

Revised Contractual Terms and Conditions for the provision of Residential and Nursing Care for Older People

Appendix 3

Residential and Nursing Care Homes (Older People) Service Specification

Schedule 2: Part 1 – Overarching Specification

1. Introduction

- 1.1 This Specification has been developed to support the commissioning and procurement of care and support services in a residential or nursing home setting (the “**Services**”).
- 1.2 The Council has established an “**Approved List**” that will be used to identify providers who meet the quality standards and service delivery requirements set out in this Specification to deliver the Services (“**Approved Providers**”). The Approved List will be continually open to allow new providers to apply to join and become an Approved Provider at any time.
- 1.3 New packages of care and support will be commissioned directly by the Council from Approved Providers using the processes set out in the Approved List Agreement.
- 1.4 Throughout the remainder of this Specification, the term “**Service Provider**” shall be used to describe any Approved Provider delivering the Services. The term “the **Client**” shall be used to describe any eligible individual receiving the Services.
- 1.5 This Specification sets out how the Service Provider will deliver care and support in a residential or nursing home setting for individuals assessed and supported by East Sussex County Council on behalf of the Adult Social Care and Health Department (referred to in this Specification as the “**Council**”). The overall aim is for the Client to live in a safe and friendly environment where their care and support needs are met, and to enable them to be as active and retain as much independence as possible. The Service Provider will support the well-being and the quality of life of the Client.
- 1.6 This Specification covers the Council’s expectations of the Service Provider under each separate Individual Service Agreement.
- 1.9 At the heart of the Care Act 2014 there are a set of key principles which include promoting individual well-being and preventing needs for care and support. The Service Provider is required to support these principles, as set out in the Care Act, ensuring that older people can access the right health care and treatment, stay as well as possible, and can live well with long-term conditions and care needs. The Service Provider is expected to ensure people have control over their day to day lives, promote independence and to prevent or delay any deterioration in their health and well-being. The Service Provider will do this through the provision of an outcomes focused service and by ensuring access to appropriate services.
- 1.10 It is a requirement that the Service Provider is registered with the Care Quality Commission (including any subsequent regulatory body) (“**CQC**”) and will maintain such registration throughout the duration of the Approved List Agreement and any associated Individual Service Agreement. Therefore, the regulations required for registration (and their associated standards), and the monitoring of the achievement of those regulations and standards are not

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duplicated in this Specification.

1.11 The Council expects the Service Provider to adhere to any future Care Regulator quality standards and rating systems.

1.12 The Council encourages the Service Provider to contribute to effective multi-agency working with

all stakeholders including Health and Social Care Professionals, Commissioners, and managers to ensure Clients receive a coordinated approach to support. A positive relationship and open communication with NHS services must be maintained to prevent unnecessary attendances at A&E Departments and crisis admissions to acute or community hospitals. The Service Provider will be encouraged to work closely with Healthcare Professionals where they have been aligned to support the home to ensure optimum healthcare is provided to Residents.

1.13 The Council expects the Service Provider will use best endeavours to work towards a reduction in energy bills and a cut in the carbon footprint of the business. Support to do this can be found here: [Green business – East Sussex County Council](#)

1.14 The Provider will ensure that Care Workers are respected and valued as key members of the health and social care workforce.

- Ensuring Care Workers feel supported, and that staff wellbeing continues to be a key priority of Service Providers
- Promote the role of Care Workers to health and social care partners and the local population and recognising their valued contribution to care
- Ensuring there are positive working relationships between Care Workers and other operational workforce groups across health and social care.

2. Description of Service

2.1 The Services to be provided are accommodation, and personal care; and nursing care where the Home is registered to provide nursing, with full board and twenty-four-hour staffing.

2.2 The Service Provider will ensure that a valid CQC registration certificate is obtained and maintained at all times in respect of the Home.

2.3 The Services will include activities to meet the needs of Clients for social contact and stimulation.

2.4 The accommodation will normally be for single occupants unless the Client chooses to share. Equipment will be provided to meet the assessed need of the Client, along with other communal facilities see Paragraph 13. Equipment).

3. Eligibility

3.1 Individuals are eligible for the Services as follows:

3.1.1 Following an assessment of the individual's needs by the Council under the Care Act 2014, the Council determines that the individual is in need of care and support not

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otherwise available to them in their own home.

- 3.1.2 The individual is eligible for the Council's support based on Ordinary Residence rules; and
- 3.1.3 The individual is eligible to be accommodated under the terms of the Care Home's Registration Certificate or in line with meeting people's needs under the CQC Fundamental Standards.

4. Placements

4.1 Referrals

- 4.1.1 When a practitioner identifies that the Client's needs can best be met in a residential or nursing care setting, they will liaise with the ASC Brokerage Team ("Brokerage") or the Emergency Duty Service ("EDS"). Brokerage or EDS will then contact the most suitable Provider from the Approved Provider List to identify if they can take a placement. Further details of the referral process are set out in clause 5 of the Approved List Agreement.

4.2 Assessments

- 4.2.1 From the date of a formal referral is made by the Council to the Service Provider about a prospective Client, the Service Provider will ensure assessments are undertaken as soon as reasonably possible and within two working days where the Client is ready to be discharged from hospital or a maximum of five working days where in the community to avoid delay and, where the Client is currently in hospital, to avoid any delayed discharge.

4.3 Individual Service Agreements

- 4.3.1 For each Placement made under the Approved List, the Service Provider will enter into an Individual Service Agreement with the Council. The terms and conditions of the Individual Service Agreement are as set out in Schedule 3 of the Approved List Agreement (ISA Terms). For each Placement, the Council will issue an Individual Service Agreement Front Sheet ("ISA"), which sets out the details of the Client's placement in the Care Home, for signing by the Service Provider. The ISA will, wherever possible, be available prior to the start of the placement.
- 4.3.2 The Individual Service Agreement between the Council and the Service Provider is formed of the following documents:
 - 4.3.2.1 the ISA Terms (Schedule 3 of the Approved List Agreement).
 - 4.3.2.2 this Specification (Schedule 2, Part 1 of the Approved List Agreement);
 - 4.3.2.3 the ISA (Schedule 4 of the Approved List Agreement).
 - 4.3.2.4 the Client's Care & Support Plan.
 - 4.3.2.5 Data Sharing Provisions (Schedule 8, Part 2 of the Approved List Agreement).
 - 4.3.2.6 where relevant, TUPE Provisions (Schedule 9 of the Approved List

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Agreement).

4.4 Respite and Short Breaks (“Fixed Term Placements”)

4.4.1 Fixed Term Placements may be agreed in the following circumstances:

- i) For Respite or short-term care to provide Client support.
- ii) For the purpose of assessment prior to a long-term placement.

4.4.2 The expiry date of a Fixed Term Placement will be stated in the ISA. The Individual Service Agreement relating to a Fixed Term Placement will terminate automatically on the expiry date without the need for any notice to be issued.

4.4.3 The procedure for early termination of an Individual Service Agreement for a Fixed Term Placement (including the 12-week property disregard) will be the same as for long term Placements (as set out in clause 8 of the ISA Terms).

5. Personalisation

5.1 Client Care and Support Plans

5.1.1 The Care and Support Plan is the documentation containing the written social care assessment of the needs of the Client.

5.1.2 The Council will supply to the Service Provider and the Client (or where appropriate the Client’s representative) the Support Plan prior to the Placement or, in the case of an emergency Placement, as soon as reasonably practicable after the start of the Placement and within three working days.

- 5.1.3 The Service Provider will build on the details set out in the Support Plan by preparing a Client Care and Support Plan in consultation with the Client and/or their representative where appropriate. The Client Care and Support Plan will reflect the CQC requirements for person-centred care (Regulation 9), Safe care and treatment (Regulation 12) and Advance Care Planning¹

• 5.1.4 The Client Care and Support Plan will be:

- based upon a pre-admission assessment undertaken by the Service Provider;
- completed as an initial document within twenty-four (24) hours of moving into the Care Home and be presented as a completed document within seven (7) days of moving into the Care Home. In the case of someone with nursing needs, it will include a contribution from a registered nurse;
- revised in light of the Client’s changing needs and kept up to date.

5.1.5 The Service Provider will ensure that all care staff are familiar with the content of the

¹ [Joint statement on advance care planning | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/joint-statement-advance-care-planning)

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- Client Plan and any subsequent amendments, and that care logs reflect that the Client Plan has been followed.
- 5.1.6 Where the Client's care needs have changed significantly including to a level whereby the Service Provider believes it can no longer meet the Client's needs appropriately or the Client no longer requires the level of care provided, a review can be requested by the Provider. Reviews will be undertaken within 28 days wherever possible. Any changes in funding agreed by both parties will be backdated to the twenty eighth day after which the review request was received by the Council or the date of the review, whichever is earlier.
- 5.17 Where a review is needed as described in 5.1.6 Service Providers will: [Contact Adult Social Care and Health | East Sussex County Council](#)

5.2 Civil and Democratic Rights

- 5.2.1 The Service Provider will ensure the Client is able to be involved in democratic processes if they choose to be.
- 5.2.2 The Service Provider will ensure that the Client can choose to exercise their rights of citizenship in voting, and in receiving electoral communications and personal calls by canvassers.

5.3 Personal Possessions (inventory/insurance)

- 5.3.1 The Service Providers will ensure Client is treated with dignity and respect and this will extend to the client's personal possessions and clothing To support this the service provider will compile an inventory of the Client's belongings when they first move into the home. A copy should be given to the client and/or their family/carer/representative and on the client's records file.
- 5.3.2 The Service Provider must take due care with the Client's possessions and provide its staff with guidelines for ensuring the safety of the Client's possessions. The Service Provider will make good any loss suffered or incurred by the Client that is caused by the negligence of the Service Provider or its staff.
- 5.3.4 The Service Provider will provide the Client with a means of locking personal possessions within their bedroom (e.g. a lockable cupboard).
- 5.3.5 The Service Provider must make a clear statement of its insurance arrangements for cover, and limitations of cover, for Clients' personal possessions in the Care Home's 'Service User Guide'.
- 5.3.6 The Service Provider will ensure that the labelling of Clients' possessions is kept to a minimum and that clothes labels are used sensitively and discreetly to preserve dignity. The Service Provider will ensure that each Client has their own toiletries and will facilitate the Client supplying and using own their towels where appropriate.
- 5.3.7 The Service Provider will ensure that Clients always wear their own clothes, of their choice (within socially acceptable limits), and that the Service Provider's staff do not provide a Client with clothes from any other Client at any time.

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5.4 Care of People who are Dying

5.4.1 The Service Provider will meet the care needs of people who are dying, ensuring that Clients have a comfortable and peaceful period leading up to their death, and their wishes regarding their own death/funeral arrangements are respected during this period and after they have died (see Appendix 3).

Termination due to death

5.4.2 The Service Provider must notify the Council within one Working Day of the death or discharge of any Client via the [Provider Portal | East Sussex County Council](#)

5.4.3 The Council shall pay up to the date of the Client's death, plus two (2) further nights of care (i.e., two sevenths (2/7ths) of the Weekly Charges). For the avoidance of doubt, no Client Contribution shall be payable from the day of death.

5.4.4 Upon the death of a Client the Service Provider shall be responsible for requesting the deceased's next of kin or where appropriate the local District/Borough Council, to make necessary arrangements, including funeral arrangements. Recovery of any expenses incurred by the Service Provider shall be the sole responsibility of the Service Provider.

5.4.5 The Service Provider will be responsible for agreeing with the Client's nearest relative or representative how to deal with their personal belongings and effects.

5.4.6 The payment of FNC will cease upon the date of death of a client.

6. Families, Carers and Legal Representatives

6.1 The Service Provider will provide reasonable support for carers, whether relatives or friends, and recognise the rights of carers and other family members to be treated as equal partners in care.

6.2 The Service Provider will report incidents to the Client's family, carers and / or legal representatives (as applicable to the Client), share appropriate information and keep them updated with the permission of the Client, where they have capacity. The Service Provider will enable flexible visiting times to meet the needs of the Client's family/friends living at a distance/working etc, taking account of the needs and wishes of other clients in the home, reflecting the availability of staff support and any infection control or other national guidance.

6.3 Some family members may wish to continue providing some care and the Service Provider will ensure that this is enabled where appropriate and in the best interests of the Client, in discussion with a Manager and recorded in the Client Plan.

7. Safety

7.1 The Service Provider must inspect the premises regularly and records of safety inspections must be kept. Any faults must be recorded together with details of actions to isolate equipment or rectify the fault and the date of completion of the action.

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- 7.2 All hazardous materials used for cleaning or gardening must be stored in a locked cupboard in accordance with Control of Substances Hazardous to Health (COSHH) and they must not be left unattended when in use.
- 7.3 The Service Provider will maintain the Care Home and grounds in a way which will promote the Client's safety and security and in accordance with the CQC Regulation 15: Premises and equipment.

7.4 Fire Safety

7.4.1 The Service Provider will:

- comply with the Regulatory Reform (Fire Safety) Order 2005 or any replacement provisions.
- have sufficient and suitable risk assessment carried out by competent person;²
- follow relevant guidance as listed below.³

8. Safeguarding

8.1 The Service Provider must ensure that the Client is free from abuse and that appropriate action is taken where abuse is suspected. When a safeguarding concern is identified and the Client is in immediate danger or has been the subject of crime, the Service Provider must contact the emergency services on 999. In all other cases where a safeguarding concern is identified, the Service Provider must contact [Adult Social Care and Health | East Sussex County Council](#)

- 8.2 The Service Provider must ensure all staff are trained to identify abuse, acknowledging which incidents are non-reportable and which are reportable as well as how to raise an alert. The Service Provider will ensure that new staff complete training as part of their induction⁴. Training should be updated at appropriate intervals and should keep staff up to date, in line with CQC Regulation 13.
- 8.3 When the Council receives a safeguarding concern, if further information gathering confirms that the three key tests are met, then the duty to undertake a safeguarding enquiry under section 42 of the Care Act is triggered.
- 8.4 If a number of adults at risk have been allegedly abused or information demonstrates patterns or trends which suggest the care and support regime within the Service Provider's Care Home(s)

² A Fire Risk Assessor can be found via the Institution of Fire Engineers – www.ife.org.uk/fire-risk

³ **Regulatory Reform (Fire Safety) Order 2005**

<https://www.london-fire.gov.uk/safety/the-workplace/fire-safety-law-explained/>

<http://www.legislation.gov.uk/uksi/2005/1541/contents/made>

Fire safety risk assessment: residential care premises:

<https://www.gov.uk/government/publications/fire-safety-risk-assessment-residential-care-premises>

East Sussex Fire and Rescue:

<https://www.esfrs.org/business-safety/5-key-stages-to-risk-assessment/>

⁴ <https://www.eastsussexsab.org.uk/information-resources/guidance-on-raising-concerns-about-abuse-and-neglect/>

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presents a significant risk to people or is negatively impacting their lifestyles, an enquiry into potential organisational abuse will be considered.

- 8.5 In these circumstances an enquiry will be conducted by the Council in a timely way and one which is proportionate to the presenting level of risk. The Service Provider must work in a collaborative manner with the Council to address any concerns raised.

9. Deprivation of Liberty Safeguards (DoLS) and Liberty Protection Safeguards (LPS)

Deprivation of Liberty Safeguards (DoLS)

- 9.1 The Service Provider will work within the current Deprivation of Liberty Safeguards (“**DoLS**”).

Liberty Protection Safeguards (LPS)

- 9.2 In July 2018, the Government published a Mental Capacity (Amendment) Bill which will see DoLS replaced by the Liberty Protection Safeguards (“**LPS**”). Under LPS, there will be a new process for authorising deprivations of liberty. The Service Provider will work within the new guidance once it is introduced.

10. Dementia

- 10.1 When meeting the needs of Clients in residential settings who have dementia the Service Provider will refer to the guidance in Appendix 1 and:

- ensure all staff members are trained and supported to meet the needs of Clients living with dementia and that training delivers the level of dementia awareness appropriate to their role, including domestic and catering staff and to be able to evidence this training throughout the work that they do;
- ensure dementia-related medication reviews are timely and use of drugs closely monitored.
- ensure that Clients’ care and support planning is person-centred and tailored to the needs of people living with dementia;
- focus on how Clients living with dementia can be supported to be involved in decision making about their care and support;
- be aware and be vigilant for signs of cognitive impairment with those without a formal diagnosis and ensure that the appropriate referral is made to promote early diagnosis and best outcome for the Client by following the ‘Stop Look Care’ approach;
- recognise that dementia is a progressive illness and in the event that a Client’s needs change/increase, work with the appropriate services and the Client’s family to address their needs with the aim of them being able to remain in the home as long as possible or for as long as it remains the most appropriate setting
- ensure that early requests for clinical input are made to manage Clients’ needs and prevent escalation;

11. Behaviour

- 11.1 The Service Provider must have a written policy for managing behaviour that presents challenges to the way the Care Home is managed, which all the Service Provider’s staff, residents and their representatives or carers understand. Any specific ways of addressing individual behaviours that are challenging to service provision must be detailed in the Client’s Support Plan.

- 11.2 The Service Provider will have staff who are appropriately trained and supported in understanding residents’ emotional and physical needs. They will be aware of trigger points, which result in particular behaviour, are skilled in listening to people, and in diverting and defusing challenging incidents.

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- 11.3 The Service Provider must have a written policy on the use of restrictive practice, and appropriate staff will be trained in its implementation. The Service Provider's staff will understand that restrictive practice in this context means restricting someone's freedom and preventing them doing what they want to do.
- 11.4 The Service Provider's Registered Manager is responsible for demonstrating why it has been necessary to use restrictive practice in each case where this is used, and that any restrictions were only used when all other methods for dealing with the problem had failed. Details required under this paragraph 11.4 must be recorded in the Client's care and support plan.
- 11.5 Only the minimum level of restrictive practice is to be used and must be discontinued at the earliest possible opportunity. The Service Provider must be compliant with the Government Paper "Positive & Proactive Care – Reducing the need for restrictive interventions" 2014 and any updates to this that are subsequently published.⁵
- 11.6 Protective equipment designed for other purposes, e.g., wheelchair straps or dining chairs with fixed trays, are not to be used to restrict Clients.

12. Medication

- 12.1 Medication is only to be administered as per a qualified medical practitioner prescription, with dosages checked and recorded in accordance with General Medical Council, NICE guidance⁶ and CQC regulations. *(See section 17, recording and information sharing, for ordering processes and recording)*

13. Equipment

- 13.1 The Council will agree to lend to the Service Provider equipment for assisting in the provision of the Services to meet the assessed needs of individual Clients in line with the guidance for Provision of community equipment via the Integrated Community Equipment Services (ICES) to adults living in care homes with or without nursing (Appendix 5).
- 13.2 Such loans of equipment will be made through the Council's Integrated Community Equipment Services department ("ICES") by way of a written agreement in the form 'Agreement for the Loan of Community Equipment' (Appendix 5).
- 13.3 The Service Provider will be responsible for contacting the ICES service provider (see Appendix xx) to report any problems or faults with the equipment or to arrange collection of the equipment when no longer required by the Client.
- 13.4 Any equipment loaned will be for the exclusive use of the Client for whom it was prescribed in the environment for which it was assessed. The Service Provider must arrange for the equipment to be returned when no longer required by the Client.

14. Control of Infectious Diseases

- 14.1 To ensure compliance with the CQC registration requirements for cleanliness and infection control (Regulation 12 – as updated or replaced from time to time), the Service Provider is

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf

⁶ [NICE Medication Guidance](#)

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responsible for:

- keeping the Care Home clean and decontaminated as per infection control policies and procedures, this includes items of equipment which may need to undergo specialist decontamination; and
- 14.2 The Service Provider must be able to demonstrate that it has an effective procedure to prevent the spread of infectious diseases and all Care Staff are adequately trained and comply with that procedure.
- 14.3 Service Providers must comply with the latest local and national guidelines in relation to infection prevention and control.

15 Home Closure

- 15.1 The Service Provider is required to give three months' notice prior to closure of any Care Home wherever possible.
- 15.2 In the event of a Home Closure, the Service Provider is required to work in partnership with the Council in the best interests of all residents and to:
- provide a full list of its residents, including Clients and any self-funders, as well as contact details for all residents' families/representatives.
 - provide details of who the Client is funded by.
 - identify a key contact at the Care Home for the Council to liaise with; and
 - keep the Council fully informed of any reduction in staffing levels that impact on care provision / safety of residents as well as anything else relevant to the transfer of residents to other services.
- 15.3 The Service Provider will pay due regard to good practice guidance in the event of a Home Closure: [Quick guide: Managing Care Home Closures \(www.nhs.uk\)](http://www.nhs.uk)

16. Finance

- 16.1 The Client's Personal Finances:
- 16.1.1 The Service Provider must ensure that self-funding residents are advised of the potential implications of moving to Adult Social Care funding should their Capital drop below the Threshold where the Client is required to meet the full costs of their care. The Provider must advise residents or their Representatives that they should contact the Council six months before their Capital will drop below the Threshold.
- 16.1.2 The Service Provider will clearly explain to the Client any charges it makes for Additional Services not covered by the Council's Agreed Fee prior to delivering those services to the Client.
- 16.1.3 The Service Provider will account to the Client or their Representative or Carer (as applicable), for any of the Client's money handled by the Service Provider. Simple itemised records are to be kept by the Service Provider for the handling of the Client's money. Such records are to be made available by the Service Provider for external scrutiny, including by the Council upon request. The Client and their Representative or Carer (as applicable) must be informed of how often itemised bills are to be provided

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by the Service Provider. The Service Provider must ensure that details of bank accounts and total balances are made available for external scrutiny (including by the Council upon request), where appropriate.

- 16.1.4 The Service Provider will support the Client to take care of their own financial affairs as far as possible in relation to the Client's physical and mental ability.
- 16.1.5 With the agreement of the Client or their Representative or Carer, the Registered Manager of the Care Home may hold information on where a Client's will is lodged and may keep a record of the Client's wishes regarding funeral arrangements.
- 16.1.6 The Service Provider must not advise on the Client's will, act as trustee for the Client, nor (apart from in exceptional circumstances and with the Council's approval) assume power of attorney on behalf of the Client. The Service Provider will also not act as an agent for funeral directors in promoting the pre-purchase of a funeral service.
- 16.1.7 The Service Provider must not take financial advantage of its relationship with the Client.
- 16.1.8 The Service Provider shall be responsible for collecting the Client Contribution directly from the Client.
- 16.1.9 Guidance on Non-Payment of Client Contribution and Management of Debt is set out in Schedule 5.

17. Record keeping, Information Sharing and Digital Technology.

- 17.1 The Service Provider must at all times comply with the Data Protection Legislation and the Data Sharing Provisions (see Schedule 8).
- 17.2 The Service Provider must ensure that the Client has access to their records at all reasonable times, and their views are noted on their records.
- 17.3 The Service provider will ensure that there is adequate Internet access available for Clients to help them stay connected, reducing any impact of loneliness and isolation and to support independence.
- 17.4 The Service Provider will ensure that the Client's Care needs are accurately recorded in a timely way. Case notes for the Client must record: the Care offered, the Care received, and the Client's response to Care provided. Case notes must be up to date and not altered subsequently, in line with CQC regulations.
- 17.5 The Service Provider must ensure that key information regarding the Client, such as medication information, is available to be accessed in an emergency.
- 17.6 It is expected that care homes will have secure email to enable the secure transfer of confidential information. The recommended route is via NHS email which requires completion of the NHS Data Security and Protection Toolkit (DSPT). DSPT completion is required for Proxy Ordering of Medication and Proxy access to NHS records (see *Appendix 9*.

Improving the Availability of Health and Social Care Data:

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- 17.7 The Service Provider should provide the required data for the NHS Capacity Tracker or similar to understand capacity and risk in the system (both local authority and privately funded care) and any future data capture requirements.
- 17.8 The Council continues to promote digital ways of working where appropriate in order to streamline business processes and support efficient and effective service delivery. Service Providers may be asked to engage with the Council digitally where this is requested. This may include (but is not limited to) using digital tools and systems to view, process and contribute to e.g. *client support plans, assessments, reviews* and to provide *returns, invoices / activity reports*.
- 17.9 The Council will use electronically submitted information from agreed systems to pay Service Providers, charge Clients and monitor performance (as requested or appropriate).

18. Complaints and Compliments

- 18.1 Clients should feel confident they can complain about their care and concerns are handled well with a resolution focus. The Service Provider will ensure a clear, well-publicised and accessible process is in place.
- 18.2 The Service Provider will be expected to investigate any complaints thoroughly and take action if problems are identified. The Service Provider must be able to evidence how they ensure learning from complaints improves the quality of their services.
- 18.3 The Service Provider's complaints and compliments process must also refer to the Regulator, Local Government Ombudsman and Social Care Ombudsman (LGSCO) and the Council's Complaints and Feedback Team if the complaint requires an alternative signposting route.