

SCHEDULE 3 SERVICE SPECIFICATION FOR CARE AND SUPPORT (SUPPORTED LIVING)

1. Introduction

1.1. This schedule sets out the Service Specification relating to the provision of Care and Support (Supported Living) for young people with disabilities and adults for Birmingham City Council and the NHS Clinical Commissioning Groups in Birmingham (the Commissioners). It describes the service aims

placed to judge their own wellbeing. The Commissioners believe this principle is relevant whatever a citizen's age or complexity of need.

1.5 The provision of outcome based services will require changes to working practices and the Council will support Providers to develop new methods of providing this way of working.

2. Service Aims

2.1 This document sets out a specification relating to the provision of Care and Support (Supported Living) services by Providers who are registered with the regulatory body to support people who require personal care and support. This document describes the key features of the service being commissioned and should be read in conjunction with the Flexible Contracting Arrangement terms and conditions.

2.2 Service description

2.2.1 The care and support Provider will be a registered domiciliary care provider and deliver a personal care service consistent with the requirements of the Health and Social Care Act 2014; and a housing related support service. Whilst the accommodation is not regulated, an individual tenancy agreement must be held with the landlord. The care and support Provider will liaise closely with the Landlord to ensure that all of the eligible needs of the citizen are met.

2.2.2 The Landlord needs to ensure that where the citizen lacks the mental capacity to understand and agree the terms of a tenancy agreement, then

- 1) No other person can sign this agreement on their behalf unless:
 - 1.1 They were appointed financial deputy under a Lasting Power of Attorney with the authority to sign such agreements or
 - 1.2 They have been appointed financial deputy by the court with authority to sign such agreements.
- 2) A best interests decision is required, **but** the authorisation of such an agreement as being in the adults best interests can **only** be made by the Court of Protection.

2.2.3 The objectives of the service will be achieved through:

Personalised assessment of need and preparation of an integrated care and support plan to meet these needs;
Provision of a 24 hour on-site team (where necessary) with the necessary skills to meet the needs of the citizens as identified in their support plan;
Responding flexibly to unexpected fluctuations in service requirements, e.g. flu epidemic and emergencies;
Ensuring that at all times at least one member of staff is on duty where identified in support plans;

The provision of a waking-night staff member where assessed as being

Commitment in current financial climate to quality support engaging a number of valuable resources e.g. community, family etc.

Ensure that citizens can use direct payments or personal budgets to choose living an ordinary life.

Quality of care and support is in line with expectations of the Human Rights legislation

Supported living accommodation/care/support should be provided in ways which are relevant to the needs of the citizen(s). These can be shared accommodation (houses, bungalows) or single apartments. There is an expectation that each citizen has their own “front door” and that costs should be shared wherever possible to provide cost efficiencies. The supported living scheme will include intensive housing management plus integrated care and support.

Please see Appendix A regarding Accommodation and House in Multiple Occupancy (HMO).

The care and support that people receive is continuous, but is tailored to their individual needs. It aims to enable the citizen to be as autonomous and independent as possible.

Citizens in Care and Support (Supported Living) get to make their own decisions about how they want to live and get help with managing their home. Some of the benefits of Care and Support (Supported Living) would include:

- Providing a proper home for people to live in
- Offering more choice for people;
- Giving people more responsibility to live independently;
- Matched more closely to what people need;
- Use local housing and services so people can live close to their family and friends.

2.2.5 The tasks and support to be undertaken with and for citizens are listed below. This list is neither exhaustive and may not be needed in all cases, and will depend on which tasks are identified as most likely to meet agreed citizen outcomes. It is also important to emphasise that the list below is not prescriptive and should not preclude imaginative and alternative solutions which may better suit a citizen.

2.2.6 The precise details of the tasks to be completed will need to be negotiated and agreed between the citizen, relatives, carers, advocates and the Provider in order to achieve the outcomes stated in the citizen’s Care and

2.3 Service Flexibility

2.3.1 Agreed service provision details will need to be recorded in the personal citizen plan. It is expected that the service will be flexible and will meet the needs of citizens based on their current support plans. The care and support service will be delivered by care and support staff on site at the citizens home and provide services in line with the care and support plan. If citizens are allocated support hours for waking night and sleep-ins these will be also be detailed within the care and support plan and are planned accordingly with the citizen to ensure that they maintain wherever possible continuity of staff. This is in accordance with the Core Principles under the Service Standards.

2.3.2 The Council will need to confirm whether the agreed tasks are in accordance with the agreed outcomes.

2.3.3 If it has been identified that some support hours can be shared between

delaying and reducing the need for care and support
preventing citizens from dying prematurely
develop and maintain close links with the community
delivering care that is safe and that meets the required quality
standards at all times

3.3 Each citizen should have a care and support plan that is available to all staff delivering care, and that reflects individual outcomes to achieve the service outcomes. The domains and the care and support outcomes will be the standards with which the Commissioners will quality assure the services provided.

3.4 Eligible citizens are likely to have a range of individual care and support needs relating to:

- learning disabilities
- autism
- mental health needs
- acquired brain injury
- the presentation of behaviours that can challenge services
- a physical disability and/or restricted mobility
- attention and conduct disorders
- long term health conditions
- frailty related to age
- dementia
- end of life
- a sensory impairment
- progressive neurological condition, such as motor neurone disease

This list is indicative and is not exhaustive.

3.5 Provider Support Plan

As a minimum therefore, the Provider Support Plan shall include and not be limited to:

- the desired outcomes identified by and with the citizen
- the identified support needs of the citizen and the associated tasks required to meet those needs
- how support should be delivered in accordance with the citizen's wishes, needs, likes, dislikes, methods of communication, etc.
- how the service will support the citizen to achieve their desired outcomes
- involvement of the citizen's family, their circle of support and advocates as appropriate
- mental capacity assessments
- deprivation of liberty safeguardings
- risk assessments and management/control measures
- links to health action planning
- all relevant manual handling, restraint agreements and behaviour management plans (as appropriate)

medication support requirements (where citizens are able to self-administer this should be clearly recorded and supported so that the they can maintain their independence for as long as possible)
the timescale for the achievement of any time-bounded outcomes
regular review arrangements
details of the partial or full achievement of outcomes

3.6 Service Delivery

The Provider(s) will deliver the service in line with national legislative and regulatory requirements, CQC Essential Standards, best practice and any Commissioner quality standards relevant to this provision. Birmingham City Council has a set of core standards for Care and Support (Supported Living) which are shown in Appendix B. A person centred, outcome based approach will underpin service delivery.

4. Service Standards

4.1 The Provider will:

4.1.1 Undertake a pre-visit risk assessment.

4.1.2 Have a brochure / guide in appropriate formats as to the service provided, available for citizens (or potential citizen) of the Service, carers and professionals involved in setting up a Service.

4.1.3 Be able to demonstrate that the care and support required by every citizen has been discussed with them and has been written down. The care and support plan should be completed by the citizen and a suitably qualified and / or experienced member of staff prior to and upon admission. Where involvement of the citizens not possible, for example due to capacity issues, the Provider will ensure the care and support plan has been completed with an appropriate advocate. The care and support plan should be added to according to changing needs and risks but, in addition to that identified in Section 3.5, is to include (this list is indicative and is not exhaustive):

- capability skills assessment
- life history
- likes and dislikes
- emotional and psychological and mental capacity
- mobility, falls and frailty including manual handling
- health condition
- hospital passport
- behaviour, cognition and communication
- tissue viability
- medication
- nutrition
- continence / incontinence
- washing and dressing and personal and oral hygiene
- cultural and religious

end of life care
rehabilitation requirements following a period of ill health or hospital
admission

4.1.4 Be able to demonstrate that the initial assessments have been reviewed at four weeks and then six monthly or more frequently if needs have changed. The assessments should be updated according to the changing needs of the citizen. The provider will be able to demonstrate escalation processes are in place that supports findings from any assessment.

4.1.5 As far as possible, employ a workforce whose composition is reflective of the local population and ensure that staffing levels and skills mix are appropriate to meet all individual citizens' needs.

4.1.6 Meet the citizen's assessed mental and physical health, social, personal

induction. Care and support staff should be released to attend training as appropriate to their identified training requirements.

5.5 The Provider must be able to demonstrate that care and support staff have access to additional training to enable them to meet the needs of citizens. This may include, for example, training in relation to learning disability, positive behavioural support, managing specific conditions or specific communication tools. Such training will be provided by accredited organisations and will be evidence based to reflect current specialist and social care and clinical guidance

5.6 The Provider must be able to demonstrate that care and support staff are supported with continuous professional development with access to ongoing training and relevant qualifications available; and time allowed for take-up.

5.7 The Provider shall undertake a training needs analysis for all care and support staff that is reviewed regularly and updated and formulated into care and support staff personal development plans. This will feed into a monitored organisational training and development strategy and identifies when refresher training is required. The programme will enable a flexible response to individual learning needs.

5.8 The Provider will be able to demonstrate assessment of care and support staff competency and performance management and documented evidence is available for inspection.

5.9 The Provider is required to register their establishment/organisation on the Skills for Care National Minimum Data Set (NMDS) and complete their worker records, so as to provide meaningful workforce data. This information should be reviewed and updated regularly, as a minimum, at least once every six months, in order to maintain the accuracy of the data available.

5.10 Details can be found on the Skills for Care Website, NMDS, www.nmds-sc-online.org.uk

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documentation to show that identified risks have been reduced and how this is measured and monitored to reduce recurrence
incident and accident book
recording of financial transactions e.g. shopping tasks
any complaints received and how they was addressed / actions taken

Staffing

records of pre-employment checks including DBS records
personnel employed and basis of employment (permanent/agency)
care and support staff turnover
timesheets
care and support staff training records
care and support staff supervision records

Complaints

evidence of a complaints folder
nature of the complaint
name and address of the citizen
name and address of the complainant, where different
date and time the complaint was received
details of the process taken to investigate the complaint
details of the outcome including the time and date of resolution of the complaint
details of any action taken on the basis of the complaint to prevent future occurrence or improve service delivery
names of employees and their supervisors involved in the action complained about, as appropriate, and any associated outcomes.
any organisational learning arising in a timely manner and be made available to the Commissioners upon request
complaint records including information concerning the nature of each complaint and action taken by the P

8.6.3 Signs of financial abuse include:

- unexplained or sudden inability to pay bills
- unexplained or sudden withdrawals of money from accounts
- unusual levels of interest by family members or friends
- high level of expenditure without evidence of the person benefiting
- purchase of items which the person does not require or use
- unreasonable or inappropriate gifts.

8.6.4 Care and support workers who are concerned that citizens they support need help to manage their money, should alert their manager who will need to follow the safeguarding adults procedures.

8.6.5 The key messages for care and support workers providing support to citizens who do not have an appointee, attorney or deputy are:

- The aim is always to establish a safe, reliable, transparent system to protect everyone involved.
- If asked to undertake any other financial activity not covered by the support plan, care and support workers should speak to their manager first.
- Transparency is essential in all transactions to avoid misunderstandings.
- Being aware of whether the line is crossed between providing support and making decisions in the citizen's best interests. If care and support workers are concerned they are doing this or they have been asked to provide support which feels like this, care and support workers should not do it as they will be making best interests decisions without the legal authority to do so.

8.6.6 Providers along with

9.1.3 The

9.3 General Guidance For All Providers

- 9.3.1 All medicines must be in a monitored dosage system or in the container issued by the dispensing Pharmacist and labelled with:
the citizen's name;

complete a Standard Notification to CQC

9.5.7 Relevant documentation to be completed and records of all activities must be available on request by the Council or health authority, e.g. Health Trust, Clinical Commissioning Groups etc.

9.6 Training Requirements For Care and Support Staff Administering Medication

9.6.1 Providers must ensure all care and support staff involved in administering medication are trained and competent to complete the task, which includes any specialist tasks.

9.6.2 Training must include as a minimum:

9.6.3 Preparing dosages if liquid medication is required.

9.6.4 Administering medication including tablets, capsules, liquid medication given by mouth, ear, eye and nasal drops, inhalers and external applications. The Care and Support worker must be trained by a Healthcare Professional.

9.6.5 Non prescribed or alternative medicines.

9.6.6 Care and Support staff check the photo on the MAR chart to ensure the right citizen will be receiving the right medication.

9.6.7 Checking all instructions including the storage of medication/ medication documentation at each visit to ensure correct medication is given to the correct citizen whom they were prescribed for including checking dosage, timing and method.

9.6.8 Checking the expiry date of medication has not exceeded.

9.6.9 Checking medication has not already been given, for example by family members.

9.6.10 Observing changes or side effects from the citizen and reporting.

9.6.11 Record all medication given.

9.6.12 Recording and reporting any refusals and medication errors immediately to managers.

9.6.13 Procedure for support with painkillers and other medicine not written into the care plan.

9.6.14 Understanding the Policy, including changes following hospital discharge and the citizen's medication agreement and collection of medicines.

9.6.15 Risk Assessments for medication, reviews by Pharmacy/GP's

9.6.16 Care Quality Commission's policies for the administration of medication.

9.6.17 Provider has quality assurance system in place to undertake regular audits of medication and related medication records.

10. Key information & Significant Events Reporting

10.1 The Provider will take immediate and appropriate action and report the situation to ACAP / Social Worker / CQC / Police in the event of any of the following:

- abuse or neglect
- hospital admission
- lost or missing service user
- serious illness/injury/accident
- death

The Commissioner should be notified of the following situations

- inability of the Provider to perform any aspects of the service
- service closure
- a temporary move

10.2 In the event of a major incident where the on-going delivery of care to citizens may be interrupted, the Provider will take appropriate action as outlined in their Business Continuity Plan, notify the appropriate Commissioner *and follow up in writing within 48 hours*. Major incidents may include:

- fire
- flood
- disruption to power, heat and lighting
- infection outbreak
- major staffing disruptions
- se

1. ***effectiveness:***

investigation policies, providing feedback to the Commissioners within the themes and trends report.

11.6 The Commissioners reserve the right not to place residents if the outcome of the quality assurance process demonstrates a poor or inadequate rating or if any identified and actioned improvements cannot be sustained.

12. Safeguarding, Serious Incidents and Never Events

12.1

14. Never Events

14.1 Never Events are serious, large preventable, citizen safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers. Some examples of a Never Event include (but not exhaustive):

- bedrail entrapment
- fall from a poorly restricted window
- wrong route administration of medication (topical, oral, IV, IM etc.)
- insulin overdose
- nasogastric tube misplacement
- scalding of a citizen

To employ a personal assistant
To access appropriate and meaningful activities e.g. day centre, leisure centre, yoga

15.3.3 The Council will arrange the services needed to meet unmet eligible care needs.

15.3.4 Alternatively, it is possible that the arrangements could be a combination of the above 2 options.

16. Policy and Procedures

16.1 In addition to complying with all relevant legislation and the requirements of the Core Terms and Conditions, the Provider must ensure that there are policies and procedures in place. The Provider must ensure care and support staff adhere to those operational policies and procedures. Policies and procedures will include but not be limited to the following, dependent upon the type of service, its CQC registration and the client group(s):

- Accepting gifts
- Access to records
- Activities
- Asbestosis and asbestos
- Care Act 2014
- Care and health planning including person centered plans
- Carrying out risk assessments
- Child protection
- Clinical governance
- Communications
- Use of own car for business purposes
- Compliments, concerns, complaints and comments
- Contingency planning and emergencies / BCP
- CQC Inspections – announced and unannounced
- Death on site
- Diabetes management
- Dignity and respect including privacy
- DNACPR
- Deprivation of Liberty Safeguards
- End of life care
- Falls management
- Finance including funding sources, auditing
- Fire evacuation
- Food hygiene
- Health and safety
- Human Rights Act
- Hydration and nutrition
- Incident and accident reporting including near misses
- Infection Control Hygiene Waste
- Information governance and data protection
- Managers Inspections

Training
Use of mobile and company phones
Working time directive

16.3 Equality and Diversity

Equal Pay Act 1970
Sex Discrimination Act 1975
Race Relations Act 1976 (as amended 2000 and 2003)
Disability Discrimination Act 1995 (as amended 2005)
Human Rights Act 1998
Employment Equality (Sexual Orientation) Regulations 2003
Employment Equality (Religion or Belief) Regulations 2003
Gender Recognition Act 2004
Civil Partnerships Act 2004
Employment Equality (Sex Discrimination) Regulations 2005
Equality Act 2006
Race and Religious Hatred Act 2006
Employment Equality (Age) Regulations 2006

a non-executive director is identified to oversee implementation of policy
the policy is readily available to citizens, families and carers
the policy is put under audit and regularly monitored

20. Business Continuity Management

20.1 Business Continuity Management (BCM) is about identifying those parts of an organisation that you can't afford to lose – such as information, premises,

Appendix A

ACCOMMODATION AND HOUSE IN MULTIPLE OCCUPANCY (HMO)

The Landlord needs to ensure that where the citizen lacks the mental capacity to understand and agree the terms of a tenancy agreement, then

- 1) N

- f)** All HMOs, whether the Landlord needs a license or not, are subject to Management Regulations and Inspections under the Housing Health and Safety Rating System (HHSRS). This ensures that the property is managed properly and meets certain safety standards. The licence will be valid for up to three years, and will then have to be renewed.
- g)** The Housing Management of Houses in Multiple Occupation (England) Regulations 2006 regulations apply to all houses in multiple occupation (HMOs) other than converted blocks of flats to which section 257 of the Housing Act 2004 applies. Management regulations which cover Section 257 HMO's were introduced in October 2007.
- h)** The HMO management regulations place a number of duties upon the manager of a HMO. Both Landlords and managing agents should ensure they are compliant with these regulations on an ongoing basis. Failure to comply may result in prosecution and a fine of up to £5000 for each offence.

The elements below are a summary of the requirements:

- i. Duty to supply information - the name, address and a contact telephone number for the manager must be clearly displayed in a prominent position within the HMO
- ii. Duty to maintain fire safety measures – all escape routes must be kept safe and free from obstruction. Alarms, detection and extinguishers must be maintained and certificated. Appropriate fire escape signs must be displayed if occupancy exceeds four persons
- iii. Duty to protect occupiers from injury – appropriate safeguards must be maintained in relation to roofs, balconies and low windowsills
- iv. Duty to maintain water supply and

- i) The Provider must ensure that the tenancy agreement is clear on whether white goods are included as standard items on lease of the property or where they are to be charged as additional items, that this is made clear to both the social worker and the citizen/advocate **before** the tenancy agreement is signed. **Under no circumstances should the tenancy agreement be signed if the white goods have been purchased and added after the tenancy agreement charges have been agreed. This should be raised immediately with the City Council.**

- j) The Provider is responsible for agreeing with each Citizen, the weekly budget to cover his/her utilities and others costs payable to remain in the accommodation. **Any changes/uplift must be agreed with the City Council before commencement.**

Appendix B

CORE SERVICE STANDARDS FOR CARE AND SUPPORT (SUPPORTED LIVING) (Issue Date 01 April 2018)

Service Standards

6. POSITIVE BEHAVIOUR MANAGEMENT

7. CITIZEN VOICE

Why are Service Standards important?

Currently, there remains considerable variation in the quality of services provided across the home support market. In order to improve the quality of these services, change is required. This needs to be underpinned and informed by a more cohesive approach to standardised monitoring for commissioning staff in order to undertake their duties. Additionally it will ensure provider compliance against the Flexible Contracting Arrangement.

These standards are applicable to home support services which are procured under the Flexible Contracting Arrangement. Service Standards establish a minimum level of performance to meet the compliance required by the market.

It is important that all home support providers own and incorporate them into their own organisation if we are to improve home support services to the service users of Birmingham.

SERVICE STANDARD RECRUITMENT & SELECTION

Area	Standard	Checklist	Evidence
Recruitment and Selection	Recruitment Policy (RS1.01)	The Provider should have a Recruitment Policy. Birmingham City Council (BCC) Officer should be able to see and read it because the Provider should be following their recruitment policy. (which should be in line with the Service Standards outlined below).	
Recruitment Checklist	The Provider should have a recruitment checklist at the front of each Care and Support Worker file listing all the elements of the recruitment process. (RS 1.02)	To ensure that the recruitment process has been completed the checklist should show dates/names when the various stages have been completed i.e. date contract signed, dates references sent and received and chased (if necessary), name of administrator completing the task and the date etc.	
Staff Recruitment – Application Form	Application forms should be fully completed e.g. full employment history including dates, explanations if candidate was not working.	There should be no gaps and no inconsistencies with dates, addresses, work history, education etc. in completed application. (If the application has a question regarding educational history then this should be completed fully with attendance dates and name of educational establishment(s), courses etc.) at least last five years.	

Area	Standard	Checklist	Evidence
	Application forms must be signed and dated.		

Area	Standard	Checklist	Evidence
		<p>letter headed paper.</p> <p>If there is a telephone reference on file then the questions/responses should be fully recorded, dated and signed by Provider.</p> <p>If there is an e-mailed reference then all the correspondence should be printed off and kept in the file. E-mail should not be from a hotmail or gmail account unless the company name is within the e-mail address.</p> <p>If there is a character reference on file there should also be an explanation as to why.</p> <p>If no employment history, Provider should obtain professional reference i.e. tutor from college.</p>	

Area	Standard	Checklist	Evidence
	<p>or the UK Border Agency. The Provider must bear in mind th</p>		

Area	Standard	Checklist	Evidence
		the Provider has seen the original documents.	
Staff Recruitment – Other ID	<p>The Provider has evidenced that other forms of identification has been collected for British Nationals.</p> <p>(RS 1.06)</p>	<p>The Provider can ask for current and valid Passports, current Driving Licence (photo-card or paper), Birth Certificates, Bank or Building Society statements, Credit card statements, P45 or P60, Council Tax statements, current utility bills (water, electricity, gas, (NOT ON-LINE)), letter from head teachers or college principals (this is not an exhaustive list).</p> <p>The Provider should take copies of the documents in full and there are copies on the Care and Support Workers' files. Copies should be stamped or handwritten, dated and signed to indicate the Provider has seen the original documents.</p>	
Staff Recruitment – Interview	<p>The Provider must formally invite candidates to an interview.</p> <p>(RS 1.071)</p> <p>The Provider's recruitment policy should state that two members of staff undertake interviews</p>	<p>A dated copy of the letter/e-mail inviting the candidate to an interview should be on the successful care and support worker's file.</p> <p>Minimum of two staff members should be undertaking the interviews. Each interviewer should complete an interview question form. 96.0e69-3(e)-3(s)(in)-5(o)6(i</p>	

Area	Standard	Checklist	Evidence
	(RS 1.076)	<p>the office to meet the candidate who will be providing their care and support to personally ask a question.</p> <p>Provider can demonstrate that consideration has been taken into account as to whether or not citizens will be part of the recruitment process.</p> <p>Where a citizen has been invited to take part in the recruitment process information has been made available to them in easy-read or an appropriate format.</p>	
Staff Recruitment – Practical Tests	Literacy tests are used as part of recruitment process (RS 1.08)	<p>The Provider should use practical tests for English and Mathematics</p> <p>There should be copies on the Care and Support Worker’s file and evidence that the tests have been scored by the Provider.</p>	
Staff Recruitment - Appointment	The Provider should formally give the successful candidate an offer of employment with a start date	A dated copy of the letter offering employment with a start date should be on the Care and Support Worker’s file.	

Area	Standard	Checklist	Evidence
Contract of Employment	<p>(RS 1.09) Contract of Employment on file.</p> <p>(RS 1.10)</p>	There should be a copy of the Contract of kâ ' Empl ù	

Area	Standard	Checklist	Evidence
	Ongoing regular supervision (RS 1.13)	Staff should have a minimum of at least six supervision sessions a year of which at least four must be one-to-one supervisions. These sessions should be clearly recorded.	
Staff Recruitment	Copies of Qualifications on file. (RS 1.14)	There should be copies of all relevant qualifications on the Care and Support Worker's file as mentioned in the application form e.g. degrees, NVQ/QFC etc. The copies should be stamped or handwritten, dated and signed to indicate the Provider has seen the original certificates.	
Car Drivers	Current Insurance, MOT and Driving Licence	<p>Provider should check that all car drivers documentation is checked and is current. This should include insurance for business use, current MOT, full driving licence and copies on file.</p> <p>Provider must have a policy in place regarding the use of their own vehicles e.g. minibus where Care and Support Workers driver or accompany citizens.</p>	
	Citizens with vehicles via Mobility	Providers must have a policy where citizens have a Motability vehicle. Checks to be carried out regarding legibility regarding the use of the vehicle, insurance, etc.	

Area	Standard	Checklist	Evidence
Induction Standards	The Provider should have an Induction Policy which states the aims of induction for the organisation and roles within the organisation. (IS 2.01)		

Area

Standard

Checklist

Evidence

Area	Standard	Checklist	Evidence
Induction Standards	<p>The Provider should have an Induction Policy which states the aims of induction for the organisation and roles within the organisation.</p> <p>(IS 2.01)</p>	<p>The policy should be accessible and written in plain English so that it is understandable to all staff.</p> <p>There should be clear explanation of why the policy is required.</p> <p>The policy should provide information on who's who within the organisation and state their contact numbers</p> <p>The policy should cover all aspects necessary to help new staff members settle into their role. The policy should aid those responsible for the induction of new staff and existing members of staff who are changing roles.</p>	
Plan	<p>Worker Plan, which incorporates all elements of the Care Certificate.</p> <p>(IS 2.05)</p>	<p>training required for their role. The programme should cover all requirements aligned to the Care Certificate and Care Act 2015:</p> <p>Care Certificate</p> <ul style="list-style-type: none"> Understanding your role Your personal development Duty of care Equality and diversity Working in a person centred way Communication 	

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		<p>Addition Requirements by BCC</p> <ul style="list-style-type: none"> Risk assessments Manual handling (theory and practice) Food hygiene/basic food preparation First Aid Medication (including completion of MAR charts) Support Planning Professional boundaries 	

Area	Standard	Checklist	Evidence
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Induction
Standards

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Where Care and Support Workers have completed the standards

Area

Standard

Area	Standard	Checklist	Evidence
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Induction
Standards

Area

Standard

Checklist

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Area	Standard	Checklist	Evidence
Induction Standards	<p>The Provider should have an Induction Policy which states the aims of induction for the organisation and roles within the organisation.</p> <p>(IS 2.01)</p>	<p>The policy should be accessible and written in plain English so that it is understandable to all staff.</p> <p>There should be clear explanation of why the policy is required.</p> <p>The policy should provide information on who's who within the organisation and state their contact numbers</p> <p>The policy should cover all aspects necessary to help new staff members settle into their role. The policy should aid those responsible for the induction of new staff and existing members of staff who are changing roles.</p>	
		<p>others and it satisfied with its authenticity and adequacy.</p> <p>A continuing personal development plan has been agreed as part of the induction process and there is a written commitment to implement this.</p> <p>Any role/condition specific induction requirements identified through recruitment and not covered by the Care Certificate have been addressed i.e. recruited to provide care and support to a citizen with a forensic background.</p>	

Area	Standard	Checklist	Evidence
Induction Standards	<p>The Provider should have an Induction Policy which states the aims of induction for the organisation and roles within the organisation.</p> <p>(IS 2.01)</p>	<p>The policy should be accessible and written in plain English so that it is understandable to all staff.</p> <p>There should be clear explanation of why the policy is required.</p> <p>The policy should provide information on who's who within the organisation and state their contact numbers</p> <p>The policy should cover all aspects necessary to help new staff members settle into their role. The policy should aid those responsible for the induction of new staff and existing members of staff who are changing roles.</p>	
		<p>Best practice is to have a form/certificate to demonstrate Induction has been completed and a separate certificate for the completion of the Care Certificate.</p>	

Area	Standard	Checklist	Evidence
	(RA 3.01)	<p>Mobility – is the citizen able to walk/stand unaided, do they need to use aids? Do aids need to be accessible? Is there a history of falls? Does the citizen require a raised bed or raised chair?</p> <p>Manual handling -</p>	

Area	Standard	Checklist	Evidence
		actions of members of the public.	
Individual risk assessments	The risks identified on the pre start assessment. Risks should be identified as low, medium or high.		

Area	Standard	Checklist	Evidence
		<p>updated/re-written when needs change or annually. The risk assessment should indicate when reviews of any identified risks should be undertaken. This can vary depending on the risk but it is good practice to review monthly.</p> <p>There needs to be evidence that reviews have been taken place in line with prescribed timescales.</p> <p>Accessible - risk assessments should be in a format which is easy to understand for Care and Support Workers and accessible to read within care planning.</p> <p>Where risks are low this should be stated, if certain areas of risk are not relevant this should be clearly stated.</p> <p>Health needs – The Provider should ensure that each citizen has a Hospital Passport that is regularly updated to reflect any change i.e. medication.</p> <p>The Provider should demonstrate that citizens have access to health screenings and health checks e.g. flu jabs, dentist visits</p> <p>The Provider should ensure that Care and Support Workers have access to the orga</p>	

Area	Standard	Checklist	Evidence
		<p>Clear instruction for staff indicating what they need to do if risks materialise.</p> <p>Safe system of work - - this should detail step-by-step guidance for Care and support Workers to be able to carry out activities/tasks in a safe and dignified manner. The safe system of work can be incorporated into the Support Plan or be a separate guidance document. The safe system of work should clearly identify safety critical aspects of any activity undertaken by the citizen with support from the Care and Support Worker..</p> <p>Reviews - the risk assessment should always be updated/re-written when needs change or annually. The</p>	

SERVICE STANDARD CARE AND SUPPORT PLAN

Area	Standard	Checklist	Evidence
Care and Support Plans – consent	<p>Care and Support Plans should demonstrate that appropriate consent was gained.</p> <p>(CP 4.01)</p>	<p>The Care and Support plan is signed and dated by all parties including the Citizen or family / Care and Support Worker (If the citizen is unable to sign this is clearly documented)</p> <p>The Provider has evidenced that the Citizen’s capacity to consent to all aspects of the Care and Support plan been considered.</p> <p>EVIDENCE:</p> <p>Evidence that a pre-assessment visit has taken place prior to the commencement of care.</p> <p>Accurately reflects Social Worker Support Plan</p> <p>Start date should be documented</p> <p>Evidence of participation by the citizen and/or their family – recorded in pre-assessment documentation.</p> <p>Evidence of citizen’s preferences taken into account e.g. gender of Care and Support</p>	

Area	Standard	Checklist	Evidence
Care and Support Plan format	The format should be accessible ; easily		

Area	Standard	Checklist	Evidence
	<p>Important information Inc. medical conditions& emergency contacts etc. should be clearly indicated.</p> <p>(CP 4.031)</p> <p>There is guidance for care and support staff on the matters that need to be reported to the registered manager.</p> <p>Care information including care and support to be provided should be clear and concise and this</p>	<p>Social Worker) has been obtained - including likes and dislikes.</p> <p>The Care and Support plan reflect the citizen's cultural and ethnic background as well as their gender and sexuality.</p> <p>Outcomes relate directly to the individual's needs and goals.</p> <p>All medical conditions including any allergies are clearly documented.</p> <p>Crisis and contingency arrangements have been included.</p> <p>There is clear direction on procedures for reporting any concerns, responding to incidents and seeking guidance.</p> <p>The care plan clearly states the times and duration of care and support to be delivered</p>	

Area	Standard	Checklist	Evidence
	<p>should be both accurate and current.</p> <p>Care and Support plans should be <u>instructional</u> e.g. contain information on how to carry out personal care / activities in a person centred way.</p> <p>(CP 4.032)</p> <p>There should be an emphasis on <u>delaying</u> the development of needs for care and support and the importance of <u>reducing needs</u> that already exist.</p>	<p>The Care and Support plan is explicit and instructional i.e. the Care and Support plan includes</p>	

Area	Standard	Checklist	Evidence
	<p data-bbox="271 312 427 344">CP (4.033)</p> <p data-bbox="271 440 640 695">Safe working practices are promoted: Care and Support plans should also include instructions on how to safely complete any care and support activity.</p> <p data-bbox="271 791 427 823">(CP 4.034)</p>	<p data-bbox="674 440 1420 759">There are clear instructions regarding safe systems of work. There are clear step-by-step instructions which demonstrate what is expected of the Care and Support Worker to safely complete each task (these could be listed separately). There are clear safe systems of work/ instructions on behaviours that challenge or on the safe use of any assistive technology. These should reference the risk assessment.</p>	

Area	Standard	Checklist	Evidence
Personal Development of Care and Support Workers	Provider delivering care to citizens with complex		

Area

Area	Standard	Checklist	Evidence
Notes / Daily records	<p>detail what the citizen has done on the day.</p> <p>(CP 4.09)</p>	<p>written in black ink and clearly legible</p> <p>Dated</p> <p>Arrival and departure time (these should correspond to the Care and Support plan, rota and any monitoring system)</p> <p>Any reasons for variation of care and support delivered should be recorded</p> <p>Mood of the citizen on Care and Support Worker's arrival and departure</p> <p>All activities and tasks undertaken during the care and support delivered – these should relate back to the Care and Support plan. If any activities or tasks within the Care and Support plan are not carried out / completed as specified, this should be recorded with the reason e.g. BT/Fv.31 r G(a)-3(s sp)-5(e)-3(cifi)1;</p>	

Area	Standard	Checklist	Evidence
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If concerns have been highlighted in the previous recording, evidence that these

Area	Standard	Checklist	Evidence
		<p>The Provider can evidence that activities encourage the development of new hobbies, interests or skills.</p> <p>The Provider can evidence that activities are goals specific and measurable. The Provider has a method of recording a citizen's engagement with the activity. The citizen's progress notes reflect progress or lack of progress the citizen makes towards activity based goals.</p> <p>For citizens with no discernible response, care and support provision is still expected and may include activities such as talking or reading to the citizen about prior interests or tactile stimulation etc.</p> <p>All activity plans should reference the relevant risk assessment where needed.</p>	
<p>Care and Support Plan – accessing the community</p> <p>(CP 4.11)</p>	<p>The Care and Support plan should clearly state how support is to be delivered at all times whilst in the community</p>	<p>The Care and Support plan should clearly detail:</p> <p>Level of support required e.g. 1:1, 2:1</p> <p>Safe systems of work for behaviours that might challenge whilst in the community</p> <p>Use of assistive equipment (and any maintenance of this) e.g. walking frame, wheelchair etc.</p>	

Area	Standard	Checklist	Evidence
		Accessibility of transport (where required)	

SERVICE STANDARD CALL SCHEDULING

Area	Standard	Checklist	Evidence
Call Scheduling	<p>Provider should have a call scheduling system in place as appropriate to the number of citizens being supported (this can either be electronic or manual).</p> <p>(CS 5.01)</p> <p>Rota should clearly show the time to be spent with the citizen(s)</p> <p>All care and support should be scheduled at least one week in</p>		

Area	Standard	Checklist	Evidence
breaks	in line with Working Time Directive (CS 5.03)		
Care and Support Time Variations	Any changes from the original Social Worker Support Plan should be agreed by the citizen. (CS 5.04) Any single variations to the care and support time or duration should be recorded with a reason. (CS 5.05)	Any variation to change in times stated in care and support plan should have	

Area	Standard	Checklist	Evidence
	<p>(CS 5.06)</p> <p>Providers should formally record on the citizens file if they are unable to sign .</p> <p>(CS 5.07)</p>	<p>variations to care and support being delivered</p> <p>Follow up on citizens' concerns</p> <p>Evidence Citizen signature on communication / care and support notes (or UTS if citizen is unable to sign)</p> <p>All communication logs / care and support notes have time and duration of care and support being delivered and signature of care and support worker</p> <p>Follow up on support worker concerns/performance</p> <p>'Unable to Sign' (UTS) recordings should correspond to the documentation on the citizen's file.</p>	

SERVICE STANDARD POSITIVE BEHAVIORAL MANAGEMENT

Area	Standard	Checklist	Evidence
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Area	Standard	Checklist	Evidence
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Area	Standard	Checklist	Evidence
		Hospital Passports	