



Service Specification

Residential Care for Adults with Complex Learning Disabilities and/or Autism



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This Service Specification details Essex County Council's (ECC) requirements for the provision of Residential Care Services in Essex for Adults with complex learning disabilities and autism and outlines how the Service should be delivered and performed.

Essex County Council's vision for Adult Social Care is for every Adult to be able to live as independently as possible and to enjoy a good and meaningful life. This includes enablement approaches such as the Meaningful Lives Matter programme which is based on the principle that many of the long-term solutions to people's care and support needs rest within themselves and with their families, social networks and surrounding communities.

People should be able to live a life which is meaningful to them, whether they have a learning disability and/or autism or not and Essex County Council is committed to supporting them to achieve this.

By developing a person's strengths, skills, knowledge, assets and aspirations together with them using person-centred planning tools they can maximise both what the person can do for themselves and what support they can access from others to live a meaningful life. This should be linked to the specific outcomes that are most relevant to the person, including their health, employment, connection to their community, aspects of recovery and wellbeing and relationships.

Residential Care Services are one of the accommodation and housing options available for Adults with a complex support needs but should not be seen as the final or only housing option. The enabling approach continues throughout an Adults' life and some Adults will move on from Residential Care Services to more independent settings.

1. SERVICE ELIGIBILITY

1.1. All Adults referred to the Service by ECC will:

- a. Be 18 years of age or over,
- b. Live within the administrative area of the Essex, or individuals placed Out of County who remain the responsibility of Essex County Council,
- c. Have been assessed as eligible for the service under requirements set up by the Care Act 2014 by a representative of ECC,

1.2. Adults referred into the Service will have complex support needs and other needs including (but will not be limited to):

- a. Adults with physical and/or sensory impairments, including those with dual sensory impairments
- b. Adults with learning disabilities
- c. Adults with Autism
- d. Adults with dual or multiple diagnosis
- e. Adults with dementia
- f. Adults with a brain injury
- g. Adults with behaviour that challenges which may exclude them from their community, may be unpredictable, self-injurious, or pose a risk of injury to others, and may engage in risky behaviours that may result in them coming into contact with the criminal justice system

1.3. Complexity of adults' needs accessing residential services under this specification will be defined as:

- Self-injurious behaviour that requiring specialised training or skilled support and / or significantly high levels of support
- A clearly identified risk to support workers health or wellbeing
- There may be behaviour that limits access to the community therefore restricting social inclusion and/or behaviour that leads to serious self-neglect with a substantial impact on the health and wellbeing of the person.
- Extensive support needs around tasks of daily living which when unmet will cause deterioration of wellbeing and present health risks,
- Behaviour that requires additional monitoring and/ or considerable restrictions to reduce risk to others such as those with a Forensic History
- Presence of a Positive Behaviour Support Plan where the content demonstrates complexity
- A person presenting with a specific syndrome or multiple needs or a number of chronic conditions that require significant intervention over and above what could be provided by a standard non-specialist service and support team. This could include but is not limited to Learning Disabilities/ physical disabilities/ autism/ mental health issues/ communication difficulties, acquired brain injury and/or dementia and is often a combination of multiple needs that require significant levels of specialised support
- An individual who is at risk of placement breakdown or hospital admission and/or who have experienced multiple previous placement breakdowns due to their levels of need and/or risk

2. SERVICE REFERRALS

- 2.1. All referrals will be made via the Council's Service Placement Team.
- 2.2. The Adult's care needs, and outcomes will be identified in the Information to the Provider (ISP) document that will be completed by a Social Care Professional as part of a Care Act Assessment and/or Care Act Review. An Adult's ISP will include enough information to enable the Provider to initially assess their capacity and ability to accommodate the individual. This information includes but is not limited to:
 - a. Personal details of the Adult
 - b. The Outcomes required for the Adult
 - c. Any Essential Service and Home Elements for the Adult
 - d. Whether the Adult has behaviours or needs that challenge
 - e. Any identified risks around the care of the Adult
 - f. Activities to be delivered as part of the care plan
 - g. Communication challenges & sensory needs
 - h. Moving and handling
 - i. Medication management
 - j. Personal relationships
 - k. Cultural needs
- 2.3. The Service Placement Team will run the High Level Matching Tool based on information provided by the Social Worker, issue the Expression of Interest to all identified services, and identify the top 3 most suitable residential homes from the Framework that have confirmed their interest. This will be based on the Adult's requirements indicated by the social worker, home location, home size, existing residents and cost.
- 2.4. The Provider must be able to accept request to assess by all the following mechanisms;
 - a. Secured email address provided by the Provider if the Council's Social Care Case Management System Mosaic is not available at that time. All referrals made by the Council and all responses received by the Provider via email must be password protected; and/or
 - b. Telephone (a telephone referral will always be followed up in writing via the Councils Social Care Case Management System Mosaic or via secured email address, using password protected documents).
- 2.5. The Provider will be asked to submit an assessment of how they can meet the needs and outcomes of the Adult and return that document to SPT so that the Adult's Social Care Professional and a Behaviour Advisor can review and score it.
- 2.6. The Provider will then be notified if they have been successful and will be receiving the placement.

- 2.7. The Provider is expected to operate a flexible Service, for up to seven (7) days a week, twenty four (24) hours a day fifty-two (52) weeks a year including bank holidays, statutory holidays, and public holidays where there is a demand for Services at these times.
- 2.8. The Provider will confirm receipt of a referral within 24 hours.
- 2.9. The outcome of a Residential placement assessment will be decided within 7 working days and a potential move-in date agreed. Any move is subject to the validation of funding.
- 2.10. In the event of an emergency both assessment and admission may be expected to occur within 24 hours.

3. SERVICE OUTCOMES

- 3.1. The Provider will work to achieve the specific Outcomes identified within the Adult's Care and Support Plan and communicate this through the Adult's ISP.
- 3.2. The focus of the Service must be firmly on promoting choice, control, independent living, social inclusion, health promotion and positive wellbeing for the Adult.
- 3.3. Social Care Practitioners will review the progress of the Adult's outcomes. Practitioners will be seeking evidence to show how outcomes have been achieved. To achieve the outcomes the Provider will ensure:

The Adult's independence is promoted:

- a. The Adult has the skills and confidence to achieve greater independence in their day to day living including but not limited to; washing, dressing, feeding, toileting, mobility, shopping, cooking and cleaning.
- b. The Adult remains in the community and the need for more intensive care and support is prevented, reduced or delayed.
- c. The Adult can access community resources.
- d. The Adult can make best use of Care Technology to support activities of daily living.
- e. The Adult is supported to develop resilience, having problem solving skills and coping strategies.

The Adult achieves their identified Outcomes:

- a. The Adult achieves the Outcomes identified within their ISP and Outcomes Plan.
- b. The Adult's progress in achieving Outcomes is continuously reviewed and recorded by the Provider and this evidence are utilised as part of Social Care reviews.

The Adult engages with family/friends, their interests and community services:

- a. The Adult develops and sustains relationships, including with relatives, partners and friends.
- b. The Adult participates in their community and uses community resources and facilities.
- c. The Adult has confidence in their own ability to engage with hobbies and interests.
- d. The Adult communicates and engages positively with others.

The Adult's health and wellbeing is promoted:

- a. The Adult maintains their health and personal hygiene.
- b. The Adult eats healthily and is hydrated and understands healthy diet and hydration.
- c. The Adult accesses dentists, opticians, chiropodists and other healthcare services.
- d. The Adult is supported to self-administer medication where possible. Support with medication to be provided where needed.
- e. Mental Health and wellbeing are promoted, and access to support/diagnostic services occur in a timely manner.
- f. The Adult does not suffer from loneliness and isolation.
- g. The Adult has at least an annual dental check by a qualified dentist.
- h. The Adult has a thorough Annual Health Check carried out by their GP.
- i. The Provider will ensure that staff are well trained to observe for signs of potential health deterioration and that the Adult is involved in their health choices and where possible is supported in making an informed decision regarding their healthcare needs.

4. SERVICE REQUIREMENTS

- 4.1. The Provider is required to embrace and embed the Council's Meaningful Lives Approach into the Service and encourage the Adult to reduce their reliance on Social Care support by enabling the Adult to appropriately connect with their local community. The Meaningful Lives Approach embraces the Care Act principles of 'Prevent, Reduce, and Delay' and changes the dependency culture of assessing for Services to an approach that builds upon an Adult's assets and the support networks they have in their local communities.
- 4.2. When delivering the service, the Provider is always expected to adhere to the Care Quality Commission (CQC) Fundamental Standards, ensuring the Service is safe, caring, effective, well led, responsive, compliant and adheres to the terms of this Agreement.
- 4.3. The Provider must ensure that Adults and Carers are always treated with respect and dignity. The Provider must have a policy on how Staff should conduct themselves with Adults.

- 4.4. The Provider must ensure that the Staff providing the Services are properly briefed as to the Adult's needs and respect the Adult's wishes. Staff must always work with Adults in an enabling manner.
- 4.5. The Provider must ensure that staff are adequately trained in both the mandatory and specialist training required to appropriately support the Adult's overall health and wellbeing.
- 4.6. The Provider must deliver, where possible, improved independence for Adults entering the service as well as achieving functional Outcomes identified in the Adult's Care and Support Plan.
- 4.7. Any Outcome should be functional and should also be considered relevant to the Adult around categories of:
 - a. activities of daily living,
 - b. personal development,
 - c. social inclusion and reducing isolation and loneliness,
 - d. physical and mental wellbeing,
 - e. contribution to their local community,
 - f. health promotion
- 4.8. The Provider will develop a flexible and pro-active model of support with the Adult to ensure that they get the right care and support, in the right place at the right time with the right parties involved (not limited to):
 - a. The Adult's family,
 - b. Social Care Practitioners,
 - c. Health Professionals and Health Services,
 - d. Other Services commissioned by the Council such as: Advocacy, Day Opportunities, Carers Support Services, Mental Health and Dementia Support Services,
 - e. Third Sector and Voluntary Organisations such as Community Agents, Hospices, charities, non-profit organisations and voluntary organisations,
 - f. Community organisations, such as religious groups, befriending services, social activities and clubs,
- 4.9. The Provider will, where appropriate, have an open and honest dialogue with the Adult's family (unless requested otherwise by the Adult) so that all parties can benefit and collaboratively enhance the care and support for the Adult.
- 4.10. Dialogue with the Adult's family is key if any difficulties arise during the provision of care and support or some other issues the Adult might be experiencing. The family can often be a beneficial source of more detailed information about the Adult and be partners in delivering truly person centered support.

- 4.11. The Provider will work with the Adult where appropriate and as recorded in their Care and Support Plan to prepare to move onto more independent living where this is a possibility. The Provider will notify the Council if this possibility is achieved to review the Adult's outcomes and to update the Adult's Care and Support Plan.
- 4.12. The Provider must safeguard the Adult from abuse and follow the reporting procedure of the relevant local authority when an Adult is experiencing, or is at risk of abuse or neglect.
- 4.13. Where an Adult does not have the capacity to make significant life decisions, they must be supported to express their choices as much as possible which will be evidenced in the Adult's records and a Best Interest Decision will be taken following a Mental Capacity Act Assessment in conjunction with the Multi-Disciplinary Team (MDT).
- 4.14. Where an Adult who has capacity to make informed decisions may have different expectations and place different demands upon the Provider and their staff and may not always make "appropriate" decisions (and as such may have restrictions imposed upon them through a community treatment order, or from the Ministry of Justice as part of the condition of their discharge from hospital) the Provider and its Staff must understand their roles and responsibilities as described in the Adult's Care and Support Plan and ensure that all conditions are complied with.
- 4.15. The services provided within the Provider's premises should include a furnished single occupation room of adequate size (preferably en-suite), set up in a way that will support Adult's needs, toilet and bathing facilities, full board and appropriately trained staff to assist with meeting the Adult's Care and Support Plan needs.
- 4.16. The Provider will ensure that all premises attended by Adults through the delivery of the Service are accessible including for Adults with mobility, physical or sensory impairments.
- 4.17. The Provider will ensure:
 - a. Bedroom furniture, equipment, bedding and towels are supplied at no additional cost to the Council or the Adult and replaced/updated by the Provider as and when required,
 - b. Compliance with CQC Essential Standards of Quality and Safety (ESQS),
 - c. Furniture and fittings are robust and appropriate for Adults, including those with behaviours and/or needs that challenge, physical disabilities, sensory impairments, bariatric requirements,
 - d. Where at the time of moving in the Adult is assessed as requiring additional equipment at the home in order to meet their needs this shall be provided at no additional cost to the Council or the Adult.

- e. Where during their placement at the home the Adult's assessed need have changed and they require additional equipment at the home in order to meet their needs the Provider must provide any additional equipment.
 - f. The Provider will not offer a bedroom or any communal areas that do not meet CQC Essential Standards of Quality and Safety or any such other standards as may from time to time update or replace ESQS,
 - g. If the Adult's bedroom and communal areas fall into a state of disrepair the Provider will need to take appropriate steps to address this as a matter of urgency,
 - h. A telephone (landline or mobile) is available which can be independently used by Adults without prior arrangement with staff, and in privacy where appropriate,
 - i. There is enough appropriately trained staff on duty, at any time, including at night, to be able to provide the needed level of care.
 - j. An internet connection, which is free for Adults to access without prior arrangement with staff and in privacy.
- 4.18. The Provider must ensure the Adult is able to visit the home and where required stay a few days at a time, to ease the process of transition, as appropriate to their individual care and support needs. There should be no time limit on transition, this should be done in accordance with the needs of the Adult.
- 4.19. The Provider should be able to demonstrate flexibility to make adaptations to the Adult's room or the property to better support the Adult's needs. This could be even simple solutions such as fitting non-scald taps in bathrooms or dimer lights in the Adult's room.
- 4.20. The Provider shall be required to seek NHS funding for any additional equipment required to meet the adult's needs subject to clause 5.17. Where NHS funding cannot be obtained the Provider must evidence this to the Council. Where this has been evidenced, the Council may agree to make a one-off payment for the additional equipment required at the home in order to meet the adult's need or otherwise to source this directly.
- 4.21. The Provider must be responsible for the decoration and upkeep of the adult's room to a high-quality standard finish. Where the adult wants to personalise their room and it will cost in excess of the standard provision by the provider any difference in cost may then be payable by the adult, with the Provider having provided two quotations from the same source detailing the difference in cost between the standard finishes and the finish requested by adults. Any subsequent works cannot be commenced until agreed by the adult or, where the adult lacks capacity, their representative.
- 4.22. This contract supports Essex County Council's climate change ambitions. The provider should take steps to ensure the Residential Care property is energy efficient in terms of

insulation, heating and ensuring electrical devices and appliances are rated highly for efficient energy consumption. Also, to ensure that waste is recycled as appropriate when possible.

- 4.23. The Council considers the first six weeks of any placement a trial period, and during this period the contract for the placement may be terminated by ECC at any time.
- 4.24. A multi-disciplinary review towards the end of the trial period which fully involves the adult, and/or their chosen carer/family/advocate will decide if the placement is appropriate for the adult and may result in extending the trial period, terminating the placement or confirm the placement.

5. SUPPORTING ADULTS WITH BEHAVIOURS AND/OR NEEDS THAT CHALLENGE

- 5.1. 'A person's behaviour can be defined as "challenging" if it puts them or those around them (such as their carer) at risk, or leads to a poorer quality of life. It can also impact their ability to join in everyday activities. Challenging behaviour can include: aggression, self-harm, destructiveness, disruptiveness.' (source: NHS).
- 5.2. All behaviours that challenge presented by adults that are identified will therefore be considered in line with their intensity, frequency and duration and may include:
 - Self-injurious behaviour that requiring specialised training or skilled support and / or significantly high levels of support,
 - Challenging behaviours towards others including risk of injury to others,
 - A clearly identified risk to support workers health or wellbeing,
 - There may be behaviour that limits access to the community therefore restricting social inclusion and/or behaviour that leads to serious self-neglect with a substantial impact on the health and wellbeing of the person,
 - Behaviour that requires additional monitoring and/ or considerable restrictions to reduce risk to others such as those with a Forensic History,
 - Challenging behaviour towards the environment including risk of damage to the environment,
 - Behaviour which results in restrictive strategies,
 - Presence of a Positive Behaviour Support Plan where the content demonstrates complexity,
 - A person presenting with a specific syndrome or multiple needs or a number of chronic conditions that require significant intervention over and above what could be provided by a standard non-specialist service and support team. This could include but is not limited to Learning Disabilities, physical disabilities, autism, mental health issues, sensory processing difficulties, communication difficulties, acquired brain injury, dementia and is often a combination of multiple needs,

- An individual who is at risk of placement breakdown or hospital admission and/or who has experienced multiple previous placement breakdowns due to their levels of need and/or risk,
- 5.3. The safety of an adult and Staff and the public must be paramount in any intervention where behaviour escalates; physical intervention needs to be a last resort and should be agreed within the adult's Support Plan by a multi-disciplinary team and always documented appropriately.
 - 5.4. Support provided should be in the least restrictive and intrusive way to manage the assessed risk and consideration should be given to the situation of any adults under the Deprivation of Liberty Safeguards (DoLS).
 - 5.5. The Council's contracts and current Department of Health and N.I.C.E guidance should be referred to when supporting adults with behaviours and needs that challenge. This guidance should also be used when recording/reporting of physical interventions.
 - 5.6. Where Adults with behaviour that challenges are referred to the Service, the Provider is required to engage and support the adult in the same manner that any other Adult would be supported. A comprehensive assessment will need to be undertaken considering variables such as the environment, staffing-levels and compatibility with other residents.
 - 5.7. The Provider will be expected to develop a Positive Behaviour Support plan for each adult describing both the proactive, active and reactive strategies to be adopted to support adults that display behaviour that challenges. This needs to link to the risk and capacity assessments, as well as care and support plans.
 - 5.8. The Provider will be expected to identify a "Practice Leader" who is responsible for developing and reviewing Positive Behaviour Support plans and ensuring they are being implemented on a day to day basis.
 - 5.9. Where an adult might lack capacity, they must still be supported to be involved in decision making to express their views, beliefs and wishes when possible.

6. PROVISION AND PREPARATION OF MEALS

- 6.1. The Provider will ensure that adults are provided with adequate quantities of suitably prepared food having regard for their dietary needs, cultural requirements, religious requirements, and preferences. adults should also have the opportunity to shop and prepare their own meals, with support where appropriate.
- 6.2. All meals provided by the Provider must be well prepared, wholesome, and nutritious adhering to all local authority and health and safety standards.

- 6.3. The Provider must always ensure alternative choices of food are available and cater for special dietary needs, including those arising from health, religious and different cultural needs.
- 6.4. The Provider must ensure that should a support staff member be preparing meals that the staffing ratio and observations are not directly affected.
- 6.5. The Provider must ensure there is some flexibility over the pattern and time of meals.
- 6.6. The Provider must ensure arrangements are in place, including appropriate supervision, for adults to purchase and prepare their own drinks and food in domestic scale kitchen facilities.
- 6.7. The Provider must ensure that the equipment, maintenance, safety requirements and working practices in the home's kitchens are appropriate to the needs and number of adults in the home.

7. ACTIVITIES AND LEISURE

- 7.1. The Provider engages with a range of local organisations providing suitable services/facilities and enabling opportunities for adults to engage in these activities.
- 7.2. Appropriate risk assessments are carried out when the Provider facilitates or provides activities of a physical nature and guidance is sought from relevant professionals. There should be a focus on positive risk taking to promote independence.
- 7.3. Adults are encouraged to engage in enjoyable activities suitable to their inclination. This includes ensuring that adults:
 - a. have access to a range of domestic entertainment;
 - b. have access to a range of communal entertainment and outings;
 - c. are encouraged to interact and the develop positive relationships with people from the local community;
 - d. are encouraged to pursue individual hobbies and interests;
 - e. are encouraged to try new things in the development of life skills;
 - f. can use personal money for the purchase of personal items;
 - g. are encouraged and supported to use various modes of transport;

8. SUPPORTING HEALTH AND WELLBEING

- 8.1. The Provider must recognise the role they play in ensuring that people with learning disabilities and/or autism; physical and sensory impairments experience good health and wellbeing, linking where relevant to mainstream services but also being aware of and supporting annual health checks. All adults must be registered with a Dental Practice and General Practice (GP).

- 8.2. The Provider must ensure that adults are consulted about, and on every occasion their consent sought for, medical examination and treatment or consent must be gained from their representative where capacity is an issues.
- 8.3. The Provider will ensure appropriate staff support the adult in attending health appointments including their annual health check ensuring that information available from annual health checks is used effectively to plan for, and respond to, the health needs of the adult as part of their adult's Care and Support Plan.
- 8.4. All adults are entitled to and need to receive a Health Action Plan after their annual health check from their GP and in order for their health needs to be met and possible prevention of needs escalating to be put in place.
- 8.5. Any staff member supporting an adult to attend a health appointment should have permission from the adult (where the adult has capacity); have a good understanding of any health conditions; be able to advocate on behalf of the person and be prepared to support the adult to communicate. Prior to a health appointment, the staff member should meet with the adult to agree the purpose of the appointment and the adult's expectations regarding how they wish to be supported.
- 8.6. The Provider will also demonstrate a commitment to preventative care. They will be aware that certain conditions, such as epilepsy, constipation and conditions related to dysphagia or swallowing (such as chest infections, pneumonia and gastro-oesophageal reflux disease) have been identified as the top five reasons for hospital admissions for people with learning disabilities and/or autism.
- 8.7. Providers should understand that poor oral hygiene can lead to a number of serious health conditions including heart disease. They will be aware that pain as a result of toothache can also cause behaviour that challenges and ensure that this is not overlooked when providing care services and support. The Provider will ensure that staff are working with adults to understand and maintain good oral hygiene.
- 8.8. Adults are supported in achieving healthy vision and hearing, ensuring that:
 - a. Adult's spectacles, lenses and hearing aids are clean, of the appropriate prescription or design, and functioning correctly.
 - b. Adults are supported in becoming accustomed and gaining confidence in using such aids.
 - c. Adults are supported in attending appointments with the optician, optometrist and local audiology services as necessary.
- 8.9. Staff must liaise with GP practices and other relevant health providers, to ensure that adults are aware of and can benefit from, all available screening and health promotion programmes (e.g., breast screening, cervical screening).

- 8.10. Staff ensure information about healthy lifestyles and local health facilities is available to adults in a format that is understandable to them:
- a. the consequences of smoking,
 - b. alcohol,
 - c. substance abuse,
 - d. relationships,
 - e. sexual behaviour and safe sexual practices,
 - f. birth control, sexually transmitted diseases, HIV and AIDS, and
 - g. hygiene
 - h. obesity
 - i. exercise
- 8.11. The Provider implements a policy on smoking and the consumption of alcohol, which:
- a. prohibits smoking by staff on duty;
 - b. prohibits the drinking of alcoholic drinks by staff on duty;
 - c. actively supports adults for whom it is their stated wish, made on the basis of informed choice, to give up smoking or drinking;
 - d. limits smoking by adults and visitors to designated area(s) in accordance with the law;
 - e. includes a policy statement on adults use of alcoholic drinks.
- 8.12. When providing care and support, Providers should also be mindful of the following national policy and guidance:
- a. Death by Indifference (2007 MENCAP);
 - b. Healthcare For All (2008);
 - c. Six Lives (2009)
 - d. LD Health Charter for Social Care Providers
 - e. Confidential Inquiry into the Premature Deaths of Adults with Learning Disabilities (2013)
 - f. Health Equalities Framework for People with a Learning Disability (2013)
 - g. Learning Disabilities Mortality Review Programme (LeDeR)
- 8.13. Adults admitted to hospital for temporary periods to treat general health conditions (not detention under MH act) should be supported and the support funded by the CCG. The Learning Disability liaison nurse needs to be informed when someone is admitted, to look at commissioning of any support needed in a health setting.
- 8.14. The Provider will need to ensure that the adult has staff that are known to the adult from their place of residence with them during hospital admissions at all times.
- 8.15. The Provider will identify and work with other community Services to open the Service to other activities, whether the Provider offers such Services themselves or accommodates such Services within the Provider's premises, including (but not limited to):

- a. sight and hearing loss checks;
- b. blood pressure monitoring;
- c. medication reviews;
- d. flu vaccinations;
- e. physiotherapy including balance general mobility exercises.
- f. Occupational therapy

9. END OF LIFE CARE

- 9.1. Adults with learning disabilities are at higher risk of developing or being born with life limiting conditions. Anyone with an advanced incurable condition will be supported to have their end of life care needs expressed, planned for and supported in a meaningful way and to die in their preferred place.
- 9.2. The Provider must be able to demonstrate that it they are able to support adult's identified as at the 'end of their life' to remain within their preferred environment which may be the residential setting.
- 9.3. The Provider will ensure that comfort and support is provided to adults who are living with or dying from a chronic or progressive illness and require end of life care.
- 9.4. The Provider will act in line with an adult's faith, cultural beliefs and personal requests, managing end of life care and dignity and propriety ensuring spiritual needs, rites and functions are observed.
- 9.5. The Provider will ensure appropriate referral and on-going liaison with the GP, Social Care Practitioner and specialist palliative care services where required. End of life requirements will be determined by a multi-disciplinary assessment.
- 9.6. The Provider must ensure and be able to demonstrate, that staff supporting adults identified as at the 'end of their life' have the knowledge, understanding and skills to deliver effective palliative care and symptom management at the end of life. In addition, all staff should be aware of and respect and ensure any Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)/Advance Decision recorded to refuse treatment. Any DNACPR/Advance decisions along with Preferred Priorities of Care should be recorded in an adult's notes/files and kept up to date to ensure accuracy.
- 9.7. The Provider should be able to engage with the adult and their family/ significant others to plan and record (where appropriate) for funeral arrangements, preferably using the 'This is Me' or 'When I die' documents.

10. SUPPORTING ADULTS WITH EPILEPSY

- 10.1. Epilepsy takes many forms, is sometimes more predictable than others, and may have a variety of triggers. The Provider must ensure that Staff are trained in Epilepsy Care, including emergency medications and in First Aid.
- 10.2. Staff must be skilled and experienced in dealing with unforeseen or unexpected situations and act in the best interest of the adult experiencing seizure activity. The immediate removal of objects or environmental conditions that may be harmful to an adult experiencing seizure activity is critical in minimising the potential for injury.
- 10.3. The Provider can utilise Care Technology as an aid to manage/monitor epilepsy and adults must be supported to remain as independent as possible as part of an agreed approach with the MDT.
- 10.4. The Provider must support the Adult in accessing and relevant epilepsy specific service.

11. PHYSICAL INTERVENTION

- 11.1. The safety of an adult and staff must be paramount in any intervention where behaviours that challenge may escalate. Physical intervention needs to be a last resort and the least restrictive intervention possible and agreed via a multi-disciplinary approach and documented in the adult's Positive Behaviour Support Plan.
- 11.2. Where physical intervention is part of an adult's support plan and risks assessment, a restraint reduction plan should be in place.
- 11.3. The Provider must be compliant with any Physical Intervention policy developed by and updated from time to time by ECC.
- 11.4. Any adult with a history of behaviour that is likely to cause harm to self or others and has a history of requiring physical intervention will need a multi professional approach to developing support plans and risk assessments that proactively consider and mitigate potential risks associated with physical intervention.
- 11.5. Current guidance from the DOH and N.I.C.E. states that adults with a history of challenging behaviour should have a Positive Behaviour Support Plan (PBS) based on functionality that clearly identifies all the proactive approaches that should be used and signed off by the multi-disciplinary team before any physical intervention including Breakaway is used.
- 11.6. Analysis of incidents of physical intervention will be used to identify any common patterns that may be leading to or maintaining episodes of challenging behaviour. Providers and Social Care Practitioners should then use the analysis to make changes to the adults Care and Support Plans and risk assessments to reduce or avoid such incidents.

- 11.7. If incidents of challenging behaviour increase re-assessment of the existing positive behaviour support plan should be carried out to identify changes in maintaining variables and adaptations made to the positive behaviour support plan as advised in N.I.C.E. guidance.
- 11.8. If adults are engaging in challenging behaviour that is high in frequency and intensity that requires physical intervention, then training and planning around physical restraint should be bespoke to that individual and the risks they may present.
- 11.9. The Provider is required to have a written management plan on how staff are supported after major incidents ensuring staff have the opportunity to be debriefed by appropriate professionals and learning opportunities recognised and acted upon.

12. CARE TECHNOLOGY

- 12.1. The Provider will embrace the use of Care Technology and maximise the use of all relevant everyday digital and technology solutions where appropriate to the Adult and will proactively respond to the opportunities which may help the Adult overcome difficulties and enrich their everyday life. The Provider is expected to offer access to the internet on the premises for all Adults.
- 12.2. The Provider will ensure their Staff are able to effectively support Adults in the use of Care Technology and Staff have appropriate training to ensure they can use any Care Technology solutions in place correctly.
- 12.3. As part of the Provider's initial and on-going discussions with an Adult the Provider will discuss a range of options available around Care Technology, with preference being given to options which have the potential to reduce the Adult's support needs as part of an enabling approach to maximising independence. An example of this would be cooking or life skill videos (on YouTube for example) or digital applications that would support them in being more independent or using applications like Facetime or Zoom to help them stay in touch with friends and family;
- 12.4. Use of Care Technology in supporting the Adult with their communication need should be considered and explored.
- 12.5. When assessing/reassessing individual's needs, all Care Technology solutions should be considered including equipment currently being used, digital solutions as well as traditional assistive equipment.

13. INVOLVING A THIRD PARTY

- 13.1. As part of the Service the Provider may identify a Third-Party organisation that could enhance aspects of the Service and support the Adult to achieve their Outcomes.
- 13.2. Any Third Party must work to the same standards as the Provider in the delivery of the Service.
- 13.3. The Provider will be required to evidence the benefit of any activity delivered by a Third Party as part of an adult's Care and Support Review.
- 13.4. As part of the duty of care to the adult the Provider must notify the Social Care Professional if they are made aware or become aware of any failings in the delivery of any aspect of the support in place for the adult even where this support is provided by a Third Party.
- 13.5. The Third Party must have had all relevant checks, e.g., DBS.

14. HEALTH AND SAFETY

- 14.1. The Provider will:
 - a. Ensure compliance with CQC Fundamental Standards Regulations and all relevant Health and Safety Executive requirements.
 - b. Ensure the Service is delivered in a safe environment for the adult and all necessary precautions are taken to minimise and manage risk;
 - c. Ensure that the management of risk is conducted in a way so that it does not prevent the adult from achieving their Outcomes;
 - d. Ensure that Services are robust, of a high quality and well managed;
- 14.2. It is the responsibility of the Provider to protect adults and staff from avoidable health risks. This includes obtaining appropriate training, advice on health protection and ensuring the provision of appropriate immunisation such as seasonal influenza immunisation for all consenting front-line staff.
- 14.3. The Provider will ensure that staff clothing complies with relevant health and safety requirements and that all staff dress appropriately to ensure the safety of themselves and adults, e.g., appropriate name tags, covered piercings.

15. RISK ASSESSMENT AND INITIAL SUPPORT PLAN

- 15.1. The assessment of risk will be the basis of service activity and will be drawn up in conjunction with the adult, Social Care Professional their advocates and family, if the adult wishes for them to be involved, via a multi-disciplinary approach and should embrace the principle of positive risk taking. The attitude to risk should be proactive and supportive, and the assessment should include guidance for staff around minimising risks and contingency planning should an emergency arise.
- 15.2. Any decisions made in relation to the identification of an adult's care and support needs and any resources (staff, equipment, Care Technology, etc.) required to meet an adult's Outcomes will be based on a comprehensive risk assessment of each individual risk which is incorporated into the adult's Care and Support Plan and with due consideration given to the mental capacity act and Best Interest Decisions.
- 15.3. Risk assessments must be multi-disciplinary and conducted by appropriately trained staff meeting the standards agreed by CQC and the Authority and should consider guidance from DOH and N.I.C.E.
- 15.4. The Provider shall proactively identify and advise of further opportunities for enablement, but also alert Social Care Practitioners to any concerns regarding deterioration in the Adult's abilities which may indicate a further occupational therapist assessment is required.

16. PROVIDER CARE AND OUTCOMES PLAN

- 16.1. Within 4 weeks of either the commencement of the Service or a Care and Support Review the Provider will complete or update an adult's Care and Outcomes Plan that should outline how the Service will support the adult to meet the Outcomes and needs outlined in their ISP.
- 16.2. The Care and Outcomes Plan will set out the how the Provider will support the Adult to achieve the Outcomes outlined in their ISP, as well as including any further aspirations, goals and Outcomes the Adult may wish to achieve.
- 16.3. An Adult's support plan should be person centred and:
 - a. Focus on enablement, independence, choice, control and progression.
 - b. Reflect any formal support being provided to the adult by health and/or social care.
 - c. Communicate the adult's eligible care and support needs and describe how the progress against an Adult's Outcomes will be reviewed.
 - d. Outline the daily care, support, services, facilities and equipment/ Care Technology to be provided to the adult.
 - e. Outline an adult's daily and weekly programme.
 - f. Identify any risks (including how any safeguarding concerns to or for the adult should be addressed) involved in the delivery of the Service to the adult.

- 16.4. The Provider will send a copy of the Care and Outcomes Plan to the Social Care Professional upon its completion.
- 16.5. The Provider will provide a copy of the Care and Outcomes Plan to the Adult in a language or format suitable for the Adult and a copy to the Social Care Professional.
- 16.6. The Adult's Positive Behaviour Support plan needs to be a live document and updated regularly.
- 16.7. Going forward the Provider should review all support plans regularly, as well as when required.

17. ABSENCE

Planned Absence

- 17.1. Where the Adult or their family/advocate notifies the Provider of a Planned Absence the Provider must notify the Service Placement Team or the Social Care Professional at the earliest opportunity and in all cases in advance of the Adult taking a Planned Absence.
- 17.2. Where the Provider has notified the Service Placement Team of any Planned Absence the services that would have been delivered to the Adult during this time will be deducted from the payment made to the Provider for the relevant period of absence. The deduction shall include any sums payable for 1:1 hours delivered to the Adult that are unable to be provided due to their absence, and any costs for Adult-specific items such as food, transport, social activities, and therapies.

Unplanned Absence

- 17.3. If there is an Unplanned Absence of the Adult the Provider will be expected to establish the reasons for the absence by contacting either the Adult or their family/advocate.
- 17.4. If following contact or any attempts to contact the Adult or their family/advocate, the Provider has been unable to establish the reason for the Adult's absence or the Provider has concerns as to the safety and wellbeing of the Adult after establishing the reason for an Unplanned Absence, they must notify either the Service Placement Team or the Social Care Professional.
- 17.5. The Service Placement Team or the Social Care Professional must be notified of all instances of an unplanned absence within 1 working day of the unplanned absence.
- 17.6. In the event of an ongoing Unplanned Absence of an Adult lasting longer than 21 days, the Council may reduce the provider payments by deducting the value of any dedicated

care hours delivered to the Adult (i.e., 1:1 hours or greater that are not part of shared hours) plus 20% of the remaining package costs.

Hospital Admission

- 17.7. If the Adult is taken to hospital and does not attend Residential Care Services, the Council shall pay the Provider in accordance with the Payment Schedule. The Provider must establish/confirm that the Adult has gone to hospital, and determine which hospital the Adult is in, including whether the Adult is to be admitted. If they are not to be admitted, the Provider will determine when the Adult will be returning home so that the Provider can resume the Service.
- 17.8. The Service Placement Team and/or the relevant Hospital Assessment Team will notify the Provider when the Adult is ready to return home to establish when the Provider will be required to recommence the Service if this is to continue in the same manner prior to the Adult's admission to hospital.
- 17.9. In the event of a hospital admission for an Adult lasting longer than 21 days, the Council may suspend the Service but may choose not to terminate the Adult's placement.

18. ADVOCACY

- 18.1. The Provider shall ensure that Adults where required are supported to access appropriate advocacy services as required. Referrals to the advocacy services can be made by contacting essexadvocacy@rethink.org or calling 0300 7900 559.
- 18.2. The Provider will actively encourage the development of self and peer advocacy where appropriate within the Services being delivered.

19. MANUAL HANDLING

- 19.1. All referrals for an Adult that involve manual handling and/or the use of hoists where an occupational therapist has visited, assessed for and provided direction on techniques to be used must be adhered to in the first instance. If there is any dispute regarding the assessment it is the responsibility of the Provider to complete a risk assessment identifying the specific elements of the task in question that are causing a risk to either an Adult, staff or both and request a reassessment.
- 19.2. If the Provider identifies that an Adult requires an assessment from an Occupational Therapist, they must complete and submit a referral for Occupational Therapy. The Provider will cooperate with the Occupational Therapy Assessment and provide an appropriately qualified and competent member of Staff to attend any demonstrations in order for information to be cascaded to the rest of the team.

20. DATA RECORDING

- 20.1. The Provider will comply with Care Quality Commission Fundamental Standards record keeping requirements and all applicable statutory and legal obligations concerning record keeping.
- 20.2. With an Adult's knowledge, or the knowledge of their advocate the Provider must ensure that they:
- a. Keep accurate and up to date records on the Adult;
 - b. Always Maintain an Adult's confidentiality unless a disclosure is required by this Agreement, necessary to protect the health, safety or welfare of the Adult or any other person(s);
 - c. Proactively obtain and share information, with either the consent of an Adult (or an Adult's advocate for those that lack capacity) or if necessary, in law, between the Social Care Professional involved with the Adult where this is relevant to the delivery of the Service to ensure a co-ordinated delivery of care. This could include sharing daily records/support plans, risk assessments and staff rotas to ensure the correct support is being provided.

21. COMMUNICATION

- 21.1. The Provider will be responsible for notifying the Social Worker, contract manager or the Service Placement Team within 24 hours, if any of the following occur:
- a. Any circumstances where the Adult's needs have changed and require re-assessment.
 - b. Any circumstances where an Adult has consistently refused provision of any aspects of the service or medical attention, which would impact on their personal health and wellbeing.
 - c. Any changes in an Adult's behaviour or their circumstance that indicates an increased risk or potential signs of crisis.
 - d. Serious accident, serious illness or serious injury to the Adult.
 - e. Death of the Adult.
 - f. Any emergency situation e.g., fire, flood affecting the Service.
 - g. An outbreak of a notifiable infectious disease across the Service.
 - h. Unplanned absence of an Adult.
 - i. Hospital admission of the Adult (planned or unplanned) if known.
 - j. Any use of restraint as identified and agreed by Multi-Discipline Team and included in the Adult's Care and Support Plan and the circumstances preceding this.
 - k. Any inappropriate use of restraint (which will automatically be considered a safeguarding concern).
 - l. An investigation relating to Safeguarding of Vulnerable Adults.
 - m. Other significant and/or serious issue.
 - n. Breach of Policies giving rise to concerns for example Finance Policy to support an Adult with finance.

- 21.2. The Provider will ensure that communication with the Council is a constant dialogue, in order to highlight both positive and negative changes in an Adult's needs and any aspect of the delivery of the Service.
- 21.3. The Provider will ensure that all communication is carried out openly, honestly, with dignity and in a timely manner with the Adult, Social Care Practitioner or advocate on all aspects ascertaining of the Service.
- 21.4. The Provider must supply the Adult (and where appropriate with the Adult's advocate) with reliable and timely information via an information pack when their Service commences and update it as required to ensure they are kept informed and involved. The information pack should be user-friendly, clear and understandable, and include the following:
 - a. Contact details for the Service including out of hours and emergency contacts;
 - b. Service provision details;
 - c. The contingency arrangements in the event of Service interruption;
 - d. Safeguarding information;
 - e. Complaints procedure.
- 21.5. The Provider must keep the Adult, or their advocate informed in advance and involved in decisions about any planned long-term changes to their Service and, as far as possible, unavoidable short-term changes to their Service.
- 21.6. The Provider must know how to access interpreting and translation services for Adults who do not speak English as a first language as well as (but not limited too) Braille, deafblind manual, audio and signing services for Adults with sensory impairments.
- 21.7. The Provider must be able to demonstrate methods of developed communication strategies with Adults who may have difficulty with communication.
- 21.8. Staff should have access to the necessary skills to ensure they can communicate with Adults with a sensory impairment, learning disability or autism. When supporting Adults with a hearing impairment Staff should have access to a skilled worker who can use sign language to a minimum of level 2 in British Sign Language (BSL) or equivalent and if required to Level 3.
- 21.9. Staff supporting Adults with a hearing impairment must have access to training in deaf awareness and be aware of the needs of deaf and hard of hearing Adults.
- 21.10. Staff must have access to the use of augmentative and alternative methods of communication (such as Makaton signing, symbolisation, communication aids etc.) and must be able to demonstrate methods of appropriate and agreed developed communication strategies with Adults who may have difficulty with communication.

Communication with Social Care Professionals

- 21.11. The Provider will work closely with the Adult's Social Care Professional and will keep the Council informed of any changes to the Adult, their wellbeing or their needs.
- 21.12. If the Provider identifies through a risk assessment that a placement for an Adult is likely to breakdown, increase in severity or is becoming unsustainable and could lead to a hospital admission, they must notify the Social Care Professional at the earliest possible opportunity.
- 21.13. Repeated failure to communicate effectively with the Council which leads to avoidable or adverse Outcomes for the Adult or for the Council's ability to meet the needs of the Adult may result in suspension from the Agreement.

22. CARE AND SUPPORT REVIEWS

- 22.1. ECC will undertake formal Care and Support Reviews of the Adult in receipt of the Service at intervals appropriate to the changing needs of the Adult. The care and support review should include communication with the following:
 - a. the Adult and the Adult's representatives;
 - b. the Social Care Professional; and where appropriate, the Provider or designated representative and other professional as appropriate.
- 22.2. In advance of an Adult's review the Provider will inform ECC where through the delivery of care to an Adult they identify that the needs or outcomes are not being met, or where an Adult makes a request for their Service to be provided in a way which would result in a material change to the ISP.
- 22.3. Any request by a Provider for a subsequent review will be considered in line with the date of an Adult's most recent formal review and the urgency of the need for the review.
- 22.4. Prior to the review the Provider will prepare and provide an Outcome-based report to the Social Care Professional to include all reports pertaining to the Adult including a summary of progress made since the last review and any notable health issues or concerns or serious incidents/occurrences which should be reported through the appropriate routes at the time of occurrence.
- 22.5. For the purpose of reviews, the Council might request from the Provider daily records and staff rotas to better understand how care is being delivered.
- 22.6. If the Provider intends to highlight a change in need during the review process, then this needs to be supported by evidence that identifies how and when the need has changed and what impact this has had on the Adult as well as whether the change can be accommodated by the Provider in terms of being able to continue to meet the Adult's needs and Outcomes.

- 22.7. As part of any review of an Adult the Provider must, where requested, complete a 'Specialist Views of Others' report. In addition, the Provider must provide an annual report in readiness for the review or where there is significant change in circumstances.
- 22.8. Any changes to the Adult's ISP made as a result of a variation will be communicated to the Provider and any changes made will need to be reflected by the Provider in the Adult's Care and Outcomes Plan.

23. CONTINGENCY PLANNING AND BUSINESS CONTINUITY

- 23.1. The Provider will ensure that the Service is managed in such a way as to enable the effective and ongoing delivery of all services.
- 23.2. The Provider will ensure that any Transition and Contingency Plans drafted by the Social Care Professional are included in all Care and Outcomes Plans to assist both the Adult and Provider with managing any unplanned events or emergencies, including crisis planning.
- 23.3. The Provider will work with the Adult to develop an appropriate contingency plan where identified as necessary in Care and Support Plan and ensure that it is periodically reviewed and updated.
- 23.4. Contingency should be agreed and used if additional personal care hours are needed, but Banking of Hours is to be avoided.
- 23.5. The Provider must have business continuity plans in place. This should include financial contingency for staff salaries, practical contingency for staffing and accommodation emergencies (pandemic sickness /fire /flood), contingency against cyber-attacks and computer viruses. The Authority reserves the right to request a copy of the Provider's business continuity plans to ensure these meet the Authorities requirements, from time to time.

24. STAFF

The Provider will ensure that:

- 24.1. All staff have knowledge of the requirements of their job, and in particular the Services to be provided under this Agreement, the policies and procedures under which the Services will operate e.g., CQC Fundamental Standards and provides training to the national standard as a minimum.
- 24.2. The Provider will only recruit staff that have satisfied all necessary recruitment checks.

- 24.3. All staff have an occupational health check (where appropriate) before commencing employment.
- 24.4. The Provider will ensure that enhanced Disclosure and Barring Service (DBS) checks for all Staff are carried out prior to commencement of employment and this kept up to date.
- 24.5. All Staff receive inductions, annual appraisals, on-going professional development, regular supervision in line with good practice and guidance, attend team meetings and have their work directly observed by managers to ensure services meet the needs of Adults.
- 24.6. All Staff who are employed or contracted by the organisation must hold current and appropriate professional qualifications and registration for the Service provided and abide by their professional bodies code of conduct at all times.
- 24.7. The Registered Manager maintains and demonstrates personal and professional competencies and credibility in line with current practice and will ensure they will delegate appropriately with clear lines of accountability.
- 24.8. Staff receive robust support and can benefit from advice and guidance from the Registered Manager. All effort is made to adequately support staff to avoid burn out and risk the stability of the Adult's placement and continuity of care.
- 24.9. Providers must ensure that staff:
- Receive regular high-quality supervision that considers the impact of individual, social and environmental factors,
 - Are given opportunities to debrief and reflect on difficult situations,
 - Deliver interventions based upon the Adult's positive behaviour support plan,
 - Ensure a clear policy on the use of least restrictive crisis management procedures,
- 24.10. As well as personal care and support tasks, the Provider will make it a clear and expected aspect of the work of their Staff that part of their role is for Staff to spend time talking to, relating with, and understanding the lives of Adults.
- 24.11. All Staff understand and can demonstrate through working with Adults, Carers, family, friends and the wider-community that they are maximising independence and reducing dependency on funded services.
- 24.12. There is evidence how the Provider has provided Staff with additional support and skills development where an Adult has specific needs.

- 24.13. A degree of flexibility in work patterns is encouraged for staff so they are able to support Adults with a variety of activities, such as socialising and events some of which might take place in the evenings.
- 24.14. All Staff are adequately trained, skilled and can recognise and respond to an Adult's changing needs and outcomes, including health needs and understand how to make appropriate onward referrals.
- 24.15. All staff have the necessary language, literacy and numeracy skills to undertake their role.
- 24.16. Staff must also have training in communication tactics and be able to communicate with Adults in a manner that is not discriminatory or oppressive.
- 24.17. The Provider will ensure that Staff supporting Adults with behaviours that challenge must receive all required training specific to the Adult's needs and be trained in positive behaviour support to include proactive, active and reactive strategies where required. Support plans should include a list of triggers and supporting information about the Adult's needs.
- 24.18. The Provider must be capable of addressing issues the Adult might be dealing with upon admission as the transition period can be challenging to the individual. Plans on how to address issues need to be put in place as well as when issues escalate, they need to be flagged earlier to prevent crisis.
- 24.19. The Provider must ensure there are always enough Staff available to deliver the Service and ensure Staffing capacity to meet fluctuations in demand or at peak times of the day and cover any staff shortages due to holiday or sickness.
- 24.20. The Provider will ensure that all Staff are able to recognise and respond to additional conditions or possible dual diagnosis including:
- a. conditions, such as epilepsy, dementia, diabetes, mental health and neurological conditions, physical and learning disabilities and sensory impairment,
 - b. care needs, such as nutrition and hydration, constipation, falls prevention, continence, and issues related to overall skin integrity,
 - c. support needs, such as dealing with bereavement and end-of-life,
 - d. deterioration in someone's health or circumstances.

25. STAFF TRAINING

- 25.1. The Provider must have a policy and/or procedure that is applied to all Staff that stipulates the training that all Staff must undertake at the start of their engagement with the Service which is required to comply with the Care Certificate and the Care Act 2014 and to ensure Staff are able to deliver a host of Health and Social Care tasks ensuring:

- a. All Staff are adequately trained to perform the tasks required of them.
- b. Training is given both at induction and on an ongoing basis (including regular refresher/updating sessions) covering routine skills, general updates, and specialist skills where required.
- c. All training is carried out by suitably qualified and experienced persons.

25.2. Staff induction training must cover the following as a minimum:

- a. A written induction pack including copies or summaries of all policies and procedures listed in this Agreement.
- b. A verbal induction that will include all the Providers' general procedures including (this list is not exhaustive):
 - Code of conduct
 - Confidentiality, Information Sharing and Data Protection
 - Philosophy of care
 - Missing person procedure
 - Anti-discriminatory practice
 - All Health and Safety responsibilities
- c. A practical induction for all Staff including those that may state they have previous experience. This must include:
 - Formal manual handling training
 - Dealing with personal and continence care
 - Safeguarding of Vulnerable Adults
 - Mental Capacity Act 2005

25.3. Manual handling training is a requirement for all Staff whose role includes moving and handling processes. This should be updated every year and must be carried out by a qualified manual handling trainer. This should include observations of staff practice ensuring competence to undertake manual handling tasks safely and efficiently.

25.4. All Staff receive training on and adhere to published guidance regarding appropriate medicine management, this is to include ordering, storing, checking, administration and observing for side-effects and contraindications. Training for staff involved in administering medication should include observations of staff practice ensuring tasks are completed safely and appropriately.

25.5. Ensure that appropriate Safeguarding of Vulnerable Adults guidance and training is provided for all Staff and put into practice, implement, monitored and is updated at least annually.

25.6. The Provider will manage non-engagement, ensuring that staff have the right skills, attitude and ability to communicate, maintain and develop a positive relationship with the Adult and manage any behaviours that challenge.

- 25.7. Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training is provided for all Staff and should be updated at least annually to ensure Staff understand and comply with the Mental Capacity Act 2005.
- 25.8. Adults may have a range of diagnoses and needs. The Provider should ensure that appropriate training is provided for staff to enable them to meet the specific needs of the Adults they support. The examples below are not exclusive or exhaustive:
- 25.9. Dementia awareness training is required by all Staff working with Adults with Dementia and should be updated at least annually.
- 25.10. When supporting Adults with a hearing impairment, staff must have training in hearing impairment and deaf awareness and where appropriate be skilled in using sign language to a minimum of level 2 in BSL and if required to Level 3.
- 25.11. When supporting Adults with a visual impairment, staff must have training in visual impairment awareness.
- 25.12. Any Staff supporting an Adult with a dual sensory impairment they must have the appropriate training to allow them to communicate effectively with an Adult. Such training could be hands on signing or deaf blind manual, or visual frame signing.
- 25.13. Adults referred to the Service with mental health needs may include those who have had a number of admissions to psychiatric hospital's - possibly under a section of the Mental Health act and are at risk of re admission due to their illness. The Provider will ensure that all Staff has the appropriate knowledge, understanding and training to ensure they can effectively support Adults with their mental health needs.
- 25.14. All training must be recorded in the employee training record.

26. QUALITY AND SAFEGUARDING

- 26.1. The Provider must be committed to achieving and maintaining high quality Services, operate safe working practices; and always remain adequately insured and financially sound.
- 26.2. The Provider will adhere to the SET Safeguarding Adults guidance. It is an appendix to this specification.
- 26.3. The Provider and their staff must demonstrate a commitment to maintaining and delivering a high-quality, person centred Service for Adults with a variety of conditions.
- 26.4. The Provider must have quality assurance and monitoring systems, which seek the views and experiences of Adults, Carers and Health and Social Care Professionals, to enable a realistic assessment of the Service.

- 26.5. The ECC Quality Team may carry out a PAMMS (Provider Assessment and Market Management Solution) assessment with the Provider. This is an on -site assessment where the Quality Team would visit the residential home and cover all aspect of service provision in their assessment.
- 26.6. Post-assessment, the Provider should create action plans to demonstrate that they are continuously improving/acting of the audit outcomes and feedback.
- 26.7. The Provider's quality assurance system must demonstrate:
- a. The quality and standards of the Service provided,
 - b. Training that provides staff with the skills and tools to promote quality improvement,
 - c. Staff are empowered and supported to make positive changes,
 - d. Positive attitudes and working relationships,
 - e. Early warning systems,
 - f. Learning from complaints, serious incidents and safeguarding alerts/investigations,
 - g. Continuous building on good practice.
- 26.8. The Provider will be required to cooperate with the Council in evaluating and improving quality, not only of the care to an Adult but also in improving the quality of the Service.
- 26.9. The Provider must have a clear set of policies and procedures to support good practice and meet the requirements of legislation and this specification.

27. COMPLAINTS AND COMPLIMENTS

- 27.1. The Provider must have a written complaints policy and procedure in place, take all reasonable steps to bring the arrangements to the attention of the Adult in an understandable way and keep a complete record of all complaints made by the Adult, or their representatives, and subsequent investigations.
- 27.2. The Provider shall record sufficient detail of complaints and compliments, which will be including (but not limited to):
- a. Number of complaints
 - b. Date and time a complaint was received
 - c. Name of the person making the complaint/compliment
 - d. Nature of the complaint/compliment
 - e. Names of the staff involved
 - f. Timescales for remedial action to be taken
 - g. Action taken to remedy the complaint
 - h. Date and time when the remedy was completed

- 27.3. The Provider will be required to evidence to the Council the learning from complaints and actions taken as a result to improve the quality of the Service and experience for Adults.

28. EQUALITY AND ACCESSIBILITY

- 28.1. The Provider will avoid any discriminatory practices and respect the Adult and their way of life, paying particular regard to protected characteristics:
- Age
 - Gender
 - Race
 - Disability
 - Religion or Belief
 - Sexual orientation
 - Gender reassignment
 - Marriage or Civil Partnership
 - Pregnancy or Maternity
- 28.2. The Provider must have understanding of, and compliance with, statutory obligations under equalities legislation e.g. having a policy in place and ensuring that staff are made aware of the necessary procedures and requirements, arranging appropriate equalities training for all staff etc.
- 28.3. Staff must be aware of and respect the Adult's personal needs and understand the influence this may have on their behaviour or their decisions. This might call for a change in practice to accommodate the needs stemming from their protected characteristics.
- 28.4. The Provider's policies will promote respect for Staff and Adults irrespective of race, culture, gender, disability, age, marital status, and/or sexual orientation.
- 28.5. The Provider shall take all reasonable steps to prevent unlawful discrimination and promote equal opportunities and good community relations between Adults from different backgrounds and with potential different protected characteristics as listed above.

29. DATA PROTECTION

- 29.1. The Adult has a right to any information held about them by the Provider, and the Provider must ensure that the Adult is informed of this right and upon request is provided with information held by the Provider.
- 29.2. The Provider must always take measures to protect an Adult's data and information and will:

- a. Store data and paper-based information both safely and securely;
 - b. Ensure that where an Adult's data is transferred electronically, it is done using data encryption methods;
 - c. Ensure that where an Adult's data is stored electronically, it is done in a secure manner with appropriate backup.
- 29.3. The Provider will have in place fully tested and effective disaster recovery and business continuity plans.
- 29.4. The Provider will ensure all losses or breaches of security or the Adult's information are reported to the Council within 1 working day whether actual, potential or attempted.
- 29.5. The Provider will ensure all security breaches are investigated, and appropriate remedial action taken, along with supporting the Council in any investigation by it.

Policy and Guidance Web Links:

Policy and Guidance	Web links
Right support, right care, right culture. CQC Guidance	https://www.cqc.org.uk/sites/default/files/20200929-900582-Right-support-right-care-right-culture-FINAL.pdf
National Institute for Health and Care – Mental Health problems in people with learning disabilities	https://www.nice.org.uk/Guidance/NG54
National Institute for Health and Care – forensic learning disabilities	https://www.evidence.nhs.uk/search?q=forensic+learning+disabilities
SET Safeguarding Vulnerable Adults Guidelines	https://www.gov.uk/government/publications/adult-safeguarding-statement-of-government-policy
Essex SET Guidance	https://www.essexsab.org.uk/media/2168/set-safeguarding-guidelines-v43-oct17.pdf
Mental Capacity Act 2005	http://www.legislation.gov.uk/ukpga/2005/9/contents
Care and Support Statutory Guidance	https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance
Protected Characteristics	Protected characteristics Equality and Human Rights Commission (equalityhumanrights.com)
NICE guidance for Dementia	https://www.nice.org.uk/guidance/ng97