

SCHEDULE 2 – CATEGORIES AND SPECIFICATION

PART 1: CATEGORIES

1A	Mental Health (Accommodation and Housing Support)
1B	Mental Health (Personal Care)
2A	Learning Disabilities (Accommodation and Housing Support)
2B	Learning Disabilities (Personal Care)
3A	Physical Disabilities and Sensory Impairment (Accommodation and Housing Support)
3B	Physical Disabilities and Sensory Impairment (Personal Care)

PART 2 – SPECIFICATION



Service Specification

for the provision of accommodation-based care and support and housing support for Working Age Adults, including

- **Physical disabilities, sensory impairment and long term conditions**
- **Learning disabilities**
- **Mental health**

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1. INTRODUCTION

- 1.1 This document (“**Specification**”) has been developed by East Sussex County Council’s Adult Social Care Department (the “**Council**”) to promote a consistent approach in the commissioning and provision of accommodation based care and support AND housing support for Working Age Adults. It specifies services to be provided to Working Age Adults **who are eligible for Adult Social Care** who are living in a supported living service.

For clarity, both personal care and housing related support to be delivered under this specification relates to social care provision to meet eligible adult social care needs under the Care Act. Non-care related support, covered by other sources such as housing benefit sits outside of this specification.

- 1.2 This Specification includes client-specific requirements for the provision of accommodation based care and support and housing support for:
- People with learning disabilities;
 - People with mental health support needs;
 - People with physical disabilities, sensory impairment and long term conditions.
- See Appendix 1 for details.
- 1.3 This Specification has been developed in the context of the Care Act (2014), it is intended to specify those service elements and good practice required of the organisations/ persons providing accommodation based care and support AND housing support for Working Age Adults (the “**Specified Service**”).
- 1.4 This Specification (and its appendices) will ensure a clear and shared understanding of expectations and quality standards in relation to the provision of the specified service between Commissioners (ESCC) and Approved Providers.
- 1.5 The standards set out in this Specification are the minimum requirements relating to the Specified Services.

2 ESTABLISHING THE APPROVED LIST

- 2.1 This Specification has been developed to support the commissioning and procurement of care and support services provided as part of the Council’s Capital build supported living schemes and spot purchased supported living services.
- 2.2 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 Specified 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.
- 2.3 New accommodation-based 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.
- 2.4 Where care and support services are commissioned by the Council for Capital-build supported living schemes (a “**Scheme**”), ‘core’ (or ‘background’) levels of the Specified Service will be commissioned, including night and some day provision, using the Approved List. The core level of service will be shared across clients

living in the Scheme. Clients can use their Personal Budget to purchase any 'additional' support hours over and above the 'core' level of support, from an Approved Provider of their choice, or take this as a Direct Payment.

- 2.5 Where appropriate and in consultation with Care Management the Service Provider shall make flexibilities available to clients which will be executed by Brokerage.
- 2.6 For each client, the volume of any additional service can be managed over a four week period, rather than daily or weekly, enabling the Approved Provider to respond flexibly to the changing needs and preferences of the client. Approved Providers delivering any additional services are responsible for ensuring that the total level of support provided over the four week period does not exceed the Personal Budget for the relevant client.
- 2.7 If in any four week period the additional support provided to a client is likely to exceed their Personal Budget, the Approved Provider(s) delivering those additional services shall take responsibility for informing the client of the likely over commitment and the implications for their charging. The Approved Provider(s) will also inform the Care Manager or Health and Social Care Connect on 0345 60 80 191.
- 2.8 Approved Providers, where requested by clients or their representatives, will support the development of pooled personal budgets between clients.
- 2.9 Throughout the remainder of this Specification, the term "Service Provider" shall be used to describe any Approved Provider delivering the Specified Services.

3. PARTNERSHIP

- 3.1 The Council wishes to work in **partnership** with the Service Provider in delivering a high quality of support to its clients and hopes to maximise the use of available resources by establishing longer-term, more integrated relationships. By entering into the Approved List Agreement the Council and the Service Provider are each making a commitment to:
 - Share key objectives;
 - Communicate with each other clearly and regularly;
 - Be open and honest with each other, to respect parties' views and to conduct themselves in a professional manner;
 - Listen to, and understand, each other's point of view;
 - Share relevant information, expertise and plans;
 - Avoid duplication wherever possible;
 - Seek to avoid conflicts but, where they arise, to resolve them quickly at a local level;
 - Seek continuous improvement by working together in order to achieve optimum benefit from the resources available and by identifying better, more efficient ways of working and delivering services;
 - Promote the partnership approach at **all** levels in the organisations (e.g. through joint induction/training initiatives);
 - Have a contractual framework which is flexible enough to reflect changing needs, priorities and lessons learnt, and which encourages client participation.

- 3.2 Any specific communication between the commissioner (s) and the Service Provider will be defined and agreed at the start of any service delivery, and this will support effective delivery, monitoring and evaluation of services.
- 3.3 It is the responsibility of the Service Provider to work effectively in partnership with the provider of the accommodation / housing management service (i.e. the landlord) in order to ensure effective joined up delivery of service, effective communication and best outcomes for clients.
- 3.4 The Service Provider will support clients to undertake some basic housing management tasks, such as reporting of repairs, and will support effective liaison with the Registered Housing Provider as appropriate. Such tasks and how they are carried out are likely to vary from scheme to scheme.
- 3.5 The Service Provider will establish and maintain partnerships with other statutory (e.g. NHS, District or Borough Councils etc) and non-statutory partners to ensure they are able to deliver the specified service effectively and ensure clients have access to all appropriate community services.

4 THE PURPOSE OF THE SPECIFIED SERVICE

- 4.1 The overall purpose of the Specified Service is to:
- Provide person centred and flexible personal care, support and specific housing support to enable Working Age Adults to maintain and develop their independence within the community;
 - Promote social inclusion and social capital (see Section 5.8);
 - Promote health and well-being and personal safety;
 - To improve the choice of housing and support options available to Working Age Adults.
- 4.2 The Service Provider will ensure that referrals all responded to within three (3) working days.
- 4.3 The Service Provider is required to provide housing support, enabling clients to:
- Understand their tenancy agreement;
 - Pay their rent, service charges and utility bills, manage their council tax;
 - Access and manage their legal welfare entitlements;
 - Understand their rights and responsibilities as a neighbour;
 - Access floating support services for specific time limited interventions, where this is considered appropriate;
 - Set boundaries; managing noise levels, incidents with visitors, to ensure good sleep is maintained

5 PRINCIPLES AND VALUES OF SERVICE PROVISION

- 5.1 The Service Provider is required to produce a written statement of their values in accessible format. This statement should make reference to the values and principles described in this Specification. It is essential that these principles underpin the delivery of the Specified Service.

5.2 **RIGHTS** - the maintenance of all entitlements associated with citizenship

The Service Provider will ensure that:

- Clients are respected as citizens, irrespective of their living situation and the support services they receive;
- Clients' rights and choices are not restricted. Institutional practices and regimes which emphasise administrative convenience and which restrict rights and choices shall not be permitted;
- Clients have the right to think and act without having to refer to others, including the right to say no to help. As in all living situations, these individual rights may not be completely unfettered and must be exercised in the context of the health, safety and needs of other people;
- Clients have the right to take risks. Risk taking is a normal aspect of every day life. Risks shall be fully assessed and reasons for actions clearly documented within the client's Support Plan and client plan (see section 9).

5.3 **PERSONALISATION, CHOICE AND CONTROL** – the opportunity to make independent choices, with support where appropriate, from a range of options and support to maximise control over their life and personal affairs.

5.3.1 The Council is committed to developing approaches to supporting people that maximise choice and control over their support arrangements. To this end, all services commissioned by the Council will be offered to eligible clients in ways that are flexible and are tailored to their individual needs and preferences, whilst at the same time are sustainable and offer best value for money.

5.3.2 The Service Provider will also ensure that:

- Services are designed and delivered in person centred ways;
- Services are planned and delivered within a holistic approach and within the context of a person's whole life (not just their services) and the other supports they draw upon in their life. Providers will support clients to develop their client plans in this context;
- Clients are fully involved in the planning and review of their service. Copies of client plans and other documentation relating to their service should be made available in a format which is accessible to them;
- Clients are supported and encouraged to make and communicate independent choices as individuals, using a "Total Communication" approach. Total Communication describes an approach to supporting a person which recognises an individual's support needs around communication, using communication aids and techniques to create a supportive communication environment;
- It must be assumed that an individual is capable of exercising choice and making decisions for themselves unless there is sufficient evidence to the contrary (as set out in the Mental Capacity Act Code of Practice). Where a client lacks mental capacity, the Service Provider must work within the principles and guidance of the Mental Capacity Act 2005 and work with others who can interpret and represent the client's views and best interests.

5.4 **INDEPENDENCE** – the opportunity to think and act without reference to another person.

The Service Provider will ensure that services are delivered in ways that:

- Promote independence and recognise the capacity of each individual to learn, develop their skills and achieve greater levels of independence in their life;
- Are outcome focused and that recognise the capacity of individuals to change and develop.

5.5 **INCLUSION and FULFILLMENT** – clients are supported to realise personal aspirations in all aspects of daily life and be included and participate in their local community and community life and develop networks of friends and relationships.

The Service Provider will ensure that, within the scope of each client's Personal Budget:

- Clients are supported to access universal community facilities and participate in community life;
- Clients are supported in ways that support and encourage them to develop their social networks and maintain friends and relationships;
- Clients are supported to access agencies that will support them towards gaining employment;
- Consideration is given to employment opportunities for clients within their own organisation (in liaison with supported employment agencies as appropriate).

5.6 **DIGNITY and RESPECT** – recognition of the value of each individual regardless of the circumstances.

The Service Provider will ensure that:

- Clients feel that they are treated with respect and valued as a person and their right to privacy is upheld;
- Personal care and support is provided in a way which maintains and respects the privacy, dignity and lifestyle of the person receiving care at all times;
- Support is provided in the least intrusive way at all times;
- Clients are acknowledged as individuals;
- Clients, their relatives and their representatives are treated with courtesy at all times;
- Clients are addressed by the name they prefer at all times.

5.7 **EQUALITY & DIVERSITY** – the promotion of equality and diversity within the organisation at all levels and across all relevant activities

The Service Provider will ensure that:

- Care and support workers are sensitive and responsive to the race, culture, religion, age, disability, gender and sexuality of the client and their relatives and representatives;
- A system exists to identify, challenge and respond appropriately to incidents of institutional racism and indirect/direct discrimination by any staff member or client;

- A robust level of training and support is available to staff to promote an effective understanding of the cultural and ethnic needs of clients.

5.8 SOCIAL CAPITAL

5.8.1 Social capital is generally understood to be the value added to society by grassroots collective action that is driven by a shared interest on the part of the people involved. This is often known as civil society and is distinct from the state and the private sector. The voluntary and community organisations that make up civil society provide the structures and opportunities for people to become more engaged and active in their communities. This results in bonds and networks being formed between diverse people and organisations which have a shared goal or interest. The sharing of the knowledge and expertise rooted in local communities leads to activity and services that can change people's lives for the better.

5.8.2 The Council wants clients and citizens in East Sussex to benefit from the added value brought to services through the building of locally accountable social capital. The Service Provider will ensure that, through the delivery of the specified service, they contribute to building social capital in their local communities, for example, by:

- Promoting client involvement and client led approaches to the development of the specified service;
- Utilising the local volunteer pool;
- Making the most of the knowledge, experience and information that exists in local communities and the connections between clients and local community groups.

6. SUPPORT PLANNING AND SERVICE START

6.1 With the consent of the client, the Service Provider will receive a copy of a Support Plan that has been developed by the Care Manager, in consultation with the client and their personal network. Working with the client and their personal network, the Service Provider will then support the client to develop a client plan that sets out how the client outcomes (set out in the Support Plan) will be achieved.

6.2 The client plan shall be based on the client's views about the best way to meet the outcomes in their Support Plan.

6.3 A copy of the client plan shall be forwarded to the appropriate Care Manager within an agreed timeframe.

6.4 The Council recognises that during the first six (6) weeks of a new referral being received by the Service Provider, the Service Provider may need to reassess the support needs and adjust the client plan accordingly. The Service Provider shall forward the modified client plan to the appropriate Care Manager within three (3) working days of completion of the modified client plan.

7. REVIEWS

7.1 The Council will Review the Support Plan at agreed intervals thereafter.

- 7.2 The Service Provider must notify the Council if it believes the client's needs have changed to the extent that the Support Plan needs to be reviewed.
- 7.3 The Service Provider must ensure clients have clear procedures and opportunities to initiate a review of their service.
- 7.4 Where requested, the Service Provider will support the Care Manager to coordinate and organise formal care management reviews. They will be held within a reasonable time, giving consideration to the time commitments of the participants, the date of the last formal review and the urgency of the need.
- 7.5 The review will address the extent to which the client outcomes specified in the Support Plan are being achieved. The client's Support Plan (and Personal Budget if required) will be amended as appropriate following the review. If there are significant changes a new assessment may need to be completed.
- 7.6 Reviews will be person centred and will involve the client, their personal network, the Service Provider or designated representative and the Care Manager. Such other people that appear necessary and are wanted by the client may be invited by agreement. Consideration will be given to ensure convenience and adequate notice for all participants wherever possible.
- 7.7 Following a review, the Service Provider is required to implement any agreed changes to the Support Plan and support the client to revise and update their own client plan.
- 7.8 There may be occasions when there is an urgent need to review the number of hours of the Specified Service provided to a client, or for the addition of a specific task(s) to alleviate risk arising from an emergency situation. When a member of staff identifies an emergency situation, it is expected that sufficient and appropriate action will be taken to ensure the immediate health, safety and comfort of the client prior to their being left alone.
- 7.9 The Service Provider may use their professional discretion to deliver an emergency service up to a maximum of 2 (two) hours in respect of any single week. The Service Provider must inform the Council's Care Management Team as soon as is reasonably practicable on the day of such changes in order that a reassessment of the client's needs, can be completed if appropriate. When situations arise outside the Council's usual working hours the Emergency Duty Service ("EDS") must be contacted and authorisation sought for any additional services required. Failure to inform the Council's Supply Management Team and receive authority to continue the increased hours, pending a review, will remove the obligation for the Council to meet the additional costs.

8. SPECIFICATION OF QUALITY, WORKFORCE AND SERVICE DELIVERY STANDARDS

- 8.1 Where the Service Provider is providing Personal Care, the Service Provider will be registered as a provider of domiciliary care with the care regulator and will maintain registration throughout the duration of service provision.
- 8.2 In line with ESCC **Safeguarding Adults policies** and any future amended versions of this policy, the Service Provider must ensure that clients are

safeguarded from any form of abuse, neglect or exploitation in accordance with written policies and procedures. The Service Provider must meet the standards set out in The Sussex Safeguarding Adults Policy and Procedures produced by the Safeguarding Adults Boards of Brighton and Hove, East Sussex and West Sussex (Edition 4, 2018). <http://sussexsafeguardingadults.procedures.org.uk/>

8.3 With respect to service delivery standards, the Service Provider will ensure all staff are familiar with the Skills for Care Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England (2013) <https://www.skillsforcare.org.uk/Documents/Standards-legislation/Code-of-Conduct/Code-of-Conduct.pdf>.

8.4 The Service Provider will ensure the Specified Services are delivered in person centred ways. This includes the following requirements:

- Staff guidance and training is in place to ensure continued and on-going development around person centred approaches, client involvement and Total Communication;
- Specified Services will be planned and delivered within a holistic approach and within the context of a client's life and other supports they draw upon in their life. Client plans will be developed in this context. The Service Provider must be familiar with the roles and expected functions being undertaken by any other providers and/or informal carers contributing to the care package;
- Specified Services are designed and delivered based on a person centred assessment of each client's needs and wishes;
- The client has an accessible person centred, outcome based client plan that reflects their needs and wishes;
- Copies of Support Plans and other documentation relating to their service should be owned by clients and made available in a format which is accessible to them;
- Clients are supported and encouraged to make and communicate independent choices as individuals, using a Total Communication approach;
- Support staff are encouraged to develop a support relationship with clients so that they are able to recognise emotional states e.g. sadness, happiness, frustration;
- Clients are supported to celebrate special holidays and festivals according to their beliefs and wishes;
- Clients, with the support of an independent advocate/ representative where appropriate, should be fully involved in the planning, delivery, review and development of their individual service;
- Clients should be provided with regular opportunities to give their feedback about the services they use and to become involved in the wider development of the overall service.

8.5 A key component of the Specified Service is the support and monitoring of client's **health and general wellbeing**. This includes the following requirements:

- The client is encouraged and supported to develop and maintain a Health Action Plan and to access an Annual Health check via their GP;
- Any perceived change in the condition of the client must be reported to the Council's the relevant Care Management Team;
- The Service Provider must ensure that all Support Staff have appropriate access to the name of the client's General Practitioner;

- Whenever a client requests assistance to obtain medical attention or appears unable to make such a request, the GP must be contacted immediately;
- Where the client will not give permission for the GP to be contacted, the Service Provider must immediately contact the Council's relevant Care Management Team or EDS if outside of the Council's usual working hours;
- The Service Provider must ensure that whenever a client is found by its member of staff to be in need of emergency medical care, the Accident and Emergency Services are contacted immediately;
- Where the Service Provider becomes aware that a client has been admitted to hospital or has died, the Council's Supply Management Team must be informed using the Notification to Change to Service Form via the Web Portal.

8.6 With respect to **recruitment of staff** the Service Provider will:

- Employ suitably experienced, qualified and skilled staff to successfully deliver and manage the Specified Service as set out in this Specification;
- Be responsible for the careful selection and the appropriate support of staff to work with the clients covered by this Specification;
- Ensure clients are supported to be fully involved in the recruitment, selection and training of support staff;
- By reason of the Rehabilitation of Offenders Act 1974 (Exemptions) (Amendment) Order 1986 the Service Provider shall require any person proposed to be employed and in contact with any client to complete a statement concerning their previous cautions or convictions for offences of any description;
- In the event of failure to comply with this procedure, the Council reserves the right to require the employee to be withdrawn and an acceptable person to be substituted;

8.7 In respect to workforce training, the Service Provider will ensure all staff are familiar with the Skills for Care 'Core Skills Framework'
<http://www.skillsforhealth.org.uk/services/item/146-core-skills-training-framework>

8.8 With respect to **training and development of staff** the Service Provider will:

- Support, train, supervise and appraise all staff who are employed to ensure they are fully equipped to provide and/or manage the service;
- Ensure provision of an induction process and a basic training programme for staff appropriate to the needs of clients, within an agreed period of taking up appointment;
- Ensure that all staff have the necessary training, competencies and personal qualities to enable them to relate well and effectively support clients;
- All staff have a competent understanding of Safeguarding issues in general and more specifically, are familiar with the Brighton & Hove, East & West Sussex Safeguarding Adults Policy & Procedures. All staff have a competent understanding of relevant legal and policy frameworks and are aware of their responsibilities in the context of their service delivery and in relation to their role. This includes:
 - The Care Act (2014)
 - The Mental Health Act 1983 and Mental Health Act 2007.
 - The Mental Capacity Act 2005
 - Safeguarding Adults policy and procedures

- Ensure staff receive the necessary training and management support to deliver the service to people with a wide range of complex or challenging needs and behaviour;
- Ensure all staff understand the principles of valuing and empowering vulnerable people and treat individuals with dignity and respect whilst promoting their independence;
- Train all staff to successfully deliver services in line with the principles of a diversity and inclusion policy;
- Ensure staff have the ability to make judgments about need and have Supervisory staff able to support decision making with appropriate communication arrangements between Care Workers and Supervisors;
- Inform staff of further training opportunities that may be made available, stating the service's policy regarding such schemes as Quality and Credit Frame or short courses;
- Ensure all staff have a working understanding of current policy drivers for housing, health, social care, children's services, safer communities and related performance requirements;
- Ensure all staff that have contact with clients always carry and make available easily recognizable appropriate forms of identification;
- Ensure staff have good local and countywide knowledge about community services and opportunities to support the delivery of outcomes for individuals;

8.8.1 For more information about workforce development and training opportunities available from the Council, please use the following link to the Adult Social Care Learning Portal - <https://eastsussexlearning.org.uk/>

8.9 With respect to **supervision and management of staff** the Service Provider will:

- Ensure staff are fully familiar with the objectives of the Support Plan and client plan in relation to each client and how the goals are to be achieved;
- Effectively manage performance issues within the staff team;
- Regularly monitor support practice and promote staff development through regular formal supervision, ongoing training and appraisal of staff;
- Ensure staff accurately record all work with individuals and maintain case files;
- Be required to demonstrate how and when staff reach required levels of competence to perform their duties. This will include evidence of training and assessment;
- Ensure staff will work effectively with the client, taking into account their skills and style of working;
- Assess client satisfaction with staff members who support them. It may be necessary to make changes if the client 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 client wants;
- Ensure staff check regularly with clients that they are satisfied with the service received and that it is meeting their identified needs;
- Ensure clients are asked how they wish to be addressed and the Service Provider and staff shall ensure that their wishes are observed at all times;
- Ensure staff are never accompanied in their duties by any relative or friend. In cases where assistance is required, such provision is the responsibility of the Service Provider.

8.10 With respect to **continuity of staff support** the Service Provider will:

- Take steps to minimise the number of staff employed to meet the needs of a single client, so clients do not have to relate to many individuals and to limit the number of people holding confidential information. If a change of staff member is necessary for any reason, the Service Provider shall inform the client wherever practicable, prior to the introduction of a different member of staff. If the client cannot be contacted to advise of the change of staff this will be clearly recorded for quality monitoring purposes and explained to the client at the earliest opportunity;
- With the consent of the client, keep daily log of daily support provided. This will be kept in the client's home with the Support Plan and client plan to provide information for staff providing care and support. In the event of more than one provider providing support, one support book/communication book will be maintained, with the Service Provider contributing information along with all other providers. It is the responsibility of the Service Provider to ensure staff consult the support book/communication book on each visit.

8.11 With respect to **availability of staff** the Service Provider will:

- Ensure that a sufficient "pool" of staff is available to ensure the consistency of the Specified Service during staff holidays or absences for any reason. In the event that the Service Provider is experiencing staffing difficulties that may affect service delivery, the Service Provider will notify the Council's Supply Management Team within forty-eight (48) hours;
- Inform the Council's Supply Management Team where any members of staff of another party providing support to a client is unable or failing to undertake their expected support role or function;
- Always offer clear reasons to the client on all occasions when the Specified Service has not been provided as expected;
- Ensure any changes to service delivery are recorded for quality monitoring purposes;
- Ensure any significant changes are reported to the Council's Supply Management Team via the Notification of Change to Service Form using the Web Portal.

9. **SPECIFICATION OF QUALITY STANDARDS IN RELATION TO RISK MANAGEMENT**

9.1 The Service Provider is responsible for ensuring that client risk assessments are reviewed regularly on the following basis:

- Annually as a minimum requirement for generic risk assessments;
- Every six (6) months as a minimum requirement where manual handling and lifting or hoisting is being carried out;
- More frequently if a client's condition deteriorates or a potential risk is identified;
- Risk assessments and reviews of them must always be clearly dated.

9.2 The Council recognises that situations of risk may arise where a client's decision to exercise their rights may result in a threat to the health and safety of either themselves or others. In such circumstances, the Service Provider must discuss concerns with the client and contact the Council's relevant Care Management Team within one working day where this is not resolved. The Service Provider must record all concerns and the outcomes.

- 9.3 The Service Provider must have in place formal written policies and procedures to ensure that an "assessment of risk" is conducted on all aspects of tasks to be carried out by staff. This will lead to the production of clear guidance for all staff on safety precautions to be taken and will form part of the staff induction process.
- 9.4 There must be policies and procedures in place in order to identify particular hazards. This can be achieved by the Service Provider making available "hazard control sheets" to enable particular hazards to be identified and control mechanisms agreed. If it is not possible to rectify or control the hazard to an acceptable level, the Service Provider must refer back to the Council's Care Management Team within one (1) working day of the hazard being identified.
- 9.5 Potentially hazardous situations found by the Service Provider or member of staff in the client's home must be reported to the Council's Care Management Team within one (1) working day.
- 9.6 Where services are commissioned that require manual handling and lifting or hoisting the Service Provider will ensure that a copy of the risk assessment is sent to the Council's relevant Care Management Team within two (2) working days of the service commencing.
- 9.7 The Service Provider will ensure that in circumstances where equipment or assistive technology is used as part of the Specified Service to an client, that the condition of the equipment is taken into consideration as part of the risk assessment. The Service Provider will advise the Council's Care Management Team of any associated risks within one (1) working day of the assessment taking place.
- 9.8 Where the Service Provider becomes aware that a client may benefit from specialized equipment, e.g. aids, adaptations, assistive technology etc., the Council's Supply Management Team must be notified who will liaise with the relevant Care Manager. The Service Provider must also ensure that the Council's Supply Management Team is notified of any faulty equipment.
- 9.9 The Service Provider shall have policies and procedures and training to support staff in understanding and managing challenging behaviour. In a situation where a client/Carer presents challenging behaviour to the member of staff, variation to the Specified Service may be deemed appropriate after immediate consultation with the Council's Supply Management Team who will liaise with the Care Manager.
- 9.10 Restraint is not to be used unless there is an immediate danger to the safety of the person/s concerned or others. The Service Provider must be compliant with the Government Paper Positive & Proactive Care – Reducing the need for restrictive interventions – 2014. This affords protection to the client, to staff and to the Service Provider. (See client specific specifications which clarify use of restraint in relation to each client group).

10. SPECIFICATION OF QUALITY STANDARDS IN RELATION TO HEALTH AND SAFETY

- 10.1 The Health and Safety at Work Act requires every organisation employing five (5) or more persons to prepare and periodically revise a written statement of their policy on Health and Safety and their arrangements to implement it.

- 10.2 The Service Provider must ensure that Health and Safety legislation and all applicable regulations are complied with.
- 10.4 The Service Provider must be able to demonstrate that it has an effective procedure to prevent the spread of infectious diseases and all Staff are adequately trained and comply with that procedure.
- 10.5 It is the responsibility of the Service Provider to ensure its Support Staff are issued with appropriate equipment/protective clothing to carry out the tasks within this Specification. However, the type of clothing must have regard to the need to maintain the dignity and self-respect of the client.
- 10.6 All equipment belonging to the client and used by a member of the Service Provider's staff must be maintained in a safe condition at the client's expense. Equipment that appears in any way to be faulty must not be used until it has been checked, and if necessary repaired, by a qualified person.

11. SPECIFICATION OF QUALITY STANDARDS IN RELATION TO HOUSING ENVIRONMENT

- 11.1 As stated at paragraph 2.3 of this Specification, it is the responsibility of the Service Provider to work effectively in partnership with the provider of the accommodation / housing management service (i.e. the landlord) in order to ensure effective joined up delivery of services, effective communication and best outcomes for clients.
- 11.2 The Service Provider will support clients to undertake some basic housing management tasks, such as reporting of repairs, and will support effective liaison with the Registered Housing Provider as appropriate. Such tasks and how they are carried out are likely to vary from scheme to scheme.
- 11.3 Service Provider/s will actively monitor the living environment and report any safety or quality concerns to the landlord and/or statutory enforcement authorities in order that they may discharge their statutory duties.

12. SPECIFICATION IN RELATION TO OTHER POLICIES AND PROCEDURES

- 12.1 The Service Provider will also be able to demonstrate that policies and procedures in respect to the following are in place and are satisfactory:
- Client personal property (including key holding) and finances;
 - Out of hours and emergency procedures (including emergency access);
 - Client personal safety and security;
 - Staff personal safety and security;
 - Equality and Diversity;
 - Staff conduct and behaviour;

13. CLIENT OUTCOMES, QUALITY AND PERFORMANCE MONITORING

- 13.1 Client outcomes are specified within each of the client specific service specifications, namely:
- People with learning disabilities;
 - People with mental health support needs;
 - People with physical disabilities, sensory impairment and long term conditions;

- 13.2 The quality and performance of the Specified Service will be monitored and evaluated using a range of approaches and tools. This will be proportionate and suited to the size and type of service provided. The following monitoring mechanisms could be employed:
- Care Management Review/s;
 - Safeguarding incidents and processes;
 - Client Survey/s;
 - Records of tenant meetings;
 - Complaints logs;
 - CQC Reports;
 - Other stakeholder feedback;
 - Key Performance Indicators.
 - Use of other recognised outcome evaluation tools.
- 13.3 The main objectives of these quality and performance monitoring requirements are:
- To ensure clients receive a service which meets the requirements of this Specification;
 - To support the Service Provider in the monitoring, review and development of their services;
 - To provide the Council with information that can be made available to the wider public to support choice;
 - To provide information that can support quality assurance and where necessary be used to address poor performance positively, robustly and fairly.
- 13.4 The contract for this service will be monitored through the submission of a quality report template, tracking performance across the outcomes outlined in Section 13.8.
- 13.5 In addition to individual client reviews (see section 7), where appropriate there may be an initial six (6) monthly contract review meeting, followed by an annual contract review meetings. These meetings will consider the following (not exhaustive):
- Outcomes for clients;
 - Quality of service (client satisfaction surveys 'and/or alternative creative methods to obtain client feedback' to be developed by providers and agreed by commissioners);
 - Incidents related to Safeguarding Adults / Client complaints;
 - Equality of service delivery (considering the impact of service delivery on clients of different age, gender, race, sexual orientation, faith or belief);
 - Performance against agreed targets;
 - compliance with this Specification and the Terms and Conditions
 - Partnership working.
- 13.6 Where quality monitoring information requests overlap with data requested annually by CQC or Skills for Care, then the request will be formatted in a consistent way to avoid unnecessary duplication.
- 13.7 Performance and quality measures may be amended or further developed over the course of the contract in the light of experience.

13.8 Outcomes and Performance Indicator Monitoring

The Service Provider will be required to evidence the following outcomes for Adult Social Care funded residents.

13.8.1 Resident experience of service provision

Outcome	How is this monitored / assessed	Target
Clients report they receive clear information and advice to help them make choices	Submitted by the Service Provider on request	90%
Clients report they feel in control of how their care and support is delivered		
Clients report their service has helped them to keep/make social contacts		
Clients report satisfaction with the care and support service		
Clients agree that all the staff from all the services at the scheme work well together to provide a good service		
Evidence that Clients have established contact with external services/ friends/ family can be supplied		

13.8.2 Performance and Workforce Indicators

Indicator	How is this monitored / assessed	Target
% of referrals responded to within three (3) working days	Submitted by the Service Provider on request	90%
In-date and signed joint Support Plans		100%
% of staff who have had supervision with their line manager within last three (3) months		95%
% of staff with an HSC-qualification		100%, within 12 weeks of employment
%of staff undertaking or completed a QCF qualification		50% working towards a recognised H&SC qualification

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14. DEVELOPING THE SERVICE

14.1 The Service Provider is required to work with Council to ensure the comprehensive development of all aspects of the Specified Service to meet key strategic aims and ensure management time is available to assist in the development of any revised arrangements for clients.

15. THE COUNCIL'S RESPONSIBILITIES

15.1 An essential component in meeting the needs of clients is the formulation and implementation of the individual Support Plan. It is the role and responsibility of the Council to ensure that the Service Provider is in receipt of an individual Support Plan prior to the commencement of the placement, or within two (2) working days for emergency placements.

15.2 Services may be provided at the specific request of the Council in the case of an emergency, without the provision of a Support Plan which shall be provided within specified timescales.

15.3 The Council is also responsible for ensuring that any amendments or alterations to the tasks, frequency, postponement, time allotted for Services or termination of the Service are notified to the Service Provider within one (1) working day of receipt of the same.

15.4 It is the responsibility of the Council for reviewing the needs of clients and the Council will also reassess an individual's needs where the client, Service Provider, or Care Manager asserts that there may be a need to do so.

15.5 It is the responsibility of the Council to review this Specification. The Council will take steps to ensure feedback from clients and Approved Providers is fed into reviews of the effectiveness and appropriateness of this Specification and the broader commissioning approach for accommodation based care and support AND housing support for working age adults.

16. GLOSSARY

Additional support	That support which is purchased by or on behalf of a client from their the remainder of their Personal Budget, after the agreed contribution to core/background support has been deducted from their personal budget.
Approved List	The list maintained by the Council of Approved Providers of accommodation based care and support AND housing support for working age adults who meet the quality standards and service delivery requirements set out in this Specification to deliver the Specified Services
Approved Provider	A provider of accommodation based care and support AND housing support for working age adults that the Council has determined meets the quality standards and service delivery requirements set out in this Specification to deliver the Specified Services
Client Plan	A document developed by the Service Provider with clients and their representatives that sets out the needs and preferences of the client and how the service will be delivered.
Core or background support	That support which is shared between clients in a supported living scheme. As a condition of living and/or moving into a scheme, each client must agree to this contribution to core/background support from their personal budget. The level of core/background support will vary from scheme to scheme.
Council	East Sussex County Council
Pooled Personal Budget	An arrangement whereby clients agree to contribute to an agreed sum from their Personal Budget as a contribution to a pool of funds that can be used to purchased shared support or activities.
Service Provider	The Approved Provider delivering the relevant Specified Services
Specification	This document.
Support Plan	An ESCC document developed by Adult Social Care with clients and their representatives that sets out how assessed needs will be met with desired outcomes and timeframes.
Total Communication	Total Communication describes an approach to supporting a person which recognises an individual's support needs around communication, using communication aids and techniques to create a supportive communication environment. For more information please visit the ESCC website: www.eastsussex.gov.uk/socialcare/disability/learning/choices/communicatingyourownway

APPENDIX 1 – CLIENT-SPECIFIC REQUIREMENTS

Specific Requirements for Adults with a Physical Disability, Sensory Impairment and/or Long Term Condition

1. Service Model

The Social Model of Disability will underpin services commissioned under the Approved List and to which this Specification applies. The Social Model of Disability is defined as follows:

The social model of disability says that disability is caused by the way society is organised, rather than by a person's impairment or difference. It looks at ways of removing barriers that restrict life choices for disabled people. When barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives.

Disabled people developed the social model of disability because the traditional medical model did not explain their personal experience of disability or help to develop more inclusive ways of living.

An 'impairment' is defined as long-term limitation of a person's physical, mental or sensory function.

2. Service Outcomes

Clients will report the following outcomes:

2.1 **The client is in control of their lives.** There is overwhelming evidence that where people are in control of their care, support, finances and their day to day activities, there are improved outcomes for disabled people.

Many disabled people have long term conditions that, with motivational support, information and advice, they can self-manage on a day to day basis and reduce the risks of exacerbations.

Taking control of your care, support, health and finances is not often achieved in a single step, particularly if the client is disempowered. Ensuring a client has access to advocacy when their voice is not being heard is a key structural component of personalisation. The Service Provider shall support the client to access advocacy services where appropriate.

2.2 **The client maximises their independence.** Care and support should be focused on maximising the independence of clients, enabling them to 'have the same choice, control and freedom as any other citizen – at home, at work, and as members of the community'.

2.3 **The client feels healthy and has a sense of physical and emotional wellbeing.** Clients may have a range of health and social care needs; a significant proportion will be living with long term conditions which will have an

impact on their physical and mental health. Support provided should focus on improving physical health AND emotional well-being, working in partnership with community health and social care services.

- 2.4 **The client is safe and secure in their home and in the community.** Clients may be vulnerable to abuse. Clients will be coming from a range of different settings, such as discharge from residential care or moving from an unsafe or insecure area and will need to be protected against abuse.

3. Additional Communication Requirements

- 3.1 The Service Provider is required to develop and use appropriate communication systems where people have little or no verbal communication, taking guidance from families and friends to understand what gestures or sounds may mean.

APPENDIX 2 – CLIENT-SPECIFIC REQUIREMENTS

Specific Requirements for Adults with a Learning Disability

1. Service Model

The Social Model of Disability will underpin services commissioned under the Approved List and to which this Specification applies. The Social Model of Disability is defined as follows:

The social model of disability says that disability is caused by the way society is organised, rather than by a person's impairment or difference. It looks at ways of removing barriers that restrict life choices for disabled people. When barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives.

2. Service Delivery

- 2.1 The Service Provider will adhere to the nine principles of Building the Right Support (2015):
 1. I have an enjoyable and interesting life;
 2. My care and support is well planned;
 3. I have choice and control about my care and support;
 4. I live in the community with support;
 5. I have a choice about where I live and who I live with;
 6. I get good care and support from health services;
 7. I get help from experts in the community if I need extra support;
 8. I get help to stay out of trouble with the law if I need it;
 9. If I need to stay in hospital because of my mental health or behaviour I don't stay longer than I need to.
- 2.2 Support for people with a learning disability will be designed with the client to enable them to maintain as much control over their own lives as is possible.
- 2.3 Shared Support: Activities where shared support may be appropriate include meal times, social and community activities. Shared support should be planned and delivered with clients and based on clients shared interests and preferences.
- 2.4 Supporting people with behaviour that challenges: Where people display behaviour that challenges, the Service Provider will work within the Department of Health Guidelines: 'Positive and Proactive Care: reducing the need for restrictive interventions' (2014) and the PBS Academy 'Positive Behavioural Support Competencies Framework' (2015)

3. Service Outcomes

Clients will report the following outcomes:

- 3.1 **The client is in control of their lives.** People with a learning disability are supported to be involved in all areas of their lives with appropriate support from staff, friends, family or advocacy where needed. The use of person centered planning and similar models of support are a part of keeping services client focused.
- 3.2 **The client maximises their independence.** Care and support should be focused on maximising the independence through the use of effective risk assessment and management.
- 3.3 **The client feels healthy and has a sense of physical and emotional well being.** Client with a learning disability are supported to have an Annual Health Check and the resulting Health Action Plan is used to coordinate their health needs. Client with a learning disability are supported to have an up to date hospital passport, access 'mainstream health services and health improvement provision and to lead a healthy life.
- 3.4 **The client is safe and secure in their home and in the community.** Clients may be vulnerable to abuse – the Service Provider will ensure that clients are supported to remain safe in their own home and community and are able to report any concerns about their safety.

4. Additional Communication Requirements

- 4.1 All information for clients will be available in easy read and accessible formats. The Service Provider will be required to develop and use appropriate communication systems where people have little or no verbal communication, taking guidance from families and friends to understand what gestures or sounds may mean.

APPENDIX 3 – CLIENT-SPECIFIC REQUIREMENTS

Specific Requirements for Adults with Mental Health Support Needs The aims of a mental health supported living service are:

To provide supported accommodation for clients aged 18 and over, who are eligible to receive Adult Social Care funding set out in the Care Act 2014 or Statutory aftercare requirements in Sec 117 and who are vulnerable as a result of their mental health.

1. Service Model

The Recovery model¹ will underpin services commissioned under the Approved List and to which this Specification applies. In mental health, recovery does not always refer to the process of complete recovery from a mental health problem in the way that we may recover from a physical health problem. For many people, the concept of recovery is about staying in control of their life despite experiencing a mental health problem. Professionals in the mental health sector often refer to the 'recovery model' to describe this way of thinking.

Putting recovery into action means focusing care on supporting recovery and building the resilience of people with mental health problems, not just on treating or managing their symptoms. There is no single definition of the concept of recovery for people with mental health problems, but the guiding principle is hope - the belief that it is possible for someone to regain a meaningful life, despite serious mental illness.

2 . Service Outcomes

Clients will report the following outcomes:

2.1 The client is in control of their lives. There is overwhelming evidence that where people are in control of their care, support, finances and their day to day activities, there are improved outcomes for disabled people.

Many disabled people have long term conditions that, with motivational support, information and advice, they can self-manage on a day to day basis and reduce the risks of exacerbations.

Taking control of your care, support, health and finances is not often achieved in a single step particularly if the client is disempowered. Ensuring a client has access to advocacy when their voice is not being heard is a key structural component of personalisation. The Service Provider shall support the client to make complaints or changes to the way they receive their care and, where required, clients shall be supported to access advocacy services.

2.2 The client maximises their independence. Care and support should be focused on maximising the independence of clients enabling them to 'have the same choice, control and freedom as any other citizen – at home, at work, and as members of the community'.

¹ <https://www.mentalhealth.org.uk/a-to-z/r/recovery>

Clients should be supported to develop plans that set out how they can access and flourish in their local community. There should also be plans in place, co-designed to develop actions when the client starts to feel unwell, or triggers that can raise alertness with staff to spot if a client starts to approach crisis.

2.3 **The client feels healthy and has a sense of physical and emotional wellbeing.** Clients may have a range of health and social care needs, a significant proportion will be living with long term conditions which will have an impact on their physical and mental health. Support provided should focus on improving physical health AND emotional well-being, working in partnership with mainstream and specialist community health and social care services.

2.4 **The client is safe and secure in their home and in the community.** Clients may be vulnerable to abuse. Clients will be coming from a range of different settings, such as discharge from residential care or moving from an unsafe or insecure area and will need to be protected against abuse. This will ensure they are free from discrimination and harassment, protected through safeguarding processes across all aspects including physical, mental and financial abuse.

Clients will be supported to plan where they will live, be involved in moving on and encouraged to take the lead and responsibility such as saving for deposits, furniture or other accommodation expenses.

Clients will be supported to manage their own finances and supported to access benefit and housing advice alongside housing tenancy and other administrative requirements.

3. **Support Planning**

3.1 The Service Provider will evidence within clients' support plans how the plan adopts the outcome principles above. These will be developed and co-produced by the individual and their relevant care professional (CPN/Social Worker) as well as other individuals involved in their network of support such as carers, family and friends.

3.2 The Service Provider shall ensure that care and support, as detailed in a support plan, is structured and outcome-focused with goals set for both the client and the Service Provider to work towards.

PART 3 – CATEGORIES TO WHICH THE SERVICE PROVIDER IS APPOINTED

As set out in the Contract Particulars

PART 4: ADDITIONAL REQUIREMENTS IN RESPECT OF CATEGORIES WITH PERSONAL CARE

1. REGISTRATION WITH CQC

- 1.1 The Service Provider must be registered with the CQC to provide personal care for a minimum of twelve (12) months, unless otherwise authorised in writing by the Council.
- 1.2 Throughout the Term, the Service Provider shall be required to hold an “Outstanding” or “Good” CQC rating. The Service Provider shall notify the Council within five (5) Working Days in the event that their rating falls below this requirement.
- 1.3 In the event that the Service Provider’s CQC rating falls below the standards set out in Paragraph 1.2 of this Part 4 of Schedule 2, the Council shall be entitled to suspend the Service Provider’s appointment to the Approved List until such time as the CQC rating returns to a minimum of “Good”.
- 1.4 In the event that the Service Provider’s CQC Registration is suspended or terminated, or the Service Provider otherwise ceases to be registered with the CQC, the Council shall be entitled to suspend the Service Provider’s appointment to the Approved List until such time as the CQC Registration is restored or remove the Service Provider from the Approved List and terminate the Agreement. In the event the Service Provider is removed from the Approved List, the Service Provider shall not be entitled to reapply until the later of:
 - 1.4.1 six (6) months from the date of termination and removal; or
 - 1.4.2 the Service Provider’s CQC registration being restored.