

# **Leicester City Council Adults & Housing Department**

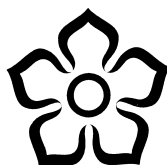
## **Person Centred Domiciliary Services**

### **Service Specification**

**2009/2012**

**This is a draft document and is issued subject to:**

- 1. Any revisions to the instructions received by the Head of Legal Services.**
- 2. Any Decisions made by or on behalf of the Council subsequent to the preparation of this draft.**
- 3. Any amendments brought about by the particular provider that is accepted by the Council.**
- 4. Minor changes by way of drafting errors and omissions, or by changes in the law subsequent to the preparation of this draft.**



**Leicester  
City Council**

**SPECIFICATION FOR THE DELIVERY OF**  
**PERSON CENTRED DOMICILIARY CARE SERVICES**  
**2009/2012**

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# **SERVICE SPECIFICATION – PERSON CENTRED DOMICILIARY SERVICES**

## **1. INTRODUCTION**

The Leicester City Council's Adults & Housing Department invites agencies/organisations to tender for the provision of person centred domiciliary care services to be delivered to users of domiciliary care within the City of Leicester.

1.1 This service specification (“the specification”) identifies ways in which domiciliary care provision can be achieved most effectively. It also gives direction to providers from the private, statutory - voluntary organisations to develop an improved quality and value for money service. In addition, the Specification sets out how the Provider will deliver domiciliary care services that achieve the overall aim of enabling people who need services to be independent, active and safe.

1.2 The Council wants to provide domiciliary services with the following characteristics: -

- ◆ Users have a strong sense of being in control of their services
- ◆ Provision is able to respond flexibly to changing needs and issues on a day-by-day basis
- ◆ The service delivery meets the Domiciliary Care Agencies Regulations 2002 and the National Minimum Standards under the Care Standards Act 2000. The National Minimum Standards are an integral part of this Service Specification.

The reason why the Council want to achieve this new way of working is because of:

- ‘Our Health, Our Care, Our Say’ Department of Health ‘06 set out the priorities of promoting health, well being and active participation and in doing so, people will have maximum choice, control and power over the support services they receive.
- “Putting People First” is a shared vision and commitment to the transformation of adult social care. Local systems must now be redesigned around needs of the local communities and as such the council must provide preventative, re-enablement and high quality personally tailored services.
- These changes include mainstreaming Self-Directed Support encompassing Direct Payments, Individual Budgets and outcome based home care. Whilst Direct Payments have been appropriate for some older people, research suggests outcome

based home care is a better option for the majority of users of domiciliary care.

- Outcome focussed services aim to achieve aspirations, goals and priorities identified by the user, and will cover very different services. e.g. taking people shopping.

The above characteristics are keys to what the Council wants to see. It will represent a change in the relationship between the Service Provider and user of domiciliary services and is most easily described as Person Centred working. However, to enable this to happen, there has to be a radical change in the relationship between the Service Provider and the Council in its Commissioning role and a new style of commissioning.

This new style of commissioning is called Outcome Based. In effect, the Council will specify the Outcomes to be met by the Service Provider, along with any other relevant details to meet the Outcomes. It is for the Service Provider to determine the activities in consultation with the user of services to meet the outcomes as specified. This differs from traditional Commissioning, which has focussed on prescribed activities with timings attached.

The changes are significant. This specification sets out what will be required to deliver them. However, the Council recognises that they cannot be achieved at the start of the new Contract. Those elements which will need to be developed are identified. They should be developed within a time period as advised and instructed by the Council.

## **2. DESCRIPTION OF SERVICES**

- 2.1 The Service Provider shall provide a full range of social care activities, to meet the outcomes specified for each user of services referred to them and to ensure that these activities are flexible to meet the changing needs of the user of services on a day-to-day basis.
- 2.2 The Council aims to prioritise its service delivery to those who are most in need. Accordingly services will be commissioned following an assessment and provided in line with the Fair Access to Care Services (FACS) eligibility criteria.
- 2.3 Definition of Domiciliary Care (Appendix 1)

For the purpose of this Specification, the definition of domiciliary care is a service which will involve the provision of some or all of the following services: -

- Personal/Social Care including Medication Management

- Domestic tasks, including shopping, laundry
- Rehabilitation/teaching of Independent Living Skills
- Carer support, including night sitting and respite care
- General support to meet desired outcomes e.g. assisting user to use local transport, accompanying visit to GP

The Service Provider will not be expected to undertake any nursing duties. Reference should be made to the Health and Social Care Protocol – Leicester, Leicestershire, Rutland health & Social Services (Copies of which are available on request).

## 2.4 Service Principles

Service principles are based on the principles of citizenship that is all the rights associated with “ordinary living”.

All domiciliary care services provided in accordance with this specification shall be appropriate to the assessed needs of the user, with consideration being given to their religious beliefs, racial origin and cultural and linguistic background. It is recognised that these needs may change.

### **Service Principles - Domiciliary Care Services** **(Fundamental Rights of Users of Domiciliary Care Services)**

- |                      |   |
|----------------------|---|
| <b>Dignity</b>       | It is the right of the user to be treated with dignity and respect at all times regardless of age, gender, race, culture, sexuality or disability.  |
| <b>Choice</b>        | It is the right of the user to have the opportunity to choose from a wide range of options and to be involved in service planning and development whenever possible.  |
| <b>Privacy</b>       | It is the right of the user to be left alone and for confidentiality to be protected and respected at all times, this includes respecting religious and cultural needs, for example, in connection with worship and personal hygiene. |
| <b>Independence</b>  | It is the right of the user to have opportunities to act and think without having to ask another person, with the proviso that they are not putting themselves or others at risk.   |
| <b>Individuality</b> | It is the right of the user to have a reasonable expectation to have his/her needs and wishes respected and responded to willingly regardless of age, race, culture, sexuality and disability.  |

**.Advocacy** It is the right of the user to have access to an established and acceptable complaint procedure, and or be referred to the Adults & Housing Department Complaints Procedures.

**Reviews/  
Monitoring** It is the right of the user to have reviews of their domiciliary care plans, carried out at agreed intervals, and for the local authority to adequately monitor the adequate provision of the domiciliary care service.

**Support of  
Family Carers** Where carers are involved their own needs and rights should also be respected, and their views taken into consideration. Full consultation with carers/relatives is regarded as a reasonable expectation on their part. A family carer is entitled to his/her own assessment

### **3. PERSON CENTRED DOMICILIARY CARE AND OUTCOME BASED SERVICES**

3.1 The Council seeks that the following outcomes be demonstrated for all users of services. Fundamental to the service will be the adoption of an independence promoting ethos and partnership working. The service will be delivered in such a way as to enhance / rebuild users' independence and maintain their existing domestic and personal care skills. Support must be delivered to achieve the following outcomes for individuals: -

**(a) CSCI & Desired Outcomes**

- Improved Health: Services promote and facilitate the health and emotional well-being of people who use the services
- Improved quality of life:
- Services promote independence, and support people to live a fulfilled life making the most of their capacity and potential
- Making a positive contribution:  
Users encouraged to participate fully in their community and their contribution is valued equally with other people
- Choice & Control:  
Individuals have access to choice and control of good quality services which meet their needs and preferences
- Freedom from discrimination / harassment:  
Equality of access to services for all who need them
- Economic well-being:

People are not disadvantaged financially and have access to opportunity to achieve this

- Personal Dignity & Respect:  
Provision of confidential and secure services which respects the individual and preserves people's dignity

**(b) Our Health, Our Care, Our Say – White Paper 2006 & Key Themes**

The White Paper set a new direction for social care and community health services with four main goals:

- Better prevention and early intervention for improved health, independence and well-being
- More choice and stronger voice for individuals and communities
- Tackling inequalities and improving access to services
- More support for people with long-term needs

**The key goals of White Paper implementation would enable to achieve the changes as described below:**

- (i) Better prevention and early intervention for improved health, independence and well-being
  - More people who need care being supported to live in their own homes
  - Increased self care and condition management among users
  - A reduction in numbers of people who are out of work or unable to work due to ill-health or dependency
  - A shift in resources and in planning emphasis to prevention and early intervention, supported by robust cost-benefit analysis
- (ii) More choice and stronger voice for individuals and communities
  - Users and their family carers having more say over where, how and by whom their support is delivered, and better access to information that helps them make their own choices about this
  - Individuals and their communities being able to influence the shape and delivery of local services, and to trigger action to look at problems

- People using services being more satisfied with their overall experience of care.

In line with the White Paper 'Our Health, Our Care, Our Say', the Council must support initiatives, which promote choice and control for individual users of services. The Council must develop personalised services that are flexible and which promote independence and individual dignity. In particular increased choice will be underpinned by increasing the use of Direct Payments Scheme for individual users of services to arrange services themselves and developing models of Individual Budgets which place the person at the centre of planning their support. Service providers will be required to fully co-operate with the Council to develop and promote such initiatives now and in the coming years.

The Council will work with service providers to fulfil this aim within the Direct Payments Scheme Policy and the Individual Budgets Policy of the Council. The Council will provide a list of contracted service providers under this Agreement to both the Direct Payments Support Scheme Agency and interested individual users of services.

Given the increased use of Direct Payments Scheme and the development of Individual Budgets, Service Providers will understand that the services and funding levels committed under this Agreement may be affected over time and therefore the Council will need to consider the continued need and use of these services, as more flexible or alternative arrangements for service provision may be necessary. The Council will work with Service Providers to address these developments that may necessitate the need to review and renegotiate existing arrangements under this Agreement. Likewise, there will be the expectation that over a 4 week period users will 'bank' their unused hours in order to use the hours at a different time or for a more flexible use. The Outcome Based pilot will explore this principle.

(iii) Tackling inequalities and improving access to services

- More services being provided in the community through promoting emotional health & well being, hospital discharge with appropriate community support, support for individuals in their own homes using Assistive Technology, services availability into community settings
- An improved range of services for urgent care
- Local health and social care communities working together to understand and address inequalities

(iv) More support for people with long-term needs

- Health and social care services becoming better co-ordinated to meet the needs and wishes of individuals with long term needs



(v) Personalisation Agenda and Outcome Based Home Care

Providers are asked to note that the Government White Paper 'Our Health, Our Care, Our Say' (2006) as described above and the 'Putting People First: a Shared Vision and commitment to the transformation of Adult Social Care' (December 2007) expect local authorities and partner agencies to work together to create quality personalised services for users and carers.

In particular the 'Putting People First' document states that a key theme of a personalised system includes:

*"Agreed and shared outcomes which should ensure people, irrespective of illness or disability, are supported to:*

- *live independently;*
- *stay healthy and recover quickly from illness;*
- *exercise maximum control over their own life and where appropriate the lives of their family members;*
- *sustain a family unit which avoids children being required to take on inappropriate caring roles;*
- *participate as active and equal citizens, both economically and socially;*
- *have the best possible quality of life, irrespective of illness or disability;*
- *retain maximum dignity and respect."*

To meet this personalisation agenda in relation to domiciliary care, the Council plans to move towards an outcome based approach during the course of the contract period. Outcome focused services aim to provide support in a person centred way taking into account the aspirations, goals and priorities identified by the service user. In relation to home care it will require a move away from traditional practices of care plans having a prescription of time and task, to one which gives greater autonomy to providers to work with individuals in a flexible and responsiveness way to achieve positive outcomes.

Examples of such outcomes include:

'Change' Outcomes

- Regaining skills and capabilities
- Improving confidence, emotional wellbeing and morale
- Improving the ability to get about within/outside the home
- Reducing/eliminating the risk of harm
- Improving communication

### Maintenance Outcomes

- Being clean and comfortable
- Being in a clean and comfortable environment
- Being safe and secure
- Keeping active and alert
- Having control over daily life
- Maintaining social networks with friends and family

For further general information on this approach see the link below:

<http://www.ukhca.co.uk/pdfs/LucianneSawyerOutcomeBasedHomeCare.pdf>

### 3.2 Outcome Based Approach & Selection of Service Providers

Selection of Service Provider - (see **Appendix 2**).

The Council will select any two Service Providers following the award of contracts and the Service Providers will be expected to fully participate and support any involvement in a pilot, including planning, implementation or evaluation meetings or events. Organisations who commit to participate in this pilot will be required to involve consistent care staff and to attend all required training, events etc in order to make the pilot successful. It will also require organisations to introduce a dedicated team to work on a pilot and the team will include staff with a variety of working times and availability to ensure all key tasks are achieved. The Service Providers will hold regular meetings with the Council to monitor outcomes:

- The benefits of the Outcome Based approach, particularly increased job satisfaction.
- Robust scheduling systems need to be in place to support service user choice and flexibility, and to ensure accurate monitoring of variations (in weekly hours per user of service) and four-weekly invoicing. Service Providers may need to allow for additional time required for data input.
- Service Providers will need to review their existing documentation, in particular the user's plan (placing more emphasis on user needs and preferences) and the recording of activities linked to outcomes.
- The Outcome Based approach may require Service Providers to review the role and responsibilities of care staff including supervisory staff to monitor the outcome-based approach, ensure robust risk management, and support users of services

to exercise greater choice and control over activities linked to outcomes.

Following the above pilot the Council will implement formally the above Outcome Based style approach of commissioning and all service providers shall require to co-operate and deliver Outcome Based domiciliary services with users of services.

#### Domiciliary services to disabled children and/or families / carers

There is separate legislation and different policies and procedures in relation to services delivered to children, but principles about desired outcomes are very similar.

### **3.3 Contexts**

#### (a) Contracts

##### (a.i) Generic Person Centred Domiciliary Services Minimum Hours Contracts

The Council's purchasing intentions are that 7 City-wide Minimum Hours contracts as detailed below will be awarded within Leicester City:

- 6 City-wide large Minimum hours contracts to be awarded will offer a guaranteed minimum level of domiciliary care to be purchased of 800 hours per week with an option to purchase additional hours on a spot basis, if required.
- 1 Minimum hour contract for the provision of domiciliary services to the Council's and private sheltered housing schemes. The contract awarded will offer a guaranteed minimum level of domiciliary care to be purchased of 800 hours per week with an option to purchase additional hours on a spot basis, if required.
- Hours in excess of the minimum hours of the above contracts, for example to cover an agreed increment to meet greater levels of care needs, and to respond to needs of users of services will be purchased on a spot basis. The Council expects service providers to have an ability to meet the additional need and can offer an effective unit price cost.
- In the event when the four weekly service value (contractual hours) is not fully commissioned or under usage occurs due to change in circumstances of users and commissioning requests the Council will monitor the take up for a period of eight weeks. A review will be

required with a view to reducing the four weekly service value in consultation with the Service Provider. This will address the issue of under usage.

(a.ii) **Generic Person Centred Domiciliary Care Services Spot Contracts**

4 Citywide Spot Contracts to be awarded with no guaranteed level of domiciliary care to be purchased.

(a.iii) **Specialist Domiciliary Care Services Spot Contracts**

3 Citywide Specialist Domiciliary Care Services Spot Contracts to be awarded (Adults with neurological conditions, complex disability, physical and/or sensory disabilities with complex conditions e.g. Acquired Brain Injury, Multiple Sclerosis, Motor Neurone Disease, Stroke, Spinal injury, Parkinson's Disease, Epilepsy and any resulting challenging behaviours) with no guaranteed level of domiciliary care to be purchased.

For the purposes of the invitation to tender documents, the users who will receive such services will have a diagnosed long term neurological condition or a complex disability that is substantial and permanent. The term 'long term neurological condition or complex disability' is used as a generic term to describe specific conditions. These will include, but will not be restricted to;

- Multiple Sclerosis
- Stroke
- Cerebral Palsy
- Spinal Injury
- Parkinson's Disease
- Brain Injury
- Motor Neurone Disease
- Muscular Dystrophy
- Epilepsy

(a.iv) **Specialist Domiciliary Care Minimum Hours Contract**

1 Minimum hour contract for the provision of specialist domiciliary services linked to mental health / dementia / complex care. The contract awarded will offer a guaranteed minimum level of domiciliary care to be purchased of 200 hours per week with an option to purchase additional hours on a spot basis, if required.

For the purposes of the invitation to tender documents, the users of services who will receive such services will have a condition or a complex mental health / dementia. The Service Provider shall have care staff with adequate training preferably NVQ 2 and knowledge/experience (minimum one year) of different dementias, mental health issues such as depression, anxiety, paranoia, schizophrenia, illness progression, impact on behaviours and ability to manage it.

The Service Provider must ensure that

- care staff members have understanding of Mental Capacity Act
- all staff members are trained in relevant communication techniques
- appropriate support, advice and information available to all users to enable them to make informed decisions about their treatment, support and the ways in which these will be provided
- users of services are valued and to respect citizenship in the development of the care planning
- a needs-based, outcome focused, flexible service provision is provided which changes in line with people's unique needs

It is vital therefore for staff to have an adequate understanding of common mental health problems, the impact of loss and disability, sensory impairments and have good communication skills, particularly with people with cognitive impairment. This is especially important if services are to take on a role in supporting people with mental health problems in crisis.

The Service Provider is expected to have good working relationship with specialist resources such as community mental health teams for older people and community rehabilitation teams who may be coordinating and supervising a care plan, so that access to advice and support is easily available if people's needs change. Occupational therapy advice on aids and adaptations to the property is vital.

(a.v) **Domiciliary Services to disabled children and/or families / carers**

2 Citywide Domiciliary Care Services Spot Contracts to be awarded to provide services to disabled children and/or families /carers with no guaranteed level of domiciliary care to be purchased.

(b) Operational Hours

The hours in each operational day that services will be purchased will be from 7.00am until 11.00 pm (daytime) and 11.00pm to 7.00am next day morning (night-time waking duty). The hours in each operational day that services will be purchased will be anytime over a 24-hour period.

**Note**

The Service Providers shall be expected to provide night call service after 11 p.m. if needed to be commissioned to meet identified needs of users of domiciliary care services. Any call commissioned after 11 p.m. will be a double up call and the Service Provider will be paid accordingly.

- (c) The contract will be let in month November 2008 and the service will commence in January 2009. During this period and until service start up, the Service Provider will be expected to provide input to interagency project meetings and to such activities as

- Pre-completion meeting to agree working practices
- Development of an operational protocol
- Joint induction and training of staff

**Note:** The first twelve (12) weeks following the contracts commencement date, the Council will pay only for the actual total hours provided upon receipt of a four weekly basis invoice.

- (d) The length of the contract will be until January 2012 from the effective date January 2009 with an option to extend for a further 12 months at the discretion of the purchaser.
- (e) The Service Provider shall be expected to demonstrate that it is able to continue providing high quality services for the contract period. The service will provide high quality, planned care and support or urgent services, and to enable the user to maintain or improve their health and independence according to the user' needs.

(f) Infolinx Service Directory

Infolinx is a community information website, covering Leicestershire, Leicester and Rutland, and holds details of all social care and health agencies plus clubs, societies, organisations and self-help groups based in the region. Leicester City Council has expanded Infolinx to include service details of all contracted providers of social care and health care services.

As a Service Provider of social care services funded by the Local Authority and in line with the "Personalisation Agenda" and the expansion of Individual Budgets - self directed support, it is a requirement that Service Providers will make available on Infolinx, details of services purchased by Leicester City Council which will be updated as required. The information contained on Infolinx will be accessible to staff and members of the public, which will include users of services and their carers (family/friend).

(g) Local Involvement Networks (LINKs)

From 1st April 2008, Local Involvement Networks (LINKs) is a new way for people who live in Leicester to have a say how services from local social care and health services are provided. The Patient and Public Involvement Forums (PPIFs) came to an end on 31st March 2008. The PPIFs supported people to have a say in how health services were organised, delivered and planned. The LINKs, will have a greater role to provide more opportunities to local people in Leicester to influence both health and social care services, except those for children. The LINKs have a role to:

- enter specific services and view the care provided
- ask commissioners for information about services and expect a response
- make reports and recommendations and expect a response from commissioners
- refer matters to the local 'Overview and Scrutiny Committee'.

As a Service Provider of social care services and contracted with the Local Authority it is expected that providers will co-operate fully with the LINKs to assist it in its role as and when necessary, with the overall aim of improving the quality of local health and social care provision. It must be noted that independent providers are required to allow for LINKs authorised representatives to enter and view, and observe the carrying on of activities in premises, which are owned or controlled by the independent provider. These activities must be in line with arrangements under section 221 (2) of the Local Government and Public Involvement in Health Act 2008.

#### **4. EMPLOYMENT AND STAFFING PRACTICES**

In the provision of domiciliary services all Service Providers must ensure that they achieve and maintain compliance with the contract requirements, and in particular:-

- 4.1 That they are registered with CSCI and are registered to provide care for the appropriate user group, and ensure that each person in the delivery of care is fully aware of the requirements of the National

Minimum Care Standards for Domiciliary Care Services as required by the CSCI. Service Providers must meet and maintain the requirements of the Care Standards Act 2000 and any associated regulations including employment legislation, sex discrimination, race relations, equal opportunities, disability discrimination, data protection, freedom of information, Health & Safety at Work Act 1974 (as amended), the Food Safety Act 1992 and compliant with human rights principles and any other relevant legislation and other standards required by national and local government agencies and the fire service.

If, for any reason, CSCI registration is suspended or withdrawn, the Service Provider will be removed from the contracted provider list.

- 4.2 That an appropriate number of competent staff are employed, and are experienced / trained (i.e. care workers NVQ level 2 and care manager NVQ level 4 in a caring capacity) to meet the needs of the contract, services and users, and to ensure continuity of service. This includes needs relating to age, race, culture, sexuality and disability and there must also be management cover whenever staff members are working.
- 4.3 That staff have the appropriate language or communication skills necessary for the tasks, and also must have a good understanding of the needs and cultural issues of the multi-cultural society.
- 4.4 That staff training and development is carried out in such a way as to:
  - (i) support the service and the users of services / family carers' needs, and
  - (ii) maintain a care worker's ongoing ability and vigilance in identifying potential hazards, and in reporting those to their manager.
  - (iii) that the skills and competencies of staff are reviewed and updated.
- 4.5 That the service is provided in a manner consistent with the Council's policy statements, particularly in respect to equal opportunities in service delivery and racial equality and environmental policy. The Service Provider is required to record and deal with racial incidents and to submit the racial incidents reports to the Council every quarterly.
- 4.6 All care staff members must be direct employees of the agency.
- 4.7 That the Service Provider's supervisory arrangements to their care workers must be as per the requirements of the CSCI.
- 4.8 That where the Service Provider has reason to believe that the safety of individual care workers may be put at risk, the Service Provider shall contact the Council's commissioning worker. Each request for additional care staff will be treated according to individual



circumstances. This communication does not absolve the Service Provider from complying with its obligations as an employer.

- 4.9 The Service Provider must ensure all care workers make a signed and dated declaration regarding previous criminal convictions. All new applicants and existing care staff must give their written permission for a pova / poca and an enhanced CRB check to be undertaken.
- 4.10 Service Providers staff must be provided with uniform and identification. Identification must be issued prior to attending any users of domiciliary services home and uniform must be worn at all times when care staff members are on duty.
- 4.11 Care staff members have ability and skills to respond to difficult situations, understanding of potential risk and knowledge of assessing risk.
- 4.12 Care staff must have a flexible approach and initiative, empathy to users and their family carers, patience and commitment to promoting independence where ever possible.
- 4.13 The Service Provider must satisfy itself that staff members who may use their cars for work purposes have taken out appropriate motor insurance. The Service Provider should ensure that a copy of care worker's current valid insurance certificates are always held on individual's staffing files which clearly state that the care worker is insured for business purposes.

## **5. WRITTEN PROCEDURES AND ADMINISTRATION**

- 5.1 The Service Provider must produce accessible up to date documented records and procedures. This is necessary for ensuring satisfactory and acceptable quality of service within current legislation, the contract requirements and in support of the service principles.
- 5.2 A register of users of services must be maintained. This should include:
  - Name, address, date of birth, telephone number of user
  - Name, address, telephone of carer or next of kin and/or agreed nearest contact person
  - Name, address, telephone number of GP
  - Name, address, telephone number of Adults & Housing Department Commissioning Team Office
  - Telephone number of Leicester Adults & Housing Department Out of Hours Duty Service
  - Date of commencement of service and details of agreed tasks. dates and details of any agreed changes to service, copy of current care/support plan supplied by commissioning staff.

- Information regarding access to users of services home, as necessary
  - Any information a new care worker needs to know about a user which has a direct bearing on the service to be provided
- 5.3 The Service Provider should have systems to record any incidents /accidents which have a bearing on the user's health and welfare. The Service Provider must ensure that care workers identify hazards/risks to themselves or others whilst they are at work and it is the Service Provider's responsibility to ensure that safe systems of work are in place to properly manage risks/hazards identified.
- 5.4 Records of users of domiciliary services must be kept confidential and in a secure / locked facility and available on a need to know basis. The Service Provider should be able to demonstrate that its Confidentiality Policy is being implemented.
- 5.5 Case records should contain no more information than is needed to ensure the appropriate provision of care to the individual.
- 5.6 The Service Provider shall be required to provide 4 weekly financial and administrative information with regards to the specified block contracted hours used, number of hours vacant and the tasks carried out etc.
- 5.7 The Service provider shall be required to undertake and provide weekly monitoring information to the Council which will include the following:
- total number of users of domiciliary services to whom services were commissioned on the last working day in each week
  - number of users to whom services were provided
  - weekly actual hours delivered
  - non delivery hours of services and reasons for this
  - names and addresses of users of services, number of hours and details of services provided in respect of any variations to the level of services specified in the care/support plan and/or Order Form
  - Electronic Care Monitoring Reports as required by the Council e.g. real time visit/timesheet information from care staff, information data for management reporting, verification of actual delivered hours against those commissioned ensuring users receive the actual commissioned hours as assessed, supply of actual data for users of services for recharge purposes, details of missed & late calls.

This list is not exhaustive and may be subject to alteration or change dependent on the information needs of the Council. Information will be provided through written means e.g. by fax or e-mail to the Council.

## **6. PROVISION OF SERVICES**

### **6.1 The Operation of the Organisation**

- (a) A Service Provider which also operates as a Nursing and/or Care Home Provider, in addition to the provision of domiciliary services as referred to in this document must ensure that there is no conflict of interest between both businesses. They must be kept entirely separate in all aspects including the management structure. The Provider must demonstrate that it has adequate management arrangements in place for domiciliary care services e.g. out of hours management cover.
- (b) The Service Provider must be able to demonstrate that it has a stable and viable business framework.
- (c) The service will be available 365 days of the year. The service must be accessible by telephone out of hours or in an emergency and Emergency Duty Teams, users of domiciliary care services and their family carers notified of the availability. The out of hours/emergency telephone number will be the same as the administrative office daytime number.
- (d) The Service Provider must have appropriate employers liability insurance and professional liability insurance.
- (e) The Administrative office will be based in Leicester and be accessible for enquires, to receive referrals and take bookings from Monday to Friday between the hours of 8.30am to 5pm (4.30pm on Fridays), excluding bank holidays. Access will be by telephone, email and fax and confirmation of booking will be in writing (paper or electronic depending on user preference).

#### **Essential requirements:**

- ◆ The premises must be suitable for their purposes i.e. clean, secure and with lockable facilities to ensure confidentiality of all records held by the agency.
- ◆ Service Contracting & Procurement Unit - Leicester City Adults & Housing Directorate must be notified in writing immediately of any change to the location of the office base, telephone/fax no., e-mail etc.
- ◆ If the agency is run from domestic premises, a separate part of the accommodation must be designated for office use, and the Service Contracting and Procurement Unit must be informed of this.

- ◆ The premises must provide a safe working environment for staff, and must be accessible to officers of Leicester City Council and to users and their carers.
  - ◆ Where necessary the premises must have a current fire certificate and adequate insurance cover. These certificates must be made available to the Service Contracting and Procurement Unit upon request.
  - ◆ The office must be connected to a telephone system together with the same telephone number for dealing with calls out of office hours. Answer phones must not be used.
  - ◆ The Council's intention is to introduce electronic business facilities in response to the requirements of the Modernising Agenda. The premises, equipment, computer must be compatible to adopt these changes.
- (f) The Service Provider must provide evidence that it has public liability (third party) insurance to the minimum level required by the Local Authority.
  - (g) The Service Provider premises and equipment such as filing cabinets must be secure, lockable, safe and fire proof.
  - (h) If the business is run from domestic premises, a separate part of the accommodation must be designated for office use and secured appropriately.
  - (i) The Service Provider must be able to demonstrate that it has office systems, which can accommodate the minimum requirements of the Council. This will include reconciling time sheets to care rotas, ensuring time sheets are completed correctly and that user's signature has been obtained on each visit, as well as reconciling the Purchasing Schedules with an invoice for service. This may change when the Electronic Care Monitoring system is in implementation.
  - (j) It is the responsibility of the Service Provider to ensure that information held on computer in relation to a care worker, or user of services is registered under the Data Protection Act, 1984. It is a further requirement that the Council is listed as a disclosure on any registration documents. Furthermore, the Provider must make available to the Council a copy of their current valid Data Protection Registration Certification upon request.
  - (k) All users of services information held on computer must have adequate password protection.

- (l) The Service Provider must have a written statement/brochure (translated in appropriate languages if required) concerning its services, which should be given to users of domiciliary services no later than the first visit.

This document should include:

- a statement of the aims and objectives of the Provider
- how the users or someone on his/her behalf can contact the manager or other relevant person at all times
- a statement about how the users of domiciliary care services can complain
- a statement concerning the Provider's policy on equal opportunities/non-discrimination
- a statement concerning confidentiality

## **6.2 Electronic Care Monitoring System (ECM):**

- (a) During the contract period the Service Provider contracted shall fully co-operate and implement without delay at the request of the Council an electronic care monitoring system as specified by the Council.
- (b) The Council is committed to meeting the challenges set out by initiatives and central government reviews, such as the Gershon Efficiency Review of 2004. This highlighted the need for local authorities to release major resources out of activities which could be undertaken more efficiently into front line services enabling authorities to meet the public's highest priorities. The Service Provider acknowledges that it is the Council's intention during the course of this contract to introduce electronic purchasing, payment facilities and support monitoring facilities into the business processes of the Council. The Service Provider warrants that its premises, internal facilities, equipment, computer hardware, software, information flow, licence arrangements and access to conducting media and communications links are such, as are capable of adopting such facilities to the extent of the known commercially available systems, as at the commencement of this contract. The Service Provider further agrees and undertakes to reasonably co-operate with the Council and to endeavour to implement changes to improve their ordering, invoicing, payment and recording systems so as to facilitate the operation of this contract and the provision of the service.
- (c) It is envisaged that a Remote Electronic Care Monitoring System will enable more accurate and reliable information to be

gathered in line with Fairer Charging. In the future, in line with the “our health, our care, our say” government white paper, the Council will be working towards the vision set in this directive to provide people with quality social care and highlights a need for change in the future. It gives users of services more independence, choice and control. Therefore, Service Providers must have ability to comply with requirements in flexible solutions that have the potential to meet future government needs.

- (d) The Service Provider shall co-operate with the changes in business processes including the invoicing arrangements from the Electronic Care Monitoring System implementation in 2009.
- (e) The minimum length of visits required following the implementation will be revised to 15 (fifteen) minutes. Any additional service delivered will be paid on a set banding basis till the end of that particular visit. Details of these bandings are under consideration and further details of it will be provided once the arrangements are finalised.
- (f) Details of requirements for written invoices and time sheets etc will be provided to the Service Providers following the award of contracts.

### 6.3 Referral, Nomination and Service Access Mechanism

**This Section will be revised once Outcome Based Commissioning is in place within an agreed time scale as advised and instructed by the Council. In the time leading up to that the traditional method of commissioning of domiciliary care services will be used, except at this stage a new assessment, care plan and support plan for example, will be piloted in 2009/10.**

- a. The Council will have sole rights to commission the service in this specification.
- b. The Council is remodelling the Intake team to a ‘one stop shop’ reablement service. We expect both new and old users to use this service for up to six weeks, following which any ongoing domiciliary care provision will be with an external service provider. The majority of users will be referred from the Intake team following rehabilitation. It is expected that the external provider will continue to promote / regain skills accordingly.
- c. As most users go through Intake referrals will be made as per usual. Following an ongoing assessment in accordance with the Councils Fair Access to Care Eligibility Criteria. The assessment, determination of eligibility and referral will be made by the Council. Intake will send user details to Domiciliary Care

Bureau (DCB) who will select and contact a Service Provider who can meet the specified support requirements. Following a confirmation of the Service Provider the commissioning worker confirms arrangements with the Service Provider and relevant documentation including the care plan, Order Form etc. are sent once the Service Provider agrees acceptance of the package. The Service Provider must ensure all package details including the documentation are received and details are correct as discussed. The Service Provider must seek clarification for any unclear matters prior to its commencement.

- d. Requests for an assessment of need may be made by the service user, carers, voluntary groups and primary and secondary care health services. The Service Provider will ensure that such requests are directed to the Adults & Housing Department of Leicester City Council.
- e. The Service Provider will be expected to supply the service by following the care plan and as per Outcome Based services will work with the user to complete a support plan. The Service Provider will make no variation in the Service commissioned unless the Service Provider seeks the prior agreement of the Council's commissioning worker and the Service Provider can demonstrate to the commissioning worker that an emergency arose requiring retrospective approval.
- f. By the very nature of the services and the changing needs of the user, there may be variations in the service from time to time. If the commissioning worker or other worker, as designated by the Council revises the Care Plan the Service Provider will receive a new Order Form and revised copy of the Care Plan.
- g. Where planned additional care is required on a one-off or short term basis, either at the request of the carer, commissioning worker or other designated person, and after agreement, the Service Provider will receive a new Order Form from the worker or other designated person to authorise the additional support.
- h. Each Order Form shall relate to the services commissioned for one service user. The Order Form shall state the level and frequency (number of episodes). Once the Service Provider and user determine how the outcomes are to be met a Support Plan is completed together. This will then be sent to the Council within a week to agree it.

**Note:** It is to note that the current Order Form for commissioning of domiciliary care services is under review in order to reflect the electronic care monitoring, outcome based approach and personalisation agenda.

- i. The Service Provider will not, without prior agreement of the Council enter into any negotiations either directly or indirectly with any user/carer or any third party the effect of which would be to:
  - Vary or amend the service provision as stated in the Order Form (including the resource allocation level, duration and frequency which is to be provided)
  - Vary or amend the terms and conditions contained in the specification
  - Provide any services to the user/carer in replacement for the service provision stated in the Order Form.

#### 6.4 Care Delivery

- (a) The Service Provider should provide guidance for Care staff on the tasks which may have to be undertaken, how staff should treat users of services and informal carers / family and how they should handle specific situations.

Care staff should receive written guidance on:

- health and safety requirements
  - cash handling on behalf of users of domiciliary services and a record of all transactions must be kept in the user's home.
  - confidentiality
  - dealing with complaints
  - non-response to visits
  - recording of accidents and incidents
  - contact with Adults & Housing Department staff and other professionals, relatives and carers
  - handling of user's keys - it is this Council's policy to not hold user's keys. If gaining entry to a user's home proves problematic, refer to commissioning team.
  - dealing appropriately with emergency situations
- (c) Once the Service Provider has agreed to provide services, the care worker(s) chosen to undertake the tasks should be given relevant information about the user's needs and special requirements. This should include a written task assessment which should cover COSHH, general risk assessment and must be recorded on user's files and must be made available to the



Council upon request. This should also include any needs arising from the person's cultural, ethnic or religious backgrounds, from specific disabilities, illness or from gender.

In planning service delivery with the users of domiciliary care services, the views of the user must always be the starting point alongside their views about how the Outcomes can be met within the time agreed. Where users lack the capacity to do so, the Provider must work within the principles and guidance of the Mental Capacity Act 2005, and work with others who can interpret and represent the users' views. Guidance about how to apply these principles you must refer to 'Guidance for working with people who are unable to express their wishes through lack of Mental Capacity'.

- (d) The Service Provider must ensure that a pre visit to a user's home is carried out which includes a full health and safety check prior to the commencement of service.

The only exception to the above is those referrals deemed by the Council to be emergency referrals or hospital discharges.

A full Health and Safety check must be carried out as soon as possible following an acceptance of a referral.

- (e) The Service Provider must inform the care worker(s) of any significant known changes in the person's situation prior to the next visit.
- (f) Managers and care workers must establish how the user wishes to be addressed and ensure that is adhered to.
- (g) Care workers must establish how the user prefers personal care / domestic tasks to be carried out and follow those wishes as far as possible. Where there is difficulty in doing so, the problem should be discussed with the user(s) and family carer(s), if applicable, involving the Provider's care manager as appropriate.
- (h) The Service Provider should ensure that care staff members clearly understand they should never be accompanied by any unauthorised person when attending a user's home, (e.g. spouse/partner or children of care worker).
- (i) The Service Provider should ensure that staff members clearly understand the professional boundaries of their contact with users, e.g. care staff should not give users their home address or telephone number.
- (j) The Service Provider must provide continuity of care to users of domiciliary care services. Where changes have to be made in

relation to care staff, the user and family/carer (if relevant), and relevant Adults & Housing Department staff must be informed of this by the Provider and the reason for it, wherever possible in advance of the service change.

- (k) It is the responsibility of the Service Provider to make appropriate replacement arrangements if sickness or other events prevent the usual care worker from attending. The user must be informed of the change of carer. The Service Provider should ensure it has systems to provide cover for staff absences. It is the responsibility of the domiciliary care provider not the care worker to make the arrangements to cover the absences. The replacement care worker must be fully competent and have the training and the skills to be able to deliver the care. The user must not be left without a service unless this is agreed between the user, the Council and the Service Provider. The Local Authority In-House Service will not be used to cover such packages. Performance defaulting will result in the withholding of reasonable payment. The Councils shall be entitled to recover the additional cost of such alternative provision from the original Service Provider.
- (l) The Service Provider must notify the user and family/carer (if relevant), and relevant staff in the event of any inability or failure to deliver a service or change of staff.
- (m) The Service Provider is responsible for supplying appropriate protective clothing and for ensuring that universal precautions are followed, e.g. aprons, overalls, rubber/latex gloves and hand-wash disinfectant as well as goggles if required.
- (n) The Service Provider's Care Managers and Care staff must work in close liaison with Adults & Housing Department staff at all times. This may include:
  - Adults & Housing Department staff who are responsible for co-ordinating the user's care package
  - Senior staff who are responsible for authorising purchase of the service
  - Contracting staff who are responsible for monitoring the Contract
- (o) The Service Provider's Care Managers and/or Care Workers must bring to the attention of appropriate Adults & Housing Department staff any serious concerns regarding the health or welfare of individual users. Equally they should notify any positive changes in the user's situation or capabilities.

- (p) Management cover must be provided by each Provider to cover during normal working hours and out of hours (including evening/night duties, Weekends and Bank Holidays). The use of a message-taking answer phone is not acceptable for this purpose.
- (q) The Service Provider will provide a range of services to meet the assessed needs of the user of services of domiciliary care regardless of age, race, culture, sexuality and disability in accordance with the specified activities on the user's care/support plan and which meet the Specification within a standard satisfactory to the Council.
- (r) The Service Provider must take responsibility for ensuring that sufficient information and clarity in instructions are received. This is in order to provide a safe and effective service, and should include contact with the named assessor for verbal or written clarification where there is any doubt.
- (s) The Service Provider is expected to give a clear indication of whether a service order can be met by responding within a maximum of 24 hours of the request or immediately in the case of an emergency.
- (t) Service Providers should have in place methods by which they can measure, evaluate and review the service they are offering. This should be carried out in consultation with the users of that service. This information should be made available to the Council for monitoring purposes, which may be required at various intervals during the period of the contract.
- (u) The local office, telephone number and the care manager's name must be given to every user and their family carer, commissioning staff and contracts staff. Any changes in these details are to be forwarded immediately to users and their family /carers, commissioning staff and contracts staff.

## **Continuity of Service**

### **Essential requirements:**

- ◆ There must be sufficient care workers to ensure that the service is always provided when needed, but with minimum disruption to the user.
- ◆ All of the services provided must be delivered with dignity, respect and to the users' satisfaction.
- ◆ It is expected that users will receive help from no more than four different care workers over a period of two weeks, particularly in

the case of personal care. The manager must notify the Adults & Housing Department if this stipulation is not adhered to.

- ◆ If a definite time for the provision of service has been given it is essential this is adhered to. No changes can be made without the agreement of the commissioning worker in Adults & Housing Department.
- ◆ Sufficient time must be given for each task to be completed so that the user does not feel that they are being rushed. This is particularly important for the personal service, which may be provided outside normal hours e.g. early mornings, late evenings, weekends.
- ◆ Agency manager must be informed by commissioning worker if there is more than one Provider delivering a service to a user. Any difficulties must be referred to the commissioning worker by the agency manager.
- ◆ If an agency misses a 'planned call', for whatever reason, the Manager must notify the commissioning worker as soon as possible after the incident has occurred or as early as possible on the next working day if the incident occurs out-of-hours.
- ◆ Under no circumstances must an agency sub contract any of its work.
- ◆ Any new care worker, in the case of personal care, must be introduced by one of the existing care workers known to the user unless in an emergency or unanticipated circumstances, e.g. existing care worker suddenly taken ill.
- ◆ A care worker must be able to communicate with the user in whichever way the user chooses, e.g. in user's first language or by sign language.
- ◆ In the exceptional circumstances of a service not being provided at the time a user expects to receive it, every effort must be made by the Service Provider to contact the user concerned or family member to advise them of this.
- ◆ The Service Provider must ensure appropriate travelling time between visits is undertaken when allocating work and this must be detailed and evident on care workers' work schedules.

## 6.5 Relationship

The Service Provider will work within the outcomes set out in the care/support plan and/or the user of services agreed outcome based care/support in line with the welfare and wishes of the user.

The relationship between the user and care worker is key to the success of the Service. The Service Provider will choose a Care Worker they believe will work most effectively with the user, taking into account user's disability, cultural needs and the care delivery staff skills and style of working. The Service Provider will test the user's satisfaction with the chosen worker, and make changes if the user does not have the trust and confidence that is needed to make the relationship successful and if it is not possible to bring about the changes in the style of working that the user wants.

## 6.6 **Service Termination**

- a. The Service Provider should note that the package might be withdrawn or transferred to another Provider by giving a minimum of seven days notice.
- b. Due to nature of the service it is expected that there will be some users with challenging behaviour and/or complex care needs which require providers to have experienced and trained care staff to provide support to these users with more care. It is the responsibility of Service Providers to ensure staff are adequately deployed, trained and supported to meet the wide range of needs of all users of domiciliary care services for whom care is commissioned. Every effort must be given to resolve these complex situations, including case meetings, liaison with relevant professionals. If, despite every effort, the continuation of support to a user is presenting risks to the Service Provider then this should be discussed immediately with a commissioning worker. Termination of care to a user will only be acceptable where the Service Provider can demonstrate that the risks can no longer be contained and discussed / agreed with commissioning worker.

The Service Provider can not terminate an individual package for any other reason or if a regular care worker of an individual user on long term sick or leaves employment for any reason with the Agency. The Service Provider must ensure that an appropriate replacement is arranged immediately with minimum disruption to the user.

### 6.7 (i) **Planned Absences**

The Service Provider must reinstate service if the user is absent from home due to a planned absence (hospital, holiday, respite care) provided that this period is no longer than 4 weeks/28 days (inclusive of 24 hours notice period) and there is no substantial variation. It is responsibility of the Council to notify the Service Provider when the service is to re-start. In the case of hospital discharge 24 hours notice will be given to the Service Provider to re-instate the service.

### (ii) **Unplanned Absences**

If the user is absent due to an emergency or unplanned occurrence then it shall be the responsibility of each party to notify the other of such event at the earliest opportunity (minimum 24 hours). In the event of unplanned absence the Service Provider shall be entitled to payment for the service it would have provided during the first day of the unplanned absence of the user. Thereafter the service for that user will be suspended until s/he returns home and then reinstated provided that this period is no longer than 4 (Four) weeks and there is no substantial variation in the care plan. No payment will be made to the Service Provider by the Council for the care plan during the unplanned absence.

6.8 Providers must have in place methods by which they can measure, evaluate and review the service they are offering. This should be carried out in consultation with the users of that service. This information should be made available to the Department for monitoring purposes.

#### 6.9 **Protection from Abuse**

- a. In line with the “No Secrets” Multi Agency Policy and Procedure for the Safeguarding of Adults from Abuse (Safeguarding Adults), the Registered Manager will ensure users of domiciliary care services are protected from physical, financial, verbal, sexual or racial abuse and neglect or abuse through the misapplication of drugs by deliberate intent, negligence or ignorance. All allegations and incidents of abuse must be followed up immediately and the action taken recorded.
- b. The Registered Manager will ensure there are robust procedures for responding to suspicion or evidence of abuse or neglect (including whistle blowing) and ensure the manager follows up concerns and provides details to the Council in accordance with the multi-agency agreement. A copy of this document can be available from the Council.
- c. The Service Provider must ensure that all staff are aware of and will adhere to the ‘Multi-Agency Policy and procedures for the Protection of Vulnerable Adults from Abuse’ (Safeguarding Adults) and that all staff members are aware of the indicators of abuse and supported by the appropriate training.
- d. Where a care worker is suspected of abusing the user he/she must be removed immediately pending the Service Providers investigation and replaced immediately with another care worker. A replacement worker from the same Service Provider would be subject to consultation with the user and the users views sought on whether the Service Provider needs to be changed, in conjunction with the commissioning worker who will be leading the adult protection investigation in accordance with the multi-agency agreement.

### 7. **Quality – Performance Assurance**

7.1 The Provider will satisfy the requirements of the Care Standards Act 2000 National Minimum Standards in respect of inspection and quality assurance.

In addition, the Service Provider shall be expected to meet standards of performance in relation to quality issues as described below:

- Overall satisfaction rate with the Service provided
- Provider introduced care Worker(s) to user
- Users of domiciliary care services satisfaction with the care worker
- Care Worker always carried out activities agreed with the user
- Care Worker carried out the activities according to what the user needed each time they visited
- Care Worker carried out activities in the way the user wanted
- Care Worker always stayed as long as they needed to complete the activities
- Care Worker encouraged user to do things for themselves and be independent
- Care Worker treated user with courtesy
- Care Worker considerate of gender, race, culture and religion of user except in exceptional circumstances and as agreed by the MDT (multi disciplinary team) risk assessment.
- No missed agreed visits by care worker
- Basic hygiene standards are maintained
- Provider's office let the user know when the care worker was not expected to arrive within half an hour of the time agreed
- Provider's office let the user know when their regular care worker(s) are going to be absent
- Provider's office staff are polite on the telephone
- Service Users had received a copy of their user support plan
- Service Users found the user support plan useful
- Supervisor / Manager visits user/ family carer twice in a year in order to check quality of service being delivered etc.
- Any issues, concerns and complaints brought to a satisfactory conclusion

7.2 The Council will regularly audit compliance with each area of this service specification. This will be done by a combination of:

- Individuals reviews by commissioning workers
- Regular meetings with the Providers to discuss current issues about the service
- Announced annual planned contract monitoring visits by officers of the Council
- Unannounced monitoring visits by officers of the Council when necessary.
- Responding to individual concerns, complaints or commendations raised about the service
- Feedback from the Commission for Social Care Inspection (CSCI)
- Feedback from parents/family carers other professionals and advocates where appropriate.
- ◆ Establish systems, which monitor the achievements against the service standards and outcomes in relation to the aims and objectives. This will incorporate feedback from individuals and, where appropriate, representatives of Adults & Housing Department and Health. This will provide a framework for identifying activities, targets and standards needed to realise the desired objectives and appropriate indicators/outcomes demonstrating their achievement. The outcome of the quality audits undertaken by the Service Provider will be made available, on request, to the Council.
- ◆ Work with individuals, family carers, care managers and advocates to develop, implement and evaluate improved outcomes (and indicators) for the individual.
- ◆ Work with the commissioning workers to ensure that the agreed programme of support for the individual, as set out in his/her care/support plan, is being implemented.
- ◆ Acknowledge the Council may make arrangements to independently monitor the quality of the service provided by direct contact with Individuals.
- ◆ Give the Council any information reasonably required for monitoring the performance of the Agreement, preparation of Local Authority Reports, Government statistics or information required to respond to enquiries/ complaints from Councillors or members of the public, or which is necessary for the performance of the Council's statutory responsibilities.

**Essential requirements:**

- a) Quality assurance is not a peripheral activity. It has to be shown to be an integral part of the organisation and central to its operation.



- b) Quality assurance must be demonstrated to be the responsibility of Agency owners, managers and all employees.
- c) Systems for assuring the service provided by the Agency is of an acceptable quality will vary according to the size, scope and purpose of the Agency but must always include the following:
  - i) Users, relatives and care workers must be involved in informing the Agency whether the service is, in fact, meeting the assessed needs of the user.
  - ii) It is vital that the views of the user, their relatives and care staff involved in the delivery of service are obtained.
  - iii) The Agency's complaints procedure must be based on the same principles as that of the City Council with a separate record kept of action taken and resolutions.
  - iv) Users must be regularly visited by the agency manager in order to check the quality of the service being delivered. A checklist must be used by the manager to ensure important issues are covered during these visits. These visits must be recorded both in the home of the user and in the Agency's office. Visits must be made when the care worker is there and when he/she is not there.

Users should also be reminded of the existence of the complaint procedure. A record must be made of issues discussed and action taken as a result of the visit.
  - v) Users must be encouraged to use an advocate if they wish during visits by an agency manager. They must also be encouraged to discuss any concerns they may have.
  - vi) The agency must undertake regular spot checks on care workers to check the quality of service being delivered. These checks must be recorded using a proforma to ensure consistency and be placed on staff files.
  - vii) It is essential that the agency has a training and development policy for staff.
  - viii) Officers from the Service Contracting and Procurement Unit will require agencies to provide Quality Monitoring Information reports at every three months.
  - ix) The Service Provider must forward to the Service Contracting and Procurement Unit Annual Financial Reports and any associated financial details which may

be requested by the Council in respect of financial viability of the Provider.

### 7.3 **PAYMENT ARRANGEMENTS**

#### (i) **Sending In Invoices**

To ensure payments are made as quickly as possible, the Service Provider must submit invoices at four weekly intervals together with the necessary information as instructed and documentation (i.e. weekly timesheets if necessary). The Invoice must be sent to:

### **Payments Section**

Leicester City Council – Adults & Housing Department  
B5 New Walk Centre,  
Welford Place  
Leicester, LE1 6ZG

The Payments Section will reconcile your invoice with the order and price schedule (time sheets if necessary) and make arrangements for payment. If an invoice does not match the order then the commissioning worker will be asked for a new order form. The invoice will not be paid until the new order is received and Care-First is corrected. The order form is the contractual document between the Service Provider and Adults & Housing Department.

Payments will be made for each four week period of the Contract as follows:

#### **Minimum Hours Guarantee Contracts**

In the event that the four weekly service value (contractual hours) is not fully commissioned or under usage occurs, the under usage hours will be paid as per the lowest hourly charge submitted in the tender application price list by the Service Provider.

#### (ii). **Information which must be included on Invoices**

The invoices must be broken down into periods starting on Monday and ending on Sunday. The week ending hours must agree with the Order Forms

#### (iii) It is ESSENTIAL that Invoices contain the following information to facilitate reconciliation with the original order:

- Date of the Invoice (this must be different from the period of care covered by the invoice).

- User's name
- User's address
- Care First ID – i.e. Adults & Housing Department CF Identification Number.
- Invoice Number or Credit Note number (must be unique)
- Period of care covered by the invoice
- Name of commissioning worker and their office base
- If the service is terminated, the invoice must be clearly marked “Last Invoice”. The date of termination and the reason for termination must also be written on.
- All invoices must relate to a specific financial year, that is Service provided from 1 April to 31 March inclusive.

**Please note:**

**Invoices submitted without supporting documentation / details will not be paid.**

Provider must ensure that the user and care worker both sign the time sheet for each visit of care provided. If the user is unable to sign the time sheet, please insert the words ‘unable to sign’ and a note of the reason for this to be in place of the user’s signature. The reason for being ‘unable to sign’ must also be recorded in the user’s file held in the local office. Time sheets must be kept with the local office and must be made available to the Council’s officer if required to do so.

The invoices submitted must be for services actually provided. Should the user be in respite care then the Council **must not be** invoiced. In circumstances where the care worker has gone to the home of a user and found that the person had been taken to hospital, and the Provider had not been notified, then consideration would be given to paying the time invoiced for that one visit. The Service Provider shall inform the commissioning worker and the Payments Section about this.

Please note that failure to include all the necessary information as stated in 7.1-(i), (ii) & (iii) will lead to the invoice and supporting documentation being returned to you for completion and will result in delayed payment which will not be subject to an interest payment.

Should the invoice be incorrect, a credit note must be issued by the Provider for the difference.

7.4 **User Contributions**

The Council will pay the gross cost of the service provided. You are not expected to collect any monies from the user in payment for the service. However, the Council has a process for charging and collecting payments for it. In this case you are expected both to verify that the user has paid an appropriate contribution.

#### 7.5 **The Charging System**

Users either receive a free service, or pay a charge per week in accordance with Leicester City Council's charging policy and procedure. Service Providers will be required to forward every week details of hours provided to each user to the Council's Payments Section and in a pro-forma as advised.

#### **Note**

**Payment arrangements may be subject to change following implementation of an Electronic Care Monitoring system. Service Providers shall co-operate in this and implement changes as required by the Council.**

### 8. **STATEMENT OF RELATIONSHIPS AND RESPONSIBILITIES**

#### **The Council**

- 8.1 The Council has a statutory duty to undertake an assessment of an individual's need for community care services provided in line with the Fair Access to Care Services (FACS) eligibility criteria and then to decide whether the individual's needs call for the provision of any such service, and if so, by whom.
- 8.2 It is the responsibility of the Council to supply the Service Provider with details of the users' names and addresses, the users' care plans and of any special circumstances of which the Service Provider should be made aware, for example type and nature of the users' disabilities or any access arrangements. Information will only be provided with the users' consent and to the level necessary for carrying out the service. All the information must be held in confidence and made known only to persons/staff providing services.
- 8.3 The Council is responsible for ensuring that any amendments/alterations to the care plan or cancellation of service are notified to the Service Provider as soon as possible.
- 8.4 The Council will monitor Providers in respect of their ability to deliver the required service.

8.5 The Council is responsible for the monitoring of quality and the reviewing of individual needs for the domiciliary care provided. This will happen in a variety of ways:

- a) by feedback from users and/or their family/carers, and commissioning workers on the standards of services being provided.

For Outcome Based services the provider and user must complete a support plan identifying the activities / tasks to be undertaken within the commissioned hours. The support plan should be completed within a week and sent to the assessor to agree, the support plan will be regularly reviewed by the Service Provider, with the user who should be encouraged to give feedback on delivery of service.

- b) by commissioning workers reviewing whether or not the domiciliary care being provided is meeting the assessed need or if it needs amending.
- c) by systematic monitoring to evaluate and record the service delivered against the Specification Requirements:
  - i) by visiting premises and/or by telephone
  - ii) by consulting with users and/or their representatives
- d) by the investigation of complaints and concerns
- e) by monitoring written procedures and records for both users and care staff.

8.6 The Council will supply the Service Provider with advice from within the department or facilitate the provision of advice from other agencies.

8.7 The Council undertakes not to discriminate between public sector, voluntary and private providers in the monitoring of agreed service provision. An agency must be registered in accordance with the Domiciliary Care Standards as required by the CSCI.

8.8 The Council will monitor the weekly/four weekly hours take up information supplied by the Service Provider. This is to ensure that take up is as per the agreement. However, in the case when under usage is identified for the minimum hours contracts, a review with intention to reduce the four weekly service value will be carried out immediately and a new four weekly minimum service value (contracted hours) will be determined to address the issue.

8.9 The Provider shall co-operate in any reasonable monitoring activities undertaken by the Authority in relation to the Contract. The Council, in conjunction with Service Providers, will set Quality Targets that will include reliability, consistency and other quality assurance measures.

Therefore, information will be requested to support the attainment of these Targets. The Authority reserves the right to issue a written notice to the Provider if they fail to achieve the agreed Quality Targets. This written notice may include a requirement of the Provider to improve the quality of the services within a specified period, the suspension of the Provider from the contracted Service Provider List and in instances where the Provider has been shown to be continually failing to meet the Quality Targets will lead to expulsion from the List.

### **Service Provider**

- 8.10 The Outcome Based approach is a significant change and to enable this to happen there has to be a radical change in the current commissioning process. The Service Provider shall provide a full range of activities to meet the Outcomes for each user referred to them and to ensure that these activities are flexible to meet the changing needs of the user on a day-to-day basis.
- 8.11 Service Provider will be expected to deliver services in line with the Council's operational policies.
- 8.12 The Service Provider shall be required to:
- a) produce on request for monitoring purpose documentation, specific policies, plans, philosophy statements, and any other information which in the reasonable opinion of the Council is appropriate to the process, as soon as is reasonably practicable following the request.
  - b) give access as soon as is reasonably practicable to any and all components of the domiciliary care service to a nominated officer of the Council. This includes access to premises, relevant documentation and consultation with users of domiciliary care services etc.
- 8.13 The Service Provider must keep up to date records of all users and staff in accordance with the contracts requirements. These must be readily available to a nominated officer of the Council.
- 8.14 The Service Provider is expected to monitor the service and to report changes in the user's circumstances or needs to Adults & Housing Department. The Service Provider must also be able to give feedback on a user's progress when requested by Adults & Housing Department.
- 8.15 **Illness / Death of Client / Emergency Access**

The Service Provider will have a policy that covers illness, death and emergency access for staff to follow. The staff member should keep the registered manager or immediate supervisor informed of any action taken.

The Service Provider will be responsible for notifying a designated representative of the Council by telephoning immediately or the Emergency Duty Team outside normal office hours and follow their advice/instructions (and follow this by written confirmation as soon as is reasonably practicable thereafter).

- a. In the event of a user becoming ill or dying whilst the Provider's staff member is in attendance, the staff member should contact the user's General Practitioner and/or the appropriate emergency service.
- b. In the event of the Provider's staff being unable to gain access to the user's home at a time previously agreed for the delivery of service, the staff member must:-
  - Try all the doors and look through the ground level windows
  - Check with the neighbours to ascertain whether the whereabouts of the user is known
  - If the staff member discovers that the user can be seen in a 'distressed' situation he/she should immediately contact the appropriate emergency service (police, ambulance fire), and then contact the Council as above.
  - If it is suspected that the user is ill inside the house, the staff member must contact the Council as above and emergency services.
  - The time required to undertake Emergency Access shall be paid for a period not less than the service that was expected to be provided and not more than that which is allowed as below:

**Emergency Provision:** There may be occasions when it becomes apparent that there is an urgent need for an increase in the number of hours of service provided to a user, or for the addition of a specific task(s) to alleviate risk arising from an emergency situation. The Provider may, in these circumstances, use his / her professional discretion to make a short term additional provision, up to a maximum of 3 hours in respect of any single episode, but must notify the Council at the earliest opportunity in order that a reassessment of the user's needs can be completed).

- Any circumstance where a user has refused provision of the service, or any part of the service has not been provided for any reason whatsoever.

- Hospital admission or cancellation of services.
- Abuse or suspected abuse of a vulnerable person.
- Accident to any user.
- Emergency, for example, fire or flood affecting the user or any significant change in the physical standards of the home, where there is a possibility that temporary alternative accommodation will be sought.
- Any circumstances where a user is in need of medical attention, but refuses to seek help.
- Notifiable infectious disease occurs in the home of the Service Provider or user.
- Any circumstances where it is necessary to involve an Environmental Health Officer for any reason, for example, in the case of infestation of the property by mice or rats.
- The death of a user is discovered by a care worker or occurs whilst a care worker is in the home.
- Abuse or suspected abuse of a vulnerable person under Adult or Child Protection matters
- Any change in Registered Manager
- Any change in registration Category
- Any change in ownership
- Any application to the Commission for Social Care Inspection to deregister the Domiciliary Care Service Provider.

8.16 The Service Provider may be required to submit regular written reports relating to the service provided. Reports relating to the user of domiciliary care services directly must not include statements of a derogatory nature including the use of racist/sexist language. These reports relating to a user will be logged on their file within the Council's Adults & Housing Department and will be available to the user on request. The cost of providing such reports shall be borne by the Service Provider.

8.17 The Service Provider must have in place methods for monitoring the quality of the service delivered. This must include a policy on consultation with users of services and an effective complaint



procedure. Users should also be made aware that they can use the Adults & Housing Department's complaints procedure.

- 8.18 The Service Provider must notify the Adults & Housing Department when the order is terminated for reasons other than cancellation of the service by an officer of the Department.
- 8.19 The Service Provider must inform the commissioning worker prior to reallocation of services in cases where the user has been in hospital or away from home for some considerable length of time.
- 8.20 All time sheets and / or record sheet must be signed by the care worker and service user at the end of each visit regardless of the number of visits on each particular day. Time Sheet and user's Record Sheet must state visits' time in and out. All time sheets must be held by care workers on behalf of the Provider on a day to day basis and not left in the user's home.

**Note:**

Current time sheets and / or record sheet may require a review following implementation of an electronic care monitoring.

8.21 Health Tasks

The Service Provider will not currently be expected to undertake any nursing duties unless registered to do so. Arrangements for social care staff carrying out any health care tasks are covered in the current Leicestershire & Rutland 'Health and Social Care Protocol' (a copy of which will be given to the Service Provider). The Provider must ensure that only delegated health care tasks (as defined within the protocol) are carried out by appropriately trained staff members.

Health Tasks include:

- Health tasks defined in the health and social care protocol
  - Health tasks identified in the community nursing service care plan and as delegated by the community nurse e.g.
    1. Assistance with bowels
    2. Assistance with medication
    3. Pressure sore care
    4. Epilepsy seizure management
    5. PEG Feeding / Interal feeds via a tube
    6. Oral Hygiene
- 8.22 The Service Provider shall not subcontract any of the work without the prior written consent of the Council.
- 8.23 The Service Provider must have contingency arrangements / business continuity plans in case of any emergencies such as staff members' absences due to sickness or any other emergencies e.g. Flu Pandemic

## 8.24 Strategic Planning

The Provider shall be willing to contribute effort to working with the Council in delivering its strategic planning function. Providers have a wealth of knowledge from their work in the field that is key to a good understanding of needs, issues and potential solutions.

## 8.25 Carers (family member/next of kin) Strategy for Leicester:

- (a) Service providers must respect and support situations where carers of users are involved. Their rights should also be respected and views are taken into consideration. Full consultation with carers/relatives is regarded as a reasonable expectation on their part. Leicester City Council and Leicester PCT have started work on a new strategy to show how family carers will be supported and involved as there is now a new context for work with carers, for example, the Government's emphasis on personalised care and 'self-directed support'. More specific changes for carers include the Government's wish to see carers supported to work, in the wake of the Carers (Equal Opportunities) Act and the Work and Families Act.
- (b) The strategy will take account of local consultation material and of the priorities set out in the new National Carers Strategy that was published in June 2008. The topics covered by the previous Leicester Carers Strategy will still be relevant, namely informing carers, assessing their needs, providing support and ensuring equal opportunities.

## **9. ARRANGEMENTS FOR VARIATIONS TO THE SPECIFICATION**

- 9.1 This Specification sets the broad standards that the Council ordinarily requires from its domiciliary care Service Providers. However, the Council may from time to time vary this Specification dependent on the assessed needs of specific users of domiciliary care services. Any variations will only be carried out after consultation with the provider.
- 9.2 The Council will need to meet the changing agenda within the Health and Social Care fields both nationally and locally. It is essential there is 'Partnership' working with Health and Social Care Service Providers and other Stakeholders, and that we incorporate both policy and standards of good practice for domiciliary care services. The Service Provider must recognise this and be willing to work in 'Partnership' and comply with any future amendments to the Specification, National Minimum Standards (Domiciliary Care), or any of the policies and procedures where reasonably requested by the Council.

## APPENDIX 1

### DEFINITIONS

<b>The Council</b>	Adults & Housing Department, Leicester City Council
<b>The Service Provider</b>	Agency providing person centred domiciliary care services to users of services. The Provider must be registered as a domiciliary care agency with the Commission for Social Care Inspection (CSCI).
<b>The Individual</b>	The user of the Council for whom the service is to be provided.
<b>Commissioning Worker</b>	An officer of the Council responsible for co-ordinating the assessment of people's needs, ensuring that a care plan is produced and arranging the provision of services in response to the assessed needs.
<b>Care Worker</b>	Member of staff working on behalf of the Service Provider to fulfil contract arrangements with the Council.
<b>Individual Care Plan</b>	The document produced by the commissioning worker which brings together the results of the assessment process, identifies the key areas of the individuals care need, and agrees objective outcomes, monitoring and review arrangements.
<b>Minimum hours Contract</b>	A Contract where a defined minimum number of hours are guaranteed to the provider over the life of the contract.
<b>Support Plan</b>	For Outcome Based services the document is completed by user and Service Provider setting out how the outcomes from the care plan will be achieved.

## 1. **Personal Care/Social Care includes**

- Activities such as getting up/putting to bed, helping to dress/undress, washing, assistance with medication, assistance with continence and other specified tasks connected to personal hygiene.
- Giving assistance with budgeting or fulfilling dietary requirements, assisting the user in maintaining contact with friends/relatives in accordance with assessed needs.
- Meeting desired outcomes e.g. shopping, accompanying user to a health appointment, visiting friends etc.
- Any assistance will be given in accordance with the users' individual needs, abilities and they should not be rushed.
- The Service provider shall deliver personal care as detailed in the Order Form and will include the information in the Care/Support Plan. Some Health Care Tasks including medication assistance/administration may be carried out by care worker under supervision or direction from Health staff, and some may not. In practical situations it is not always clear whether or not certain tasks fall within the remit of personal assistance, and the Provider should seek advice from the Council on any areas of uncertainty.

### **Medication Management and Domiciliary Care**

The Service Provider should have clear medication policies and procedures in place which include a training programme and are in accordance with the Commission for Social Care Inspection guidance and reference document on good practice in the administration of medication in domiciliary care.

All providers of domiciliary care services policies and practice arrangements meet the national minimum standards and include as a minimum standard the eight principles of safe and appropriate handling of medicines as published in the 'Handling of Medicines in Social Care' by the Royal Pharmaceutical Society of Great Britain (RPSGB).

Leicester City Council's In-House Service Medication Management Procedure can be accessed from the Council's website.

<http://www.leicester.gov.uk/your-council--services/social-care-health/home-care/care-at-home>

## 2. **Domestic tasks include**

- \* bed-making, washing by hand or machine, cleaning, dusting, vacuuming. Cleaning tasks will be undertaken only in the areas of the house actually in use by the user.
- \* going shopping on the user's behalf. In addition to shopping for essential household items, the Service Provider may be required also to collect prescriptions, pensions, and pay bills etc.
- \* washing, drying and ironing of a user's clothes, bedding, towels and other soiled items of a similar nature, including laundry of a user who is incontinent.

3. **Rehabilitation and/or the teaching of independence living skills.**

The intake team will provide a rehabilitation / reablement service for all users. An assessment by therapists will be offered where there may be potential for improvement, relearning of skills, retraining in independent living. It is expected that all Service Providers will work within an 'independence' ethos and encourage users to maintain their potential.

4. **Family Carer Support**

This may include any or all of the above as well as night sitting care.

## Appendix 2

### Outcome Based Commissioning Pilot and Independent Sector Selection

#### 1. Introduction

- 1.1 The Council will select any two Service Providers following the award of domiciliary care services contracts in October 2008. The selected Service Providers will be expected to fully participate and support any involvement in the pilot, including planning, implementation, evaluation meetings and / or events. The Provider shall:
- i. Have a strategy for ensuring that the Agency has a workforce with the skills and competencies required to deliver Outcome Based person-centred working in addition to the skills needed to ensure the National Minimum Standards are achieved. The strategy shall address the relevant learning needs, along with needs for the workforce to be stable and committed.
  - ii. Employ staff on a casual basis to the absolute minimum necessary to efficiently manage their business given the extent to which flows may fluctuate. The majority of the workforce should be on terms and conditions that offer security of income and employment.
  - iii. Ensure that there is a managerial / supervisory capacity to enable overall management of the Service logistically so that users have care workers at the times and places required, and that the overall budget is managed.
  - iv. Ensure that their staff attend training forums arranged by the Council that the Provider shall be advised about during the duration of this Contract. A dedicated team will be necessary to work on a pilot and the team will include staff representative of the population.

#### 2. OBC Pilot & Selection of Service Providers

- 2.1 All successful Service Providers will be given an opportunity with a very tight deadline to express their interest to participate in the Outcome Based Pilot Project, commencing March 09 for twelve months.
- 2.2 Two Service Providers will be invited following a formal selection process and criteria as agreed and determined by the Council to participate in the OBC Pilot. The criteria will include agencies' experience, commitment, capacity and ability to meet the OBC requirements as determined by the Council.
- 2.3 A separate award is being offered to one Provider for all City sheltered schemes, the selected Provider will be expected to adhere to the standards outlined above.

2.4 The 2 Providers will receive direct referrals from commissioners / DCB but also from the in-house Intake Team for reprovision of Outcome Based home care.

3. **Leicester City & Zones**

3.1 The Council is considering a potential zoning of areas for the pilot.

3.2 Service providers will be expected to have arrangements in place to undertake emergency referrals in the neighbouring zone during the contract period.