:

- Have a safe recruitment and selection policy that covers as a minimum; advertising, shortlisting, interview panel, assessment, offers of employment, equal opportunities policy and exemptions, ex-offenders, references, criminal records and probationary periods;
- Selects Care Workers/staff using a process which is open and reflects equality of opportunity and includes taking up the following references and checks prior to employment start:
 - Disclosure and Barring Service and Independent Safeguarding Authority;
 - Original formal proof of identity;

- Previous employer's reference (x2);
 - Ensure that proper procedures are in place to address any potential risk from employees and that decision making on recruitment is fully documented and retained;
 - Have appropriate job descriptions and person specifications for all staff involved in the delivery of this contract, detailing their role and the expectations;
 - Ensure equality of opportunity is recognised and encouraged through the job description and person specification with positive action to encourage applications from under-represented groups;
 - Involve customers / individuals receiving care in the recruitment and selection of staff where possible.
- 5.1.3 The Providers must recognise that people accessing services are vulnerable and that risk should always be minimised when recruiting. Enhanced Disclosure and Barring Service checks must always be carried out when recruiting; the Provider must not rely on previously issued DBS'.
- 5.1.4 Disclosure and Barring Service checks must be repeated every three years to ensure that they are current and ensure such checks are compliant with the law.
- 5.1.5 The Providers must have sound recruitment and selection policies in place that minimise risk and promote safeguarding. The Provider will ensure that workers involved in the recruitment process are Safer Recruitment trained.
- 5.1.6 The Providers must take up at least 2 references from current and former employers. At least one reference must be from the candidates' current or most recent employer.
- 5.1.7 The Providers must ensure that all service elements cover the following:
- Comply with the requirements of the Transfer of Undertakings Protection of Employment Regulations 2006 (TUPE) in relation to relevant transfers, as and if relevant.
 - Employ sufficient in number, competent care workers to deliver the services as described in this service specification and for the hours of delivery the Provider has committed to with the Council. Please refer to **Section 2**
 - Provide adequate cover of support staff, to ensure that the service continues to be delivered at an acceptable level in the event of personal emergencies, sickness and leave i.e. all areas of the specification must be met, although there may be short delays in service delivery. The local authority must be notified at any time where delays are likely to take place.
 - The Provider is to deploy care workers appropriately in order to ensure the assessed care and support needs and all planned and agreed outcomes will be met.
 - Ensure the staff employed are knowledgeable, skilled, empowered and motivated, are appropriately qualified and trained in accordance with the

Social Care Wales requirements and the National Minimum Standards to deliver the service. See **section 5.2** for more information.

- Develop robust organisational policies and procedures on recruitment and selection of care workers, which protect the well-being, security and the health and safety of the people who use the service.
- The Providers will provide senior management sufficient in numbers to ensure that all care workers are adequately supervised and properly instructed to perform their duties. Staff will receive a minimum of one to one supervision session every 3 months in line with Regulatory requirements but ideally this will be more frequent and an annual appraisal.
- The Providers will ensure care workers are able to access support from a supervisor as required.

5.2 Staffing Requirements

5.2.1 As per CIW registration requirements, all Providers will have an allocated Responsible Individual and Registered Manager for the service they deliver.

5.2.2 It is the Providers' responsibility to ensure there is an adequately sized and qualified staff team to manage the number of hours of service delivery the Service has been commissioned to provide.

5.2.3 The Providers are required to maintain a stable core team of staff as much as possible, but is expected to provide additional staff for peaks of demand. Maintaining an identifiable team whilst using staff efficiently to reduce downtime will be a key requirement of the Providers. It is expected that there will be cover arrangements to account for the annual leave and sickness leave of staff members. It is essential that the Provider maintains consistency of the staff employed to work with individuals who are in receipt of care and support.

5.2.4 As much as possible, Providers will work to ensure consistency of care workers for individuals receiving care and support at their home or in the community.

5.2.5 The Providers will ensure that there is a senior member of staff / managers available at all times of service delivery to manage the staff team and ensure there is effective service delivery at all times.

5.2.6 The amount of care and support required will vary between individuals and at different times with the same individual. This shall be determined in the individuals care and support plan. The Providers will respond to these different needs within their staffing arrangements and produce sufficient staffing arrangements that will be available 24 hours per day to ensure the effective provision of service as identified in the Care and Support Plan.

5.2.7 The Providers will have management cover arrangements in place for when the manager is not available.

5.2.8 Providers must ensure that all staff (including all permanent, temporary or

agency staff and volunteers) responsible for delivering support and care have the experience, knowledge, skills and training appropriate for the delivery of Domiciliary Care. This includes minimum qualifications as per Social Care Wales requirements:

- **For the Registered Manager** – City and Guild Level 4 Preparing for Leadership and Management in Health and Social Care: Practice PLUS City and Guilds Level 5 Leadership and Management of Health and Social Care Practice
- OR Any of the other Level 3 qualifications or above list on the Social Care Wales Qualification Framework PLUS City and Guilds Level 4 Preparing for Leadership and Management of Health and Social Care: Practice PLUS enrolment onto Level 5 Leadership and Management of Health and Social Care: Practice.
- OR other acceptable qualifications are listed [here](#)
- **For Care Workers** – City and Guilds Level 2 Health and Social Care: Core PLUS City and Guilds Level 3 Health and Social Care: Practice (adults), City and Guilds Level 2 Health and Social Care: Practice or City and Guilds Level 4 Professional Practice in Health and Social Care.

5.2.9 As of 1 April 2020, all individual Care Workers (including deputy domiciliary managers, domiciliary service co-ordinators, senior care workers and support workers) employed by a Domiciliary Care must be registered with Social Care Wales. The Manager must also be registered as such with Social Care Wales, as per The Regulated Services (Service Providers and Responsible Individuals (Wales) (Amendment) Regulations 2019 that came into force on 1 April 2019.

5.2.10 Workers who are new to social care will need to register by completing the All Wales Induction Framework for Health and Social Care (**See section 5.3**) or the Social Care Wales Principles and Values Award within **6 months of starting employment**. Carers will then need to have completed the required qualifications, as listed above, within their first **3 year period of registration**.

5.3 Induction and Training

5.3.1 It is the responsibility of the service provider to make sure that everyone working at the service receives an induction that is appropriate to their role, including management. This induction is to be robust and accessible to prepare them for new and changing roles and responsibilities.

5.3.2 [The All Wales Induction Framework for Health and Social Care \(AWIF\)](#) is a framework for social care workers and healthcare support workers. It covers care and support for adults, children and young people. It provides a structure for a common induction in health and social care across Wales and outlines the knowledge and skills new workers need to gain in the first 6 months of their employment.

5.3.3 All new managers will receive the ‘Social Care Manager’ – practice guidance

for social care managers registered with Social Care Wales as part of their induction, along with the 'Code of Practice for Social Care Employers'.

5.3.4 The Providers must ensure that **all** staff members (i.e. not just those new to care) have an induction programme which must fully cover safeguarding policy and procedures. A signed and dated record of staff inductions must be held on their file, with training records.

5.3.5 The Providers will have a staff Induction policy/process that is completed by all new care workers (to the agency) within four weeks of commencing employment. Satisfactory completion of the Induction will be recorded in the staff-training file.

5.3.6 The Providers will provide in-service training for care workers that will cover all aspects of their personal responsibilities and role. The Provider will ensure that all training is undertaken by staff at external training locations and will only be provided in the home of an individual, who is in receipt of care and support, when it is specific to the location of their home and is an essential part of the training. The Provider will ensure adequate staffing levels are provided to cover staff to undertake training.

5.3.7 The induction training package must include but is not limited to training on:

- Manual Handling Training (which includes information on back care) to be undertaken by a certified trainer;
- Anti-Discriminative Practice (which includes relevant equality legislation);
- First Aid;
- Medication Management;
- Basic Personal Care;
- Health and Safety;
- Risk Management, with full training given to those doing risk assessments;
- Control of Infectious Diseases and Infection Control Procedures;
- Standards of Conduct;
- Wales Safeguarding Procedures, both for adults and children;
- Record Keeping
- Confidentiality and Information Governance (including the impact of the General Data Protection Regulations, GDPR)
- Managing aggression or behaviours that challenge;
- Personal safety;
- Food hygiene;

5.3.8 The Induction must be comprehensive and detailed so staff are competent in the following areas as an absolute minimum prior to the delivery of care:

- Staff are made aware of any potential known risk to themselves or others whilst undertaking duties associated with their employment.
- Staff are able to report any concerns regarding risks to themselves or the

- people in receipt of care to the Provider and the Social Services Team
- Staff are trained in moving and handling techniques and the use of any equipment used to help people.
- Staff are made aware of issues relating to dealing with aggressive and or behaviour that challenges and receive appropriate training.
- Staff and managers work to the agreed Safeguarding of Vulnerable Adults procedures and receive appropriate training.
- Staff are aware of emergency situation guidelines and are provided with appropriate training including arrangements in the event of a fire.
- All staff are made aware of possible risks of infection to themselves and others when providing personal care to individuals and are provided with appropriate training.
- Staff are aware of the contact number of a manager out of office hours.
- All staff are aware of the organisations Policies and Procedures including:
 - Disciplinary Policy and Procedures;
 - Managing confidentiality and the right of a service user to see their own personal records;
 - Local Complaints Procedure;
 - Code of conduct for the service
 - The use of own vehicles for transporting service users and the associated insurance requirements
 - Guidance around professional boundaries

5.3.9 All staff will receive an induction pack and manual containing information on the organisation's aims, policies and service principles, together with the procedures and guidelines relevant to their role.

5.3.10 Each new member of staff must receive a formal induction session with their manager or other appropriate person to go through the written information contained in the induction pack and their understanding needs to be confirmed by signature;

5.3.11 The manager or appropriate person must record that induction sessions have taken place, indicating their satisfaction with the worker's awareness of the organisation's service principles, contract requirements, policies and procedures in relation to his or her role as a worker prior to the worker commencing their duties. Follow up sessions must be arranged if necessary.

5.3.12 The Provider is expected to work in partnership with the Council in the provision of induction training and comply with models of best practice. Induction training will need to emphasise the distinctive elements of providing a care and support service to a group of people who are living with complex needs.

5.3.13 The Provider is required to issue detailed Health and Safety Policy statement in compliance with the Health and Safety at Work Act Etc. 1974 Section 2(3) (Section 2 of the HSW Act deals with employers' duties, and states: "It shall be the duty of all employers to ensure, so far as is reasonably practicable, the health safety and welfare of all their employees whilst they are at work).

5.3.14 Section 3 requires the employer to ensure that people not employed, but who could be affected by his operation, are not placed at risk. The public, customers, visitors or Providers attending the site might need training or supervision to minimise the risk to their health and safety while on site, or relevant personal protective equipment (PPE), along with training on how to use it correctly, may need to be provided.

5.3.15 All care staff should be employed for a probationary period of at least 3 months after commencement of employment. After such probationary period, employers must assess the employee formally to ensure they are suitable for the work and role of employment.

5.4 Overall Training Requirements

5.4.1.1 In recognising the value of the workforce and supporting the development of the workforce, the Provider will be responsible to ensure all care workers are in receipt of regular and appropriate training. All training will be valid, accredited where possible and evidenced based. Where required, training will be updated within the timescales of the training programme.

5.4.1.2 The Provider shall provide sufficiently trained appropriately qualified and competent staff as outlined above to meet this service specification, having regard to the number, age, gender, abilities and needs of the people who use the service.

5.4.1.3 The people using the service can be assured they are in receipt of a service that is being provided by a workforce who are experienced, knowledgeable and skilled to a level that is relevant to their identified needs.

5.4.1.4 All training will emphasise the need to maximise the potential for people who are in receipt of care and support, to learn new or maintain personal care skills. No staff member will use specialist equipment or carry out procedures, including moving and handling of people, without first receiving appropriate training and being deemed competent to use such equipment by an appropriately trained person;

5.4.1.5 When the local authority has provided equipment and guidance for the moving and handling of an Individual, supervisory care workers must ensure the information is cascaded to all other care workers and ensure they are competent in its use.

5.4.1.6 Each staff member, including managers, must receive an annual appraisal of their training needs and have a maintained training record;

5.4.1.7 The Provider must have a training strategy with defined aims and objectives, identified methods of training for each staff group, including managers, and evidence of staff participation with training activities.

5.4.1.8 The Provider will provide specialist advice, training and information to support workers, who work with people who are living with physical and/or medical conditions, by someone who is occupationally qualified to do so;

5.4.1.9 Care workers must receive specific training on medication management and administration (as required) which must be regularly reviewed and updated

5.4.1.10 Training must include as a minimum but not limited to:

Training:	Information:
Adult and Child Protection including any relevant safeguarding issues e.g. domestic abuse	Training is available via the local authority and should be provided to all staff without exception.
Manual Handling – All Wales Passport	Staff must attend the “All Wales Manual Handling Passport” no later than two months of starting work.
Basic Food Hygiene (Level 1)	Any staff involved in preparing, managing, storing or disposing of food and/or food waste must attend this training prior to completing such tasks.
Control of Substance Hazardous to Health (COSHH)	All staff should be trained in COSHH, as good practice and as a basic health and safety requirement.
Reporting of Injuries, Disease and Dangerous Occurrences Regulations (RIDDOR)	All staff should be trained in RIDDOR, as good practice and as a basic health and safety requirement.
First Aid	All staff should be trained in emergency first aid, as a minimum requirement (i.e. Heartstart) as good practice and as a basic health and safety requirement.
Job Based Competencies	This will include the following:- <ul style="list-style-type: none"> • Personal Care • Infection Control • Equality and Diversity • Electronic Time Monitoring Systems • Telecare and Telehealth • Keysafe Operation • Wheelchair Operation • Reporting Procedures • Medication Training – Medicines Management and Administration • Handling Individuals’ Finances • Fire Training

	<ul style="list-style-type: none"> • General Data Protection Regulation • Mental Capacity Assessment and Best Interest Decisions • Deprivation of Liberty
Other Training (specific to Service Users – not an exhaustive list)	<p>This may include the following:-</p> <ul style="list-style-type: none"> • Complex Behaviours • Challenging behaviours • Dementia Awareness • Epilepsy Awareness • Sensory Impairment Awareness • Diabetes and other serious Health Conditions • Mental Health Awareness • Basic Substance Misuse Awareness • Brain Injury • Palliative Care • Stroke Awareness • Domestic Abuse Awareness • Catheter Care • Parkinsons Awareness Training • Wound Care
Other Training (not an exhaustive list)	<p>This may include the following:-</p> <ul style="list-style-type: none"> • Role of the NHS • Social Care values • Complaints • Risk Assessment • Equality and Diversity Awareness • Strength Based Approach to Care • Person Centred Care Planning

5.4.1.11 A record of all formal/informal training, including support worker training plans/records, certificates and qualifications will be monitored on an annual basis and kept by the Provider. These records will be submitted to the local authority on request

5.4.1.12 The Providers must ensure that its workforce has a broad knowledge base and professional training that is targeted to the needs of older people and regularly reviewed. To achieve this the Providers must ensure that:

- There is an organisation wide training strategy detailing how training needs are assessed and training planned and delivered in line with the organisation's aims and objectives and the requirements of this contract.
- There is an up to date Training Plan for each member of staff which highlights mandatory and discretionary training for each role involved with the delivery of the personal domiciliary care and support service.
- Staff undergo a review of training needs at least annually and have an individual profile and training plan.
- Staff are given opportunities for personal development and are positively encouraged to take part, this should include opportunities to study for and gain mandatory and vocational nationally recognised care and support qualifications.
- Staff training includes language sensitivity and its impact on service delivery, with particular reference to the Welsh Government's 'More than Just Words' strategy which seeks to ensure that Welsh language speakers receive health, social services and social care services in their first language.

5.4.1.13 The Providers must ensure continuing professional development for its employees, to ensure that their knowledge is up to date and any gaps in training are addressed. The Provider should ensure employees receive refresher training as and when it's needed.

5.4.1.14 The Providers must provide their workforce development plan to the Council through the contract management arrangements, working with the Council to prepare staff for any emerging issues.

5.4.1.15 The Providers should hold and record (minute) formal team meetings, with identified actions and goals to be completed by named individuals.

5.4.1.16 Providers are able to access Cardiff Council's social care workforce training and development unit who administer the provision of training supported by the 'Social Care Wales Workforce Development Partnership (SCWWDP) Grant. The team provide a range of training courses both online or classroom based in various locations across the City.

5.5 Equality and Diversity

5.5.1 Cardiff Council is a culturally diverse council and the Services commissioned must be culturally sensitive. The Providers must have an Equality and Diversity Policy and must provide a copy to the Authority upon request. The policy must cover the ways in which the Providers will promote equality of opportunity and prevent discrimination in relation to those protected characteristics outlined in the Equality Act 2010:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership

- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

The providers will ensure, at a minimum, the following good practice is followed:

- Ensure that their staff have a knowledge and understanding of the vulnerabilities and social needs of the people they support and care for;
- Ensure that staff have the skills to meet the individual needs of people, including communication skills, knowledge of cultural customs and racial, gender and disabilities awareness;
- Provide staff training on the full range of equalities issues;
- Deliver services equally to those whose first language is not English. For the most frequently spoken languages the Providers should seek to directly employ staff with language skills. Where staff with the necessary language skills are not available, the Providers should employ translators on an ad-hoc basis.
- Be able to produce materials that recognise a range of language and communication needs e.g. for groups whose literacy levels are low, whose first language is not English and for those for whom written material may be problematic
- The Providers will make available to People who use the Service a copy of its Equality and Diversity Policy at commencement of the service. Likewise, a copy will be made available for staff at commencement of employment.

5.6 Supervision of the workforce

5.6.1 All providers on the Cardiff Domiciliary Care DPS must ensure that all staff have regular supervision appropriate for their role within the service and maintain evidence of staff supervision and support, including audits of service user records and outcomes and regular observations of service delivery.

5.6.2 Formal supervision must be offered by the employee's line manager ideally on a 4-6 weekly basis (however a minimum of 3 monthly is acceptable, as per theRISCA requirements), and can be externally resourced as required. Supervision sessions should cover at the very minimum:

- Wellbeing
- Overview and reflective practice on service delivery
- Development requests and training requirements

5.6.3 All members of staff must receive an annual appraisal at the very minimum

5.7 Use of Agency Workers

- 5.7.1 The use of agency workers will be kept to a minimum in order to maintain a stable and consistent approach to service provision.
- 5.7.2 Where agency workers are used, the Providers must ensure that the appropriate checks have been made, they have the skills and experience to deliver the service effectively and safely and the induction is carried out prior to employment. The Providers will meet the entire expense of an agency worker. Agency / Relief workers will need to read key documents relating to the individual's care e.g. care and treatment plan prior to delivering that care unsupervised.
- 5.7.3 Providers will also ensure that adequate service is maintained and that planned handovers are undertaken and recorded appropriately.

5.8 Staff Records

- 5.8.1 You will ensure that there is a record for each staff member containing:
- Name, address, date of birth and telephone number
 - Qualifications and experience
 - Name, address and telephone number of next of kin
 - Proof of identity, including a recent photograph
 - A copy of the person's birth certificate and passport (if any)
 - Details of any criminal offences: – of which the person has been convicted, including details of any convictions which are spent within the meaning of section 1 of the Rehabilitation of Offenders Act 1974 and which may be disclosed by virtue of the Rehabilitation of Offenders (Exceptions) Order 1975; or in respect of which he has been cautioned by a constable and, which at the time the caution was given, he admitted.
 - An enhanced DBS disclosure and checks obtained in line with regulation and guidance.
 - Two references, including a reference relating to the last period of employment of not less than three months duration, which involved work with children or vulnerable adults.(unless there is no previous employer)
 - Where the person has previously worked in a position, which involved work with children or vulnerable adults, verification, so far as reasonably practicable, of the reason why he/she ceased to work in that position.
 - Evidence of a satisfactory knowledge of the English language, where the person's qualifications obtained are outside the United Kingdom.
 - Documentary evidence of any relevant qualifications and training.
 - A full employment history, together with a satisfactory written explanation of any gaps in employment and details of any current employment other than for the purposes of the agency.

- A statement by the registered Provider, or the registered manager, as the case may be, that the person is fit, both mentally and physically, for the purposes of the work, which he is to perform.
- The dates on which the person commences and ceases to be so employed
- The position the person holds at the service, the work he or she performs and the number of hours for which he or she is employed each week.
- With specific reference to moving and handling all care workers must be fit enough to use and operate equipment and able to adopt safe working postures as required. All workers must be made aware of the requirements for safe practice as stated in the All Wales Manual Handling Passport procedures.
- A completed application form for all support workers
- All staff is issued with a job description and a contract of employment.
- Details of any professional indemnity insurance.
- The Providers will provide, in writing, to all care workers a copy of their position relating to annual leave, sickness, maternity/paternity arrangements, grievance, disciplinary procedures and other similar schemes.
- Records of all disciplinary action and any other records in relation to the person's employment.

5.9 Uniform

5.9.1 Providers to ensure that the workforce dresses appropriately for service delivery as part of their Code of Conduct Policy. This may include a specific uniform but this is at the discretion of individual providers.

5.9.2 Providers will ensure that all staff are aware of the possible risks of infection to themselves or others when providing personal care to individuals

5.9.3 In line with this, Providers must ensure they have access to and make available to staff as required the following minimal personal protective equipment (PPE):

- Disposable Gloves
- Aprons
- Medical face masks
- Face Shields
- Sanitising Gel

5.9.4 During a pandemic (e.g. the COVID 19 pandemic), all Providers must follow local guidance relating to the mandatory wearing of PPE when delivering care on behalf of the Local Authority.

5.9.5 Providers must ensure all care workers are issued with a personalised identification badge or card, which contains a photo of the care worker, the Provider's name and logo, address and telephone number.

5.9.6 The ID badge must be worn or clearly displayed at all times when the care worker is on duty

5.9.7 The ID badges must have an expiry date, and they must be systems in place to renew the badges or recall these when employment ends.

5.10 Business Continuity

5.10.1 Providers on the Cardiff Domiciliary Care DPS are required to have Business Continuity Plans in place that, at the very least, considers how the service will manage in the following circumstances:

- Significant reduction in workforce that impacts the service's ability to provide the packages of care commissioned
- IT failure including virus attack
- Severe weather conditions (e.g. flooding or snow) or other local issues (e.g. Section 60 notices) that may disrupt the delivery of care
- Interruption to Energy Supply
- Fire Risk
- A Pandemic / Infection Control issues

5.10.2 Providers must continue to support individuals if they enter the hospital or a nursing / residential home, or any other form of accommodation that is assessed as appropriate, until a formal handover has been completed and a step down of care has been agreed with the allocated Social Worker.

5.10.3 Where concerns or issues lead to an irretrievable breakdown of an individual service provision, the Provider must inform the Contracting Authority in writing without delay, detailing the reasons for the breakdown and any action taken to achieve a resolution. Following of review of the circumstances and in agreement with the responsible Social Worker, the Council may agree the a termination period for an individual package of care, in very exceptional circumstances.

5.11 Record Keeping

5.11.1 People who are in receipt of care and support, must know that information about them is handled appropriately and that their confidentiality is assured. The Providers must ensure, with the agreement of individuals, that there is a suitable safe/secure place for the storage and safe keeping of the individual's files and any other confidential information that needs to be held.

5.11.2 Individuals will be provided with a written statement explaining:

- their right of access to their own personal records. Each Person must have the same rights of access to personal information held on files kept by the Provider as would apply to files kept by Adult Services. This includes nursing records and medical records, following consultation with their General Practitioner.
- their right to complain and a procedure for doing so. This must include assurance that their service will not be jeopardised if a complaint is made;
- their right to have personal information treated confidentially;
- their right to request a change of care/social worker.

5.11.3 Records kept on individuals will be available to the Person on request.

5.11.4 Each individual receiving care and support has in place a set of records that are factual, legible, dated, signed and kept in a safe place as agreed with the individual, which include:

- All relevant assessments
- Care and Support Plan with agreed care outcomes;
- Any reviews of Care and Support Plans
- Risk assessments and risk management plans;
- Detail of all care provider, including daily records or records of specific care interventions
- Details of any identified changes in an individual's behaviour that is viewed as untoward or unusual.
- Medication records (if appropriate);
- Details of any special dietary needs and/or medical treatment required;
- Daily participation records that identify in detail the support activities and services provided that identify and confirm particular outcomes have been met and any new personal achievements made;
- Details of changes in an individual's personal circumstances, care and support needs or health condition.
- Correspondence, reports and records in relation to additional support provided by other partner organisations, including Adult Services

5.11.5 These records are monitored on an ongoing basis, by the Provider for accurate completion and then filed appropriately. A senior care worker will check on a monthly basis and address any issues of relevance and accuracy.

5.11.6 Records on individuals must only contain verifiable and factual information. Language used should be respectful of the individual and their carer. The source and direct observations by care workers must be recorded.

5.11.7 Where possible the Providers will seek to meet the linguistic requirements of individuals in receipt of care and support and comply with the Welsh Language (Wales) Measure 2011 and this will be reflected within their written records.

5.11.8 The Providers must ensure that there is a confidential personal file for each person who is in receipt of care and support. All matters relating to individuals

must be recorded in this file. Arrangements for access to personal files should ensure that staff and the individual are able to gain access as and when required or as appropriate.

5.11.9 Individual personal files must contain the following information:

- Name, date of birth and telephone Number of the individual
- Preferred form of address.
- Name, address, telephone number of next of kin, or any other person authorised to act on his/her behalf;
- If an individual is subject to guardianship, Name, Address and Telephone Number of the guardian
- Name, address, telephone number of GP.
- Name, address and telephone number to the Social Work Team and any other professionals involved in the care and support of the individual
- Records requested by other professionals that inform the care and support plan and the positive behaviour support plans;
- Records relating to medical history, treatments, welfare and conduct, progress reports, educational needs/achievements and any other relevant information pertaining to significant events that has affected individuals.
- Completed accident forms.
- Date of commencement of the service.
- The contract between the Provider and the Individual specifying the agreed terms of their care and support.
- Date of termination of service.
- Record of the original care and support assessment of need.
- Date of Review/Reassessment of Service.
- Achieved outcomes for the individual's through the provision of support.
- Individual staff support schedules/work programme (as appropriate).
- Record of Hospital Admissions/Discharges
- Records of any complaints both formal and Informal made by an individual using the service or made by their NOK/representative, with a record of response/agreed actions Subject to MHA or MCA restrictions, including review and end dates.

5.11.10 In addition to the individual's personal record, the following information must also be kept and maintained as required by legislation:

- All accident/incident report forms affecting an Individual and written procedures to be followed in the event of an accident;
- A written procedure to be followed in the event of an individual going missing;
- Food record sheets;
- Handover documents that inform on duty support staff – to maintain consistency with service provision.
- Incident debriefing records
- A written medication policy and procedure that has been agreed with the

local authority and will not be altered without agreement of both parties, is to be followed, by support staff, with reference to assisting an individual with the administration and management of their medication as appropriate to an individual's recorded needs, capacity/skill level.

- A record of all financial transactions undertaken

5.11.11 Minimum data/information collection as part of routine contract monitoring is outlined in **Sections 7.2 and 7.3**, however, Cardiff Council reserves the right to request additional data as and when required to inform the development and delivery of the contract and is a mandatory requirement of the provider to ensure timely provision following any request from the Council.

5.11.12 All Providers must be aligned with **Schedule 2 – Records to be kept in respect of regulated services (Part 1)** of The Regulated Services (Service Provider and Responsible Individuals) (Wales) Regulations 2017.

5.12 Information Sharing

5.12.1 The Providers will offer a confidential service but will operate to information sharing protocols agreed by the Council, in line with legal responsibilities under the General Data Protection Regulation 2018 (Data Protection Act 1998) and local Safeguarding Procedures.

5.12.2 The Providers will work within the Cardiff Council's Data Processing Agreement and any supporting information sharing memorandums of agreements needed. All information sharing shall be governed by these protocols. Cardiff Council is defined as the data controller for any individual placement contract in place with a Domiciliary Care provider.

5.12.3 The Providers will ensure that all relevant staff shall have secure email addresses and appropriate access arrangements to sensitive information.

5.12.4 The Providers will ensure that all information shared with the Contract Manager and other services external to the service, is shared in line with data protection protocols and via a method of secure transmission.

Part 6 – Partnership Working

6.1 Health Funding or Continuing Health Care

6.1.1 If applicable, where an individual is subject to 'Health Funding' or 'Continuing Health Care', such individual will be separately funded by Cardiff Council and Cardiff and Vale University Health Board.

6.2 Co-production

6.2.1 There is an expectation that providers will adopt co-productive approaches in designing and delivering the care and support to deliver individual's outcomes and will also involve them in any evaluation and review of the service.

6.2.2 Cardiff Council understand Co-production as:
Delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.

6.2.1 The Council's focus will be on a model of support that promotes individualism, 'choice, voice and control', independence and progression and of critical importance is how this can be demonstrated by Service Providers.

6.3 Added Value and Community Benefits

6.3.1 The Providers are expected to deliver added value. This should only relate to value added to the delivery of this contract and should not refer to other services delivered or funded from elsewhere.

6.3.2 It is proposed that this added value should focus on individuals being integrated into the community.

6.3.3 Delivery of community benefits will be part of the contract delivery

6.4 Social value

6.4.1 Providers will be required to demonstrate how fulfilment of this contract will contribute to wider social value initiatives within Cardiff Council.

6.4.2 The Public Services (Social Value) Act 2012 requires us to consider more widely the economic, environmental and social benefits of service procurement. For example, how the Service itself will contribute to local employment and how employment and volunteering opportunities will be made available to people to help them gain experience and confidence.

6.4.3 The Council has adopted the Cardiff Council Socially Responsible Procurement Policy, which brings together a number of different legislative requirements, policy initiatives and aspirations into a single coherent framework underpinned by six key priorities:

- Local Training and Employment
- Green and Sustainable
- Think Cardiff First
- Ethical Employment

- Partners in Communities
- Promoting the Wellbeing of Young People and Vulnerable Adults

The aim of this policy is to ensure that the Council maximises the social, economic, environmental and cultural wellbeing that it delivers through its procurement activity. The Council wants to work with organisations who share our values around promoting social value and fair work practices.

Part 7 – Performance Management

7.1 Contract

- 7.1.1 The Providers on the Cardiff Domiciliary Care DPS agrees to work with and under the direction of the local authority Contracts Team to report on the agreed performance measures from the start date that the Provider begins the delivery of service.
- 7.1.2 The Providers must be proactive in reporting any issues to the Social Work and Contracts Team affecting either the quantity or quality of anticipated outcomes or outputs in an honest and timely manner throughout the duration of the contract.
- 7.1.3 The Provider must submit such documents, records and information as is required and allow the Council to consult directly with any employees or staff in connection with the provision of the services as is considered necessary, subject to the requirements of the General Data Protection Regulations (GDPR).

7.2 Contract monitoring

- 7.2.1 The Providers must participate in the ongoing monitoring and evaluation of the service provision in a consultative manner with the Council (including the collection of management information and other data as required)
- 7.2.2 All providers will be monitored, reviewed and evaluated by the local authority which will align with the six Council's Corporate themes:
- Supplier Performance (Which will include overall service impact and outcomes)
 - Quality Compliance
 - Cost Compliance
 - User Experience
 - Risk Management
 - Social Value
- 7.2.3 The Contracts Team will undertake quality benchmarking on a regular basis in

order to quality assess providers and evidence outcomes by individual agencies for local people.

7.2.4 A Provider Quality Score Card (PQS Card) will be used to collate, monitor and analyse Provider performance on a quarterly basis.

7.2.5 The analysis of this score card will provide a Provider Quality Score for each agency, which will link into the individual contract award criteria for securing a package of care.

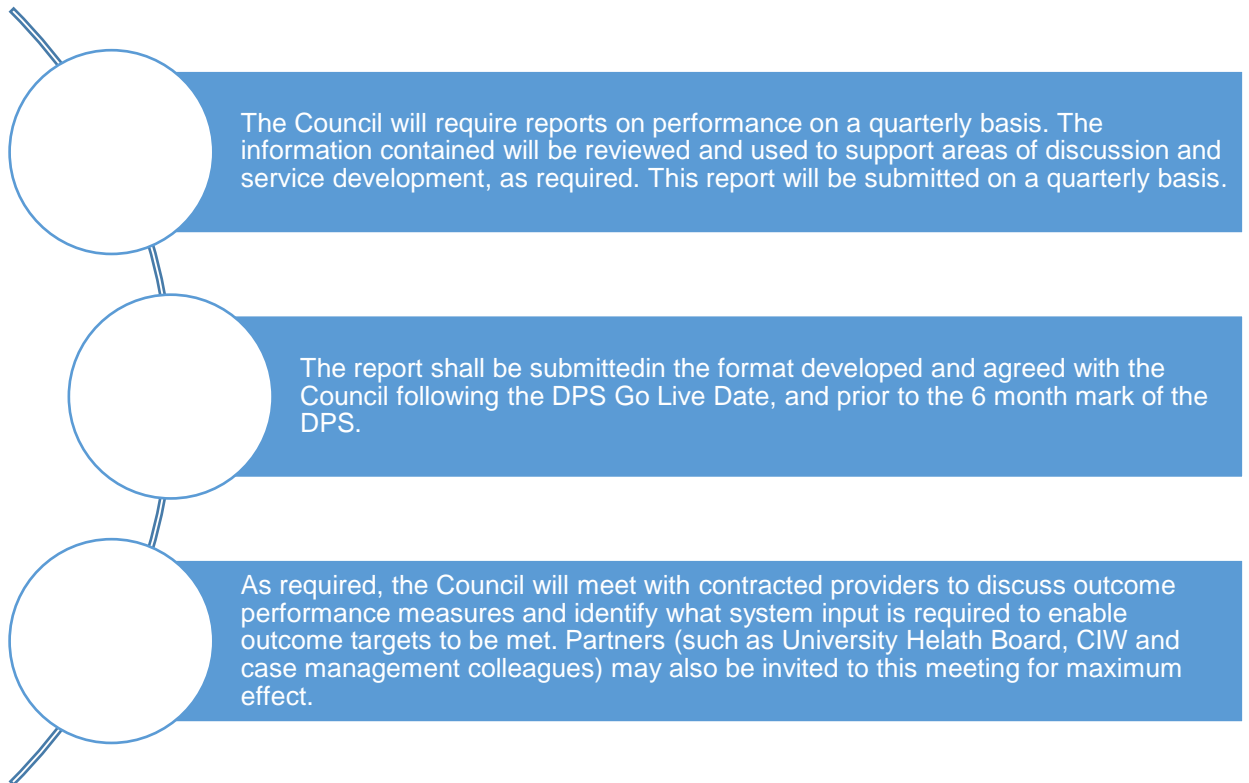
7.2.6 It is currently proposed that the Contract Monitoring / Provider Quality Score Card will review the following elements of care delivery:

- **Supplier Performance**
 - Case manager feedback and questionnaires
 - Evidence of delivery in line with service user outcomes
 - Overall Service Level Impact and Outcomes for each Service, which may include monitoring of outcomes outlined as an example in point 7.2.7
- **User Experience**
 - Service user feedback
 - Case Studies provided by Providers demonstrating person centred outcomes 'Magic Moment' (not scored but collected)
- **Quality Compliance**
 - Staff Training Records
 - Staff Performance Reviews
 - Staff feedback questionnaires
 - Case Retention
 - Audits / visits from Cardiff Contracts Team
 - Responsible Individual 6 monthly Quality of Care Reviews and reports on quarterly Regulation 73 Visits
 - Involvement in the Cardiff Escalating Concerns Process
- **Cost Compliance**
 - Accuracy and timeliness of Service Receipting
- **Safeguarding and Risk Management**
 - No and nature. of safeguarding incidents raised
 - Insurance Levels
 - CIW Registration
 - Social Care Wales Registration
 - D&B / DUNS Risk Rating / Profit and Loss
 - DBS / Health and Safety Records
- **Social Value**
 - Staff Retention Levels
 - Local Employment Opportunities
 - Cardiff Commitment Opportunities

7.2.7 Providers are expected to deliver on a number of key performance measures. This information will be collected from Providers on quarterly basis, based on all packages of care commissioned (rather than on an individual basis). Finalisation of the KPIs will be discussed and agreed in collaboration with the Sector but the table below represents an example of the type of KPIs expected to be monitored and delivered:

Outcome	Expected Performance
The person will require no further assistance after two weeks of help	90% of people require no further help
The person will require no further assistance after six weeks of help	66% of people require no further help
The person will require no further assistance within 12 months of receiving help	10% of people require no further help
The person will be assisted to remain in their own home	95% of people remain in their own homes
The person will receive the medical care they need with no further assistance within 12 months of receiving help	90% of people will require no further help
The family will determine that the person died with dignity in the place of their choice	95% Families report that the person died with dignity and in the place of their choice
Carers will feel supported and the person will remain in their home	95% of carers report that they feel they have been supported 95% of people will remain in their own home

7.2.8 The overall contract monitoring process is illustrated in the below image:



7.2.9 In addition, the Contracts Team will visit all providers twice a year at the very minimum to complete an audit check of service delivery. The level and frequency of monitoring visits may differ regarding the Provider's assessed risk level of the service, and any additional information received. The visits can be both announced and unannounced.

7.2.10 It is intended that any new providers (i.e. Providers not already delivering Domiciliary Care on behalf of the Council) will receive a monitoring visit as soon as possible

7.3 Quality Assurance

7.3.1 The following data will be drawn up into a Quality Assurance Report, the format will be agreed with the Council on commencement of the contract. Information will include the following:

Key Measure	Evidence Strand – bullet point/ frequency
<ul style="list-style-type: none"> • Risks to people's health, safety and welfare are assessed and management plans in place. • Positive risk taking • Sufficient staffing levels • Safe recruitment of staff DBS & references. • Appropriate training 	<ul style="list-style-type: none"> ✓ Number of safeguarding referrals broken down by number made by the provider (demonstrating compliance with Duty to Report) and number made concerning the Provider's care delivery. ✓ Number of complaints / concerns raised

Key Measure	Evidence Strand – bullet point/ frequency
<ul style="list-style-type: none"> • safeguarding • Disaster / emergency Planning and Business Continuity Planning • Business viability 	<ul style="list-style-type: none"> ✓ Notification of any referrals to the Disclosure and Baring Service, when a referral is made. ✓ Contract Monitoring visits to check files of Service Users and Staff ✓ Companies Policies and procedures ✓ Providers annual filed Company accounts ✓ Insurance Schedules and Certificates
<ul style="list-style-type: none"> • Good assessments including focus on outcomes • DoLs Training 	<ul style="list-style-type: none"> ✓ Contract monitoring visits ✓ Quarterly Service User Reviews ✓ Training matrix ✓ Service User reviews ✓ Quality Assurance
<ul style="list-style-type: none"> • Outcome focused care planning working in partnership with individuals. • Quarterly Service User reviews. 	<ul style="list-style-type: none"> ✓ Annual Performance Review meetings ✓ Service Review meetings. ✓ Service User feedback, ✓ Quality Assurance
<ul style="list-style-type: none"> • To implement support as soon as possible. • To adapt to the evolving needs of individuals. 	<ul style="list-style-type: none"> ✓ Time from initial request to commencement of care / adjustment to support. ✓ Service Delivery Plans ✓ Quarterly Reviews ✓ Quality Assurance
<ul style="list-style-type: none"> • Effective management. • Good staff retention • Effective induction • ongoing training and development, supervisions, appraisals • Regular team meetings 	<ul style="list-style-type: none"> • Competent Qualified Manager QCF 5 or equivalent. • Contract Monitoring • Induction • Training • Policies & Procedures • Staff meetings • Staff quality assurance • Self Assessment • RISCA Registration and Training

7.3.2 Annual Performance Review -The purpose of the annual review is to ensure that Providers are meeting all elements of the contract and that the correct processes are in place in which to do this. Providers and other professionals involved will be expected to participate in these meetings. All meetings will be recorded and copies of the minutes distributed amongst all attendees. The outcome of these meetings will help with the decision making process where the Council is considering an extension to the contract under the agreed terms

7.3.3 People's Involvement and Satisfaction - The Provider will actively seek the views of all people who use the service and their families through a variety of

mechanisms such as routine satisfaction surveys and interviews as part of the ongoing Service Review/Evaluation process.

- 7.3.4 The Provider will capture the views of people and ensure that they are used to inform service improvement. Details of how their views have informed the Services should be fed back to the people and reported at contract management meetings with the Council.
- 7.3.5 The Provider will comply with requirements for capturing people's feedback to inform quarterly and half-yearly performance and outcomes monitoring.
- 7.3.6 **Compliments and Complaints** -The Provider will ensure that individuals and/or their families, friends or advocates know how and to whom to complain. A copy of the Provider's complaints policy and procedures should be given and explained to the individuals who use the service and, when appropriate, their representative in an appropriate language/format, including information for raising a complaint with Care Inspectorate Wales (CIW) or Cardiff Council at any stage should the complainant wish to do so. The Provider will inform all complainants that Cardiff Council's complaints procedures may also be implemented.

Complaint Contact Details:

Care Inspectorate Wales (CIW)

Address:

Rhydycar Business Park,
Merthyr Tydfil
CF48 1UZ

Tel Phone: 0300 790 0126

E-mail: CIW@gov.wales

Cardiff Council

The Complaints Team
Room 412 County Hall
Atlantic Wharf, Cardiff
CF10 4UW

Tel Phone: 029 2087 3891

Via our website www.cardiff.gov.uk

- 7.3.6.1 The Providers will ensure that issues/concerns raised by the people who use the service, their friends/family or representatives and what actions have been taken are recorded.
- 7.3.6.2 The Providers will ensure that individuals feel listened to when complaining about or complimenting the service, or when suggesting improvements, including minor changes to accommodate day-to-day changing needs.
- 7.3.6.3 The Providers will ensure individuals have access to an independent advocate either as it is felt necessary or via request by the Individual or other

relative stakeholders.

7.3.6.4 The Providers will have in place procedures for responding to allegations or complaints raised against support workers

7.3.6.5 The providers will record and report to the Contracts and Service Development Team, on all compliments and complaints received and report on this as part of the Quarterly reporting. Providers will report on their responses to complaints and on any counter responses. Providers will clearly track and report on the progression, resolve/ closure of complaints. Unresolved complaints must be reported quarterly and carried over from previous quarters, as appropriate.

7.4 Regulations and Minimum Standards

7.4.1 The following is a list of the minimum standards and regulations all Domiciliary Care Agencies must comply with, by law.

[Regulation and Inspection of Social Care \(Wales\) Act 2016](#)

[The Regulated Services \(Registration\) \(Wales\) Regulations 2017](#)

[The Regulated Services \(Service Providers and Responsible Individuals\) \(Wales\) Regulations 2017](#)

[Statutory guidance for service providers and responsible individuals of care home and domiciliary support services \(External link\)](#)

[The Regulated Services \(Annual Returns\) \(Wales\) Regulations 2017](#)

[The Regulated Services \(Annual Returns and Registration\) \(Amended\) Regulations 2019](#)

[The Regulated Services \(Penalty Notices\) \(Wales\) Regulations 2019](#)

Appendix A – Elements of Care for Providers on the Cardiff Council Domiciliary Care DPS

Elements of the services to be provided will include, but not be confined to:

Element of Service:	Tasks:
Personal Care	Assistance with :- <ul style="list-style-type: none">• Getting in and out of bed.• Transfer to chair/toilet/wheelchair.• Use of hoists and other equipment to assist with transfers.

	<ul style="list-style-type: none"> • Undressing and dressing. • Bathing, showering and washing, using equipment where required. • Oral hygiene - teeth/dentures. • Toileting. • Non-invasive catheter care, including emptying, changing and monitoring catheter bags. • Managing continence. • Hair care. • Shaving/facial care. • General grooming tasks. • Visual and hearing aids. • Putting on appliances with appropriate training, for example, leg callipers, artificial limbs, splints and surgical stockings. • Apply creams and topical lotions. <p>Any other tasks required within the care and support plan.</p>
<p>Non-Personal Care Domestic Support</p>	<ul style="list-style-type: none"> • Emptying and cleaning of commodes. • Making and changing the bed. • Support with household tasks to encourage independence • Assistance with setting and using heating systems. • Shopping/assistance with shopping • Assistance with accessing the community and social interaction. • Transporting/assistance with transporting. • The disposal of household waste. • Preparing and lighting fires. • Cleaning of internal windows. • Highlight faults in the home which could cause a risk and report the issues accordingly.
<p>Nutritional</p>	<ul style="list-style-type: none"> • Support with meal preparation • Support with managing nutrition/meal planning. • Assistance with eating/drinking. • Help monitoring food and fluid intake.

	<ul style="list-style-type: none"> • Support with managing food hygiene. • Assistance with managing storage and disposal of food and food waste.
Financial Support (Planning and Management)	<ul style="list-style-type: none"> • Collection of pensions and other benefits. • Support to assist the person with paying bills. • Reading of correspondence. • Management and filing of correspondence.
Emotional Support	<ul style="list-style-type: none"> • Support to access the local community to reduce social isolation • Support to access the local community to engage in opportunities to encourage independence • Referral to Case Manager for liaison with appropriate agencies, where required.
Medical Support	<ul style="list-style-type: none"> • Collection of prescriptions. • Management of medication in the home (storage and recording). • Assistance with making appointments. • Assistance with calling the doctor or any medical services. • Support the use of medication. • Administration of medication, including corresponding documentation and recording. • Disposal of medication. • Management of specific medical conditions as detailed in the care and support plan.
Services to Carers	<ul style="list-style-type: none"> • Preparation of meals or refreshments. • Offering companionship; • Carrying out tasks necessary to the overall support offered to the cared for person, which will support the carer.

Night Services	<ul style="list-style-type: none"> • Sitting service. • Night visiting. <p>Any duty detailed in the local authority's Care or Support Plan and the provider's Service Delivery Plan which includes all the identified services in this Specification.</p>
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Appendix B – High Level DPS 2 Year Implementation Plan

Milestone	Proposed Date of implementation
Transferring to the Locality Based Model for Older Persons Care Delivery	Nov 21 – May 22
Locality Model goes live	May 2022
Implementation of new Provider Quality Score and Score Care	May 2022
Banking of Hours and Trusted Assessor Pilots Drafted	May 22 – Oct 22
Pilots commenced	Nov 22 – Mar 23
If models are to be implemented, they will be implemented from	Nov 2023
Transitions of packages from previous commissioning arrangements, as and if required	Nov 2022

Appendix C – GP Cluster Locality Map



Appendix D – Example of Banking of Hours

1. An individual in her late 80's lost her husband after a short illness and within a year had sold the family home in Caerphilly and moved to Cardiff to be closer to her daughter and granddaughter. The individual's new accommodation was nice and safe, but her confidence and self-esteem levels were low and the individual became isolated. The Provider discovered a luncheon club and a bingo event held within the individual's local area and could plan care calls around these days and times to support the individual to attend the community events. After a number of weeks, support and encouragement, the individual attended the community offer, and soon exchanged phone numbers and forged new friendships. The domiciliary care agency attended with the individual initially, but then she were able to attend these events independently. The individual now attends the Bingo session every Tuesday and the Luncheon club each Sunday. As a direct result of this individual has invested in a digital hearing aid and a new walker to support her inclusion and independence.
2. An individual was in receipt of care calls 4 times a day for 30 minutes each to assist with personal care and food preparation. As the individual didn't venture out she didn't always want a full wash / shower every day. After getting to know the individual, the Provider found out that she had run a hotel before taking early retirement to care for her parents and had a passion for

cooking. Due to the 30 minute lunch and tea calls, the individual's meal choices were very limited and usually consisted of a microwave meal which she didn't particularly enjoy. As a result, the individual began losing weight and had started drinking alcohol. The Provider discussed this with the individual and reviewed at how some of the calls could be grouped together to enable the Provider and the individual to cook larger meals together, than could be frozen for later dates. The provider achieved this by reducing some of her morning calls and her evening calls and were able to have a 2 hour call once a week, during which time staff would cook with the individual and meals could then be portioned up and frozen. Within a few weeks, the individual's appetite had started return and her weight began to improve. The individual fed-back that she enjoyed the hours with the staff and felt like she was sharing her knowledge and experience with the care workers.

3. A gentleman living in squalid conditions, and a package of care was commissioned to an external domiciliary care agency consisting of 1 call per day. It took a number of weeks before the individual would let the Provider into the house, however he would sit on the bus stop outside the house and the carer would sit with him and chat to him there. Ensuring consistently in care workers supporting this individuals, he grew to trust the staff and eventually one day he let a member of staff into his home. Following this call, the staff member reported the conditions in which the individual was living in - no hot water, no washing machine, a huge gap in the back door, no toilet seat etc. Over time, a relationship was built with the individual and trust was gained. Following this, the individual allowed care workers to assist him with his laundry by taking his washing to the Launderette. Following support from the next of kin, the Provider supported the individual to attend the GP where he was diagnosed with Type 2 Diabetes and early onset dementia. As the individual's health and wellbeing improved, the Provider was able to be flexible with his calls, and supported this individual to walk around Roath Park on a weekly basis, with a tea and ice-cream stop. Whilst the individual was able to continue with these trips, it was fed back by the son that these trips had a significant positive impact on the individual's wellbeing.

Appendix E – Cardiff Council Corporate Safeguarding Policy



Cardiff Council -
Corporate Safeguarding

Appendix F – Vale of Glamorgan Draft Medicines Policy



Medication Policy
Final Version.docx

