

Appendix 4

Service Specification for London Borough of Hammersmith and Fulham Home Care and Independent Living

September 2022

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Foreword

Hammersmith & Fulham want to create a compassionate council, strengthening the spirit and cohesion in our communities and making it a borough for everybody. We strongly believe that we will succeed if we bring people together and work with them to ensure we have the right services working with residents in the most effective way. Therefore our vision of doing things with residents, not to them, needs to permeate through all services too. Co-production is the way we work together with residents to improve things and make change happen. Together we can be more innovative and imaginative about the delivery of Home Care and Independent Living that can best respond to the changes within our communities in Hammersmith & Fulham. As part of this commitment we have established a number of resident-led commissions¹, including the Disabled People's Commission, Older People's Commission and the Climate and Ecological Emergency Commission. These commissions have developed a number of recommendations to help us achieve better services and this is only possible by involving residents in decision making.

As part of being a compassionate council, and ensuring no one is left behind, the council do not charge residents for Home Care and Independent Living services. The council meets the costs of care in the home for either through a commissioned service or Direct Payment. This ensures financial factors do not limit people's access to care and support. Our vision for independent living is for Disabled people of all ages to have the same rights as everyone else to live in the community how they choose. Independent Living comes from Disabled people's ideas and thinking. It is about having full access to all the things we need to live a good life such as jobs, family and friends, housing, leisure, access to transport and enough money. It is also about having the right health services and personal support. That's why we use The Social Model of Disability which is about removing the barriers and discrimination that Disabled people face so we can all be included.

Hammersmith & Fulham Council are dedicated to tackling the climate crisis and has set a target to be net carbon zero by 2030². Climate change is a global issue that has local impact, including the risk of flooding, extreme heat and drought which can have a big impact on all residents, but especially those most vulnerable in the borough. As part of the commitment to be net carbon zero we will pursue low carbon outcomes from the commissioning, planning & design of services, procurement, contract management, and delivery of all our services, including Home Care and Independent Living.

Our value of 'building shared prosperity', seeks to drive economic growth in the borough, underpinned by a robust Industrial Strategy³. The strategy reflects the Council's ambition to make our borough the best place to do business and to create an inclusive economy where everyone can benefit. This requires successful delivery of Social Value outcomes. Through this, the council will be able to support local businesses, enhance skills in the borough and increase the number of good quality employment and apprenticeship opportunities available to local people. We will also use Social Value to support our commitment to 'create a compassionate Council' recognising that suppliers will have existing corporate social responsibility, which can be aligned to support local needs. Our Social Value priorities are aligned to the six H&F values.

¹ [Resident-led commissions | LBHF](#)

² [H&F Climate and Ecology Strategy \(lbhf.gov.uk\)](#)

³ [Industrial Strategy | LBHF](#)

1. Our vision and principles of good Home Care and Independent Living

Our vision for Hammersmith & Fulham council has six values:

- Creating a compassionate council
- Building shared prosperity
- Doing things with residents, not to them
- Taking pride in H&F
- Being ruthlessly financially efficient
- Rising to the challenge of the climate and ecological emergency

Home Care and Independent Living refers to a range of support including carers, equipment and technology alongside a resident's wider support network which will be discussed during care and support assessments. Home Care and Independent Living is not about care, commissioning or contracts – it is about residents living their lives with choice, control and self-determination about the support they have in place to maintain and enhance their independence.

A quality Home Care and Independent Living service will help us deliver our core values, Manifesto commitments and Independent Living vision. We want a Home Care and Independent Living service which provides person-centred care, supporting individuals to achieve their maximum potential. The Service will deliver all aspects of person-centred care focussing on residents independent living.

Home Care and Independent Living should enable people to achieve independent living at home and provide a service that residents would be happy to recommend to a friend or family member. Residents have told us what good looks like, this is set out below and is central to the Service requirements.

We want a good quality service that delivers value for money supporting residents;

- Enhancing their independence
- To be in control of the support they receive and making choices for themselves
- Promoting their dignity, confidentiality, and respect
- To achieve their outcomes
- To build on their strengths and reduce or delay the risk of needing more intensive care and support
- Are safeguarded in their homes and in the community, working in partnership with families, health partners and other key stakeholders

Individuals should have a service that is of high quality, reliable, consistent and responds to their individual needs and preferences. The service delivered, will ensure the best value by delivering preventive and enabling support that reduces or delays demand and reliance on formal services.

The H&F Labour Manifesto 2022 made a pledge to improve the quality of H&F's home care, pledging:

"We will improve the quality of the home care we provide, so that residents have carers who are:

- Consistent
- Well trained
- Regular
- Punctual
- Knowledgeable about individual residents' needs."

We will be monitoring providers against these measures.

The graphic below was created with residents using their feedback about what good homecare looks like, highlighting the key principles required from the local authority and provider services.



Key aims of Home Care and Independent Living

These are the key aims of the service and set out examples of how the service may provide support to achieve these. They focus on outcomes, which will be what we measure, and the Service Provider will be required to meet a number of Key Performance Indicators (KPI's). KPIs will be one measure of outcomes. We will continuously collect soft data from operational leads, providers, informal carers and families to measure the impact of the service on our residents' lives. These have been developed based on what residents identify as being important, as well as health and social care priorities,

Promote independent living through an enabling approach

- Support residents to gain/regain skills and confidence to achieve greater independent living
- Support residents to live well in the community and prevent, reduce or delay the need for more intensive care and support
- Support programmes of rehabilitation, reablement, recovery, education, training and employment
- Motivate and facilitate residents to develop or maintain skills that are important to them, for example getting dressed, preparing and eating meals, shopping

- Support residents to access community resources and encourage best use of assistive technology, such as community equipment and telecare to support activities of daily living
- Support flexible and innovative solutions for residents so that risks are minimised
- Support residents to develop problem solving skills and coping strategies that will enable them to make informed choices within the plan that has been agreed for their support

Support residents to achieve the outcomes in their Care and Support Plan and to maximise independence

- Regularly review and record the achievement of progress towards outcomes to ensure support is focused on the outcomes that have been agreed and are important to the resident.
- Deliver support in the way agreed with the resident
- Feedback on outcomes to the council, informing the council of any changes implemented or required to care packages
- Work with families and other services so that they understand the approach to maximising independence
- Support residents to carry out caring responsibilities they have for a child that requires parental support

Support residents to engage with family/friends, their interests and community services

- Support residents to sustain significant relationships, including with family carers
- Encourage and support residents to participate in their community and to use community resources and facilities
- Support residents to develop confidence in their own ability to engage with hobbies/interests and to access and contribute to their wider community, for example, employment and volunteering
- Support residents to communicate and engage positively with others in a way which is appropriate to their personal preferences, lifestyle and needs
- Support residents to identify and report discrimination and hate crime and to develop approaches to minimise the impact.

Support residents to improve their health and wellbeing

- Promote healthy eating and hydration
- Enable access to dentists, opticians, chiropodists, and other healthcare services
- Enable compliance with medication regimes, including supporting self-administration
- Encouragement to use self-care programmes for long term health conditions
- Support residents to make informed decisions about the management of their care and treatment and providing appropriate information, including risks and benefits to help them make informed decisions
- Support the early diagnosis and treatment of mental health needs, such as dementia by sharing appropriate information and changes in presentation to Adult Social Care
- Help to alleviate loneliness and isolation by engaging meaningfully with the resident whilst carrying out practical tasks.
- Ensure that people with learning disabilities/autism who develop signs of mental health needs are referred to Adult Social Care.

- Work with residents and Adult Social Care to share pertinent information relating to relapses.
- Make reasonable adjustments to ensure that delivery of requirements in Health action plans is addressed speedily but effectively.
- Ensure Home Care and Independent Living Workers recognise the importance of risk assessments and the concepts of hazards, risks, and control measures.
- Make sure that Home Care and Independent Living Workers (Carers) know where and how to report their concerns.
- Where a change in circumstances necessitates a risk assessment/review, this should be reported to the Field Care Supervisor and the Care Coordinator to inform Adult Social Care the prescribed communication systems and processes.
- Providers must hold their staff directly accountable and support their staff using induction, mandatory training, supervision, appraisal and coaching and mentoring mechanisms.
- Work in partnership with health providers and community services

Resident coproduction is integrated into all activity

- The voice of residents should be sought at all key stages of care.
- Providers will need to seek resident feedback on their individual care, input into care and support planning, and at regular intervals to ensure care and support is meeting their needs and at a high quality, identifying areas for improvement quickly and acting on the resident's feedback
- Set up and help facilitate peer support groups which will help inform decision making and hold providers to account.
- Work with residents to help create and maintain a high quality service.

2. What is Home Care and Independent Living?

- 2.1 Home Care and Independent Living, previously referred to as Homecare or domiciliary care is a service that provides care and support delivered by a professional caregiver. The care is delivered to individuals living in the community. They are normally assessed by Adult Social Care (ASC) to determine the level of care they need, to live in the community safely and as independently as possible and in line with their choices.
- 2.2 The primary aim of adult social care is to put the resident at the heart of our services, offering person-centred, high quality, integrated care provided in peoples' homes and communities. We strive for satisfying care experiences and positive personal and individual outcomes.
- 2.3 We aim to achieve this through a continued focus on targeted prevention and support for residents to ensure they remain independent and healthy for as long as possible, thereby delaying progression onto more intensive forms of care.
- 2.4 The service specification has been developed in consultation with a range of stakeholders. It addresses what is important to people and ensures that concerns raised by residents, their families (partners) and key stakeholders are taken into account.
- 2.5 Other information seriously considered is the National and local strategies informing the legislative framework which is used to hold providers accountable.

3. Service scope

3.1 Home Care and Independent Living can be provided in different ways:

- Commissioned provision: This is provision that is directly commissioned by the council to an approved Service Provider.
- Direct Payment provision: This is provision where the resident has the choice to purchase their own care using their allocated personal budget. This may be from a care agency used by the council or by a Care Quality Commission registered provider agency or by employing their own personal assistant/s.

Eligibility

3.2 This contract will be used where people wish the council to arrange a Home Care and Independent Living service on their behalf (commissioned provision) following an assessment of their need.

3.3 In addition, the council may signpost people who want to use their direct payments with trusted service providers already working with the council through the Home Care and Independent Living contract. This can increase the potential number of packages of care available for successful Service Providers and increase confidence in residents choosing a suitable provider.

3.4 This Home Care and Independent Living service will be provided to adult residents who

- meet the national eligibility threshold for care and support as set out in the Care and Support (Eligibility Criteria) Regulations 2014 for the Care Act 2014.
- have unmet eligible needs and outcomes that could be met through the provision of Home Care and Independent Living; and deemed to be ordinarily resident within the administrative area of London Borough of Hammersmith and Fulham.
- and in circumstances where the Council exercises its powers, under Section 19(3) of the Care Act 2014, to meet a residents urgent care and support needs without having first conducted a needs assessment or eligibility determination.

3.5 Resident needs which may require Home Care and Independent Living

- Older people
- People with dementia
- People with a physical disability
- People with a learning disability
- People with mental health needs
- People with sensory needs
- People with challenging and complex behaviour
- People with a cognitive impairment and acquired brain injury or stroke
- People who misuse substances
- People eligible for continuing health care
- People with long term conditions including neurological conditions
- People receiving palliative care

- People receiving End of Life care
- People aged 18 and over determined to be eligible. In situations where such individuals have children under 18 years of age, consideration is given to identify unmet needs for those children due to the disabilities of those individuals.

Regulatory and legal

3.6 The Service Provider must be registered to provide personal care with the Care Quality Commission (CQC)⁴ will maintain registration throughout the duration of the Service Contract. Therefore, the regulations required for registration (and their associated standards), and the monitoring of the achievement of those regulations and standards are not duplicated in this specification. The Service Provider must comply with all relevant legislation that relates to the operation of their business.

3.7 The Service provided under this Service Contract must be provided in accordance with (but not limited to) the requirements of:

- The Care Act 2014
- Care Standards Act 2000 (including any amendments, modifications, or re-enactments)
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Care Quality Commission
- The National Minimum Standards for Domiciliary Care
- The Domiciliary Care Agencies Regulations 2002
- Mental Capacity Act 2005 (Deprivation of Liberty Safeguards)
- Equality Act 2010
- Human Rights Act 1998
- Autism Act 2009
- Deprivation of Liberty Safeguards
- Counter Terrorism and Security Act 2015
- Residents' individual assessed needs and outcomes and any subsequent assessment, Care and Support Plan or review documentation
- Any future legislative changes or changes to National Minimum Standards that determine the standard of care to be delivered.

3.8 The Service model must be consistent with the five key principles of the Mental Capacity Act 2005 and the associated code of practice, which are:

- Principle 1: A presumption of capacity
- Principle 2: Individuals being supported to make their own decisions
- Principle 3: A resident is not to be treated as unable to make a decision merely because they make an unwise decision
- Principle 4: Best interests
- Principle 5: Least restrictive option

Activities

⁴ [What is registration? | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

3.9 The Service required will be set out in the residents person-centred Care and Support Plan. Therefore, the following list of types of care and support tasks required is not intended to be exhaustive or needed in all cases, and should not preclude creative solutions which may better suit an individual where it is part of their agreed Care and Support Plan. More detail of activity and how it relates to the KPI's is available in Appendix A. Such requirements that the Service Provider must provide may include

- Personal care (for example help with washing, using the toilet, getting out of and into bed), transfers, ensuring food and drink consumption, to maintain wellbeing, working with healthcare professionals such as dieticians, occupational therapists, continence specialists etc. as required
- Practical care (for example assistance with shopping, light meal preparation, bill paying, housework, domiciliary tasks)
- Assistance with medication and low level healthcare needs, including administering and prompting
- Proactively raising issues as they arise and liaising with local health and social care staff such as GPs, pharmacists, district nurses and care managers, noting and flagging any health concerns promptly with the appropriate teams to ensure these are acted on
- Working closely with health staff as part of a Multidisciplinary Team (MDT)
- Monitoring and implementing a joint health and local authority support/care plan as may be agreed
- Responding to emergency situations in which additional time / hours may be needed for example, support when family carers may be unavailable or ambulances have to be called.
- Assistance to be as independent as possible at home including recognition of when assistive technologies would support the resident to achieve better self-care that may reduce the need for Home Care and Independent Living
- Social tasks such as helping to reduce isolation, motivating, liaising with other involved people including family carers and local organisations
- Tasks that contribute to achieving the outcomes that have been identified in the residents support plan.
- Regularly reviewing residents support plans to ensure they are on target and affecting the desired outcomes whilst providing the right amount of support required to promote independent living and not over supporting people which can result in people losing skills and confidence.

Service Delivery

3.10 The Home Care and Independent Living Service Provider will provide skilled help and support for people who have complex support needs, for example people with dementia, people with severe or moderate learning disabilities, and severe and enduring mental health conditions. Service providers must ensure sufficient training and support is available for Home Care and Independent Living Workers to be able to meet the needs of the residents they are working with, but always with the focus on Independent living and supporting individual outcomes.

3.11 The service provider will provide skilled support to those who may be reluctant to accept services and will work in a positive way to engage residents in their service provision. Doorstop cancellations and refusals should be reported to the office and to the council using the form in Appendix B, which includes details of what efforts have been taken to encourage support and reasons given for refusal.

Where the provider has not been successful, especially after considering religious, social and cultural needs, liaising with known involved family members and attempting a level of mediation, alternative provision may be sought such as Direct Payment.

- 3.12 The service provider should take a holistic approach to every engagement with residents, actively seeking to address any changes in health and care needs, identifying opportunities to promote positive health and wellbeing wherever possible. The Home Care and Independent Living Workers attending should be alert to changes in residents behaviour or health which may require further support from health or social care teams.
- 3.13 The service provider will be expected to be able to work in partnership with primary care, health rehabilitation services and reablement staff in order to provide a streamlined service to the resident and support to the family.

Assessing Risks

- 3.14 Service Providers must have a Risk Management Policy, and must operate systems to ensure it can complete an assessment of risk based on individual circumstance, and provide a risk management plan where necessary on all aspects of tasks carried out by its staff. A copy of the policy must be available to the Council on request.
- 3.15 Risks are not static and should be reviewed and updated regularly. Home Care and Independent Living Workers should be alert to any changing or developing risks which need to be reported to managers and the council. For example, Home Care and Independent Living Workers should be alert to fire risks and any changes which may increase the risk of fire or the residents ability to escape if a fire occurred in their home, such as the use of oxygen tanks, smoking, increase in forgetfulness (e.g. leaving the oven / hobs / gas on), hoarding blocking escape routes or decrease in mobility affecting their ability to get out of their home.
- 3.16 The Service Provider must maintain clear policies, procedures and guidance for all staff on safety precautions that must be taken relating to risk, including lone working, and will ensure that staff are familiar with the guidelines and their application in the work situation. The policy must be comprehensive and include care tasks, community-based activities, moving and handling, use of equipment and environmental hazards. The Service Provider must have clear monitoring procedures to ensure its staff work to these standards.

Health and Safety

- 3.17 The provider has responsibility to ensure that all staff are competent in dealing with accidents, injuries, and emergencies.
The Provider is required to ensure that:
- There is a comprehensive health and safety policy with clear written procedures for the management of health and safety, which comply with all current and relevant Health and Safety legislation, and define individual and organisational responsibilities
 - There is a detailed policy covering the risks and support for lone workers
 - Infection control procedures are in place when a Home Care and Independent Living Worker or resident has a known transmittable disease or infection

- The provision and wearing of protective clothing where appropriate
- Procedures for managing violence and aggression to staff are in place
- One or more competent persons, depending on the Service provided, are nominated to assist in complying with health and safety duties and responsibilities, including:
 - Identifying hazards and assessing risks
 - Preparing health and safety policy statements
 - Introducing risk control measures
 - Providing adequate training and refresher training
 - Ensuring all records relating to health and safety are accurate and kept up to date
- Any accidents or injuries to a resident must be reported to the Service Provider, the family and Adult Social Care. Where required, Safeguarding policies and procedures must be consulted.
- Where a care worker is injured in a resident's property or through the use of faulty equipment, there are specific Health & Safety at Work records that must be completed and submitted as this may form part of a legal challenge.
- Adult Social Care must be given timely and accurate information on such instances and where required; statements must be provided.
- Where staff and / or resident is injured in the community, a detailed report with statements must be provided.
- All incidents should routinely be reported to the Care Quality Commission.
- All staff know the Service Provider's procedures for dealing with emergencies
- All staff have first aid training and manual handling training where appropriate
- They have a policy and procedure to protect staff travelling to and from the home of the resident
- Identity cards are worn by all staff undertaking home visits

3.18 The Service Provider must promote an understanding of the risk of fire and other hazards among their staff and the residents they support. This will particularly apply to those whose behaviour or environment may pose particular fire risks e.g. smoking or open fires. This will include taking account of advice from, and agreements reached with, the LBHF Fire and Rescue Service to ensure risk assessments are completed and advice is followed.

Geographical patches

3.19 The borough has been divided into six geographical patches and there will be at least two service providers accepted to each patch to be allocated packages of care that fall within the assigned geographical area. The service provider will not be guaranteed a set amount of hours, and must accept all packages of care referred to them unless capacity issues would impact on their ability to deliver a safe and quality service. Service providers must inform the brokerage team of their available hours for new packages of care at least one week in advance.

3.20 It will be the responsibility of the service provider to make sure they have sufficient workforce capacity to be able to accept referrals, including at short notice (same day) on occasions, and maintain a quality service with Home Care and Independent Living Worker consistency for residents. Specifically, this means accepting all requests for service in timescales assessed by the referrer (see Section 7 for more details). The Service Provider may choose to meet this

requirement through sub-contracting with other Providers, micro-providers, or community providers, but will be responsible for assuring their quality.

- 3.21 The majority of requests for urgent care or new packages of care from hospital discharge will go to the council's in-house reablement service, but there will be occasions where capacity does not allow this or it will be more appropriate for home care Service Providers to take such a care package - for example to support a hospital discharge of resident the provider already works with or where reablement isn't an option.
- 3.22 As the quality of the service provided is of paramount concern in this contract, Service Providers must ensure that they have their own workforce or excellent partnering agreements to be able to meet demands that will arise. Business critical measures will measure the performance of the whole workforce, including any partner organisations, and the lead Service Provider will be responsible for performance against these indicators.

Hours of delivery

- 3.23 The Service Provider must be available to meet the full requirements of the specification, 7 days a week, 365 days a year and will not operate on reduced hours over periods of public holidays or festivities. Residents must be given the choice as to whether they wish to receive the Service during periods of public holidays, for example Christmas Day.
- 3.24 The vast majority of home care will be provided between the hours of 7am and 10pm, however on rare occasions the Service will need to be provided outside of these hours, as determined by the residents need. The Service Provider must use all reasonable endeavours to ensure there are sufficient Home Care and Independent Living workers to cover the geographical patches in which they are appointed to operate.
- 3.25 The Service must be provided in a flexible manner, in agreement with the resident, to ensure the resident's identified needs and outcomes are met. The level and frequency of Service provided to an individual will be set out by the London Borough of Hammersmith and Fulham. The resident can choose to vary the times and durations of visits in partnership with the Service Provider
- 3.26 The Service Provider will be required to supply a fully operational service seven days a week, including weekends. This will include the ability to assess new requests for care and start care at short notice including weekends. This will support Out of Hospital strategies and the seven-day working practice that currently exists across adult social care and health to support these strategies.
- 3.27 There must be no visits of 15 minutes or less, except in circumstances where it is a resident's personal choice, or there is a need to check if a resident is safe or that they have taken their medication.
- 3.28 Service Providers must have staff available at weekends between 10am-4pm who can accept referrals, risk assess new packages of care and provide care at short notice if required to prevent hospital admission or support timely discharge or meet other identified need. This may also include the requirement for care

workers to be co-located with other social care or health care staff in agreed venues such as hospitals, to support this strategy.

- 3.29 While it is likely that some urgent care packages may be picked up by the reablement or in-reach service, this will still be a need that Service Providers must be able to cover and meet to support people at home.
- 3.30 The Service Provider may be requested to provide some care hours outside of these core hours of service. This is not a requirement of this contract and will be at the discretion of the care worker and Service Provider to negotiate separately if required.

Service requirements

The Service Provider must:

- 3.31 As far as is reasonable and safe, be proactive in accepting all referrals in the patches to which they are appointed through effective management of referrals, workforce capacity and staff rostering/coordination, ensuring that where required, their business continuity plan is activated.
- 3.32 Report to the Brokerage Team on a weekly basis to confirm the availability and capacity of the Service.
- 3.33 Provide a response to Home Care Package request to the Brokerage Team within the prescribed timescales.
- 3.34 Ensure that there is the necessary workforce capacity to accept and commence Home Care Packages out of hours.
- 3.35 The Service Provider will in the main, receive and respond to referrals from and to the Brokerage Team of the London Borough of Hammersmith and Fulham. The Service Provider must keep a record of any occasional referrals received outside of this process i.e., direct from the Council's Emergency Duty Team.
- 3.36 The Brokerage Team will set the response time on an individual basis depending on the circumstances of the Home Care and Independent Living Package required, and the date and time of commencement. The start date and times of provisions will be flexibly negotiated between Brokerage and the providers. The Service Provider is required to inform the Brokerage Team as to whether or not it can accept a Home Care Package within the following timescales:
- A response time of within 2 hours for Home Care and Independent Living packages starting within 24 hours.
 - A response time within 24 hours for Home Care and Independent Living packages starting within the next 3 days
 - A response time within 48 hours for Home Care and Independent Living packages starting within the next 4 – 7 days
 - A response time within 72 hours for Home Care and Independent Living packages starting within 8 days or more
- 3.37 Where safe to do so, the provider may recommend a service reduction in provisions if the individual becomes more independent as a result of healthcare

intervention that maximises independence and reduces risk. Any recommendation must be accompanied by a robust risk assessment from the provider. The provider will be required to continue with the commissioned hours whilst the reduction request is under review by the social care team.

- 3.38 Allocate the minimum number of Home Care and Independent Living Workers delivering care and support to the residents to promote consistency and continuity of service and enabling residents and Home Care and Independent Living Workers to build effective and caring relationships.
- 3.39 Ensure that there is a match between resident's care and support needs and the skill sets, knowledge and competency of Home Care and Independent Living workers
- 3.40 Following receipt of the residents Care and support plan and risk assessment, the provider will use these details to undertake their own risk assessment in delivering the service.
- 3.41 Engage in meaningful coproduction with the resident in designing and planning delivery of their care and support, using the care and support plan and resident outcomes. We expect the support plan to include resident's goals and aspirations in order to live as independently as possible.
- 3.42 Ensuring that London Borough of Hammersmith and Fulham's procedures on 'No Reply' (Appendix G) and 'Failed Visits' are strictly adhered in all circumstances.
- 3.43 Ensuring that London Brough of Hammersmith and Fulham's procedures on 'Missed Visits' are strictly adhered in all circumstances.
- 3.44 The Service Provider will be flexible and responsive in;
 - Its approach to Service provision.
 - The timings of visits by considering staffing structure, capacity, travel logistics and availability
 - Identifying and dealing with a resident's fluctuating needs, particularly where there are new and presenting risks not previously commissioned to meet.
 - Responding to changing needs and close communication with known involved relatives and the Homecare team (Brokerage).
 - Managing risks. The provider must inform the resident, known involved family, and the Homecare Team (Brokerage) where a Missed Visit is apparent, a change in presentation, increasing self-neglect, and change to known risks.

Resident engagement and control

- 3.45 The Service Provider must supply residents 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 in plain English, be available in language and formats that suit residents with different communication or capacity needs, and include the following:
 - Statement of purpose

- Contact details for the Service including out of hours and emergency contacts
- Service provision details
- The contingency arrangements in the event of Service interruption, including if missed or late visits occur
- Safeguarding information
- How to access the Service Provider's most recent Care Quality Commission inspection reports
- Complaints procedure
- Information on how to feedback on their care and support

- 3.46 The Service Provider must involve residents in their care and support planning and scheduling of care, using their care and support plan as a guide. This is an ongoing process requiring regular conversations and reviews with the resident to ensure their needs are met in the way they want. There should be a feedback tool where the resident and / or their carer can easily liaise with the Service Provider.
- 3.47 The Service Provider must keep residents informed in advance, and have residents involved in decisions about any long- or short-term changes to their care and support. Changes affecting different workers in attendance must be minimised to ensure that relationship building with regular and preferred Home Care and Independent Living Workers is sustained and enhanced. Where a change in Home Care and Independent Living Worker is needed the resident should be informed and the substitute or new Home Care and Independent Living Worker should be fully aware of the resident's needs, risks, and their care and support plan
- 3.48 Where residents are known to have behaviours described as challenging, an introduction of carefully selected care worker/s with enhanced skills must be carried out.
- 3.49 Providers will need to engage with residents throughout all aspects of service delivery, including regular quality assurance checks, responding to requests and queries, establishing, and supporting peer groups.

4. Service standards

- 4.1 As well as meeting the local LBHF Homecare standards listed below, the service provided must be in line with current national policy and guidelines and comply with best practise in health and social care, throughout the life of the contract.
- 4.2 The Service Provider will always make sure that it maintains registration under the Health and Social Care Act 2012 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009 and any subsequent regulations; and that it complies with any requirement or recommendation of CQC (or any succeeding registration authority) and will keep their registration of good standard.
- 4.3 Service Providers must be compliant with and meet all Care Quality Commission Key Lines of Enquiry (KLoE) standards as well as requirements for any specific regulated activities that the Service Provider might need to undertake. The Council requires the provider to maintain robust reports to the Care Quality Commission or its successor

- 4.4 The Care Quality Commission has introduced inspection methods which will specify quality ratings for Service Providers. Providers must maintain at least a 'good' rating under the current system, or equivalent under any change to this regime, throughout the life of the Contract. If providers fall below a good rating the council will implement a service improvement plan with the provider and reserves the right to cease any new referrals until requirements of the performance improvement plan have been met. This is a critical business measure and will be subject to contract monitoring.
- 4.5 Any change to the standard levels in 4.3 or 4.4 must be notified to the council's authorised officer immediately. Service Providers will be required, in conjunction with the Authority, to prioritise and address any CQC concerns within an agreed timescale, and which may result in a Default Notice being served in accordance with the Contract.
- 4.6 Service Providers must comply with CQC essential guidance for compliance for the management of medicines which are set out in Outcomes 9 (Management of Medicines) of the Essential Standards of Quality and Safety⁵ Please also see the North West London Adult Social Care Medicines Policy which providers will need to adhere to (Appendix C).
- 4.7 Service Providers will ensure their organisation and their workforces are adhering to the latest recommended guidelines and will provide evidence to the Authorised Officer that this is being updated as required.

Best practice

- 4.8 Service Providers must develop their services over the lifetime of the Contract in line with ADASS Homecare Quality Standards (Appendix D) and locally co-produced standards and outcome measures (see 4.12).
- 4.9 Service Providers will be required to review best practice and relevant guidance and reports at least annually, assess their practice against these reports and recommendations, confirm any proposed changes to practice as a result of this and update the Authorities regarding any changes made. This will be raised at contract monitoring meetings.
- 4.10 The Care Act 2014 imposes the duty on local authorities to improve people's wellbeing and it is expected that Service Providers will work with the Contracting Authority and other organisations to develop this holistic requirement in their contact with residents. The ability to have an awareness of the totality of a residents needs, and support/signpost/refer on where needed is a key objective of this contract and why consistency of Home Care and Independent Living Worker needs to be at the heart of service delivery
- 4.11 Improving wellbeing requires our staff and relevant Service Provider organisations to view their contact with residents as a potential opportunity to promote health and wellbeing, supporting the Public Health initiative Making Every Contact Count (MECC) - i.e. every contact provides an opportunity for health improvement, as well as improving overall wellbeing. By Home Care and

⁵ [Issue 9: Medicines management | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications/issue-9-medicines-management).

Independent Living workers getting to know the resident through consistency of care they will better be able to support this with understanding of how a residents needs and wellbeing are changing.

LBHF Homecare Standards

4.12 Hammersmith and Fulham have a set of homecare standards (Appendix E, developed with residents and other stakeholders in October 2020 with some later additions following further feedback, setting out the standards expected of Home Care and Independent Living Workers. These standards, and any future amendments, should be adopted by all Home Care and Independent Living Workers delivering care and support in the borough.

- Say hello and announce yourself when you enter a resident's home. Please be cheerful, smile & be friendly as you may be the only person they see that day.
- Make sure your name badge is visible.
- Be polite and punctual and let the resident, or, your home care office, know if you are going to be late.
- Let the resident know what you are there to do and that they are in agreement.
- Check that they have a copy of their care and support plan that it is visible to them. If not visible, explain the contents to them.
- You need to check that they have telephone contact details for the office.
- Ask someone if they would prefer to be called, Dr. Mrs, Ms, or Mr. etc. or, by their first name.
- Please be professional. Please do not make personal phone calls on your mobile phone when in someone's home. Please adopt a professional dress code. For example, no low-cut clothing, or shorts etc.
- Do not share any resident's personal sensitive information without their consent
- Offer help but do not take over - help the resident you are caring for maintain their independence.
- You are a visitor in their home, and you must respect their wishes– they choose who to let into their home and if they ask you to leave you must do so.
- Do not assume you can use their things without their permission e.g. answering their phone, making a call, or using their bathroom – always ask.
- Be culturally sensitive – are there things they cannot eat, or things they need to do at certain times?
- When you leave, think about the state you are leaving everything in – you may have left the kettle half-full which is too heavy for them to lift, they may want you to put any rubbish in the dustbin rather than kitchen bin. Have you left them comfortable – are they a good temperature with a drink nearby and everything they need?
- When you leave say goodbye, close the door quietly behind you and lock it, as required.
- If you have noticed a significant change in a residents physical, or mental wellbeing, or notice their fridge is empty and they have lost weight; are confused etc. Please ensure that you raise your concerns, without delay, with line manager, their social worker, or doctor, as appropriate

Equalities and Human Rights

- 4.13 Service Providers must be familiar with the Equalities and Human Rights Commission's published documents relating to human rights in Home Care and Independent Living (homecare). They must be aware of the issues that it raises and must provide services which meet people's basic human rights. The council may ask for evidence that this is the case.
- 4.14 In addition, Adult Social Care (ASC) commissioners expect dignity, compassion, and respect to be core values of this tender and service. Service Providers will keep up to date on practise relating to this, in particular, the Social Care Institute for Excellence (SCIE) work on Dignity, including updates.
- 4.15 Service Providers will ensure these principles are embedded in their workforce development plans and are addressed regularly in recruitment, training, and staff supervision, so that all staff deliver care with dignity and compassion. This will be raised at contract monitoring meetings and will be the subject of satisfaction questionnaires, resident reviews and care worker feedback.
- 4.16 Local organisations such as Healthwatch (or subsequent health and social care scrutiny organisations) may also monitor this element of service provision as part of their role. Service Providers will be expected to work with them to evidence that this is embedded in service provision and people's human rights are being met.
- 4.17 Service Providers will make sure that residents know what standards they can expect from their Home Care and Independent Living and what they can do if these standards are not reached. This may include information about advocacy services or other voluntary organisations that can support people in following up their concerns, and what their rights are under the UN Convention on Rights of Disabled People⁶ and the Equalities Act 2010⁷.

5. Service Delivery

- 5.1 The council expects this service to offer an integrated approach to Home Care and Independent Living - working with health colleagues, voluntary and community organisations and other bodies to offer a holistic approach to care that supports people and enables them to stay as well as possible at home.
- 5.2 The Service is expected to be responsive and flexible to individual's needs to support them to meet their outcomes in a way that works for them. This means being able to offer a wider range of services and a more holistic approach than 'traditional' homecare, (i.e. the care commissioned by social care staff based largely on 'time and task' focus) to enable people to meet their needs and achieve their outcomes. This will mean working closely with the residents and their care and support networks to understand what their current care and support needs are and how they want the needs to be met. Residents will have more choice and control on how their care and support is delivered, based on the strength based care and support assessment.

⁶ [UN Convention on the Rights of Persons with Disabilities: initial report on how the UK is implementing it - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

⁷ [Equality Act 2010 \(legislation.gov.uk\)](http://legislation.gov.uk)

- 5.3 Service Providers will look at opportunities to promote general health and wellbeing among the range of people that they work with and will signpost and liaise with Multi-Disciplinary Teams (MDT's) and other relevant organisations as needed.

Assessment and referral

- 5.4 When determining eligibility, local authorities must consider the three conditions set out in the Care Act 2014:
- The adult's needs for care and support arise from or are related to a physical or mental impairment or illness and are not caused by other circumstantial factors
 - As a result of the adult's needs, the adult is unable to achieve two or more of the outcomes specified in the regulations and outlined in the section 'Eligibility outcomes for adults with care and support needs.
 - As a consequence of being unable to achieve these outcomes, there is, or there is likely to be, a significant impact on the adult's wellbeing.
- 5.5 Residents can contact the council and ask for an assessment, or someone may do this on their behalf. Residents who are assessed as eligible for a service will then agree a strength based support plan with their assessor which will include a number of outcomes describing what the care should achieve, based on both assessed needs and any ongoing healthcare needs identified in the joint care plan. The resident will also be allocated a personal budget based on the commissioned number of hours required to meet the resident's needs and it is based on the commissioned hours that providers and residents should plan their activity.
- 5.6 The care and support plan will be personal to the resident and set out areas of support and recommended number of daily visits to meet the needs of the resident. The care and support plan will be provided with every package of care request and will detail how the outcomes specified in the support plan may be achieved, but through carer continuity, consistency of Home Care and Independent Living Worker, and regular provider reviews the detail of how the outcomes may be achieved are likely to change throughout the service provision in response to resident needs.
- 5.7 If a resident chooses to take their personal budget as a Direct Payment, they may purchase their Home Care and Independent Living from any organisation or employ personal assistants. The council have arrangements in place to support this method of care provision and advice and information will be available to residents throughout their care should they wish to find out more information.
- 5.8 If the resident decides to use the commissioned Home Care and Independent Living service to achieve some or all of their outcomes, the relevant information from the care and support plan, including outcomes, start date and commissioned hours, will be sent to the Service Provider of the relevant patch via a secure method. The purchase order will set out a maximum number of hours of care per week that the individual has available from the Service Provider. How these are used can be agreed between the resident and provider. The provider will be paid for hours used during the invoicing period.

- 5.9 The outcomes and detail in the care and support plan will outline the scope of the service to be provided, however it will not give a definitive list of tasks that the care worker must carry out as this will be decided and agreed between the resident or their representative, and service provider. The exception to this approach will be when timings of certain care is deemed critical to the wellbeing of the resident, and these will be clearly set out in the care and support plan.
- 5.10 It is expected that unless otherwise stated, the majority of referrals will have received reablement support from the council's reablement service first and there will therefore be a longer lead-in time to the package of care request. However, there will continue to be some situations where care packages need to be started or restarted at very short notice, for example where people are discharged from hospital and service providers must have the ability to respond if needed.
- 5.11 Package of care requests (POC) will specify the level of urgency by the person/agency making the request for service and will be based on the circumstances of the resident (see 3.36).
- 5.12 Service Providers must inform the brokerage team of their available hours at least 1 week in advance and have capacity to accept all packages of care referred to them within their specified availability. When a POC request is received by the provider, they must be able to respond within two hours that they have received the request and if they can meet the POC within the required timeframes. This is a critical business measure and will be subject to contract monitoring.

Accepting the referral

- 5.13 Service Providers must not refuse a referral for a resident in their patch if they have available hours and the necessary staff skills to meet the requirements of the POC.
- 5.14 The provider is required to contact the resident and their known involved family carer as soon as possible on receipt of accepting the referral. The expectation is that weekends will be included for and providers should;
- Contact the resident and/or their carer introducing the Service
 - Go through the resident's information pack
 - Confirm access arrangements with the Brokerage team and / or EDT (out of hours commissions).
 - Be fully aware of any language, communication, or cultural needs that is specific to the resident.
 - Familiarise themselves with the contents of the Care and Support Plan and the Council's Risk Assessment initiating the package of care
 - Get further details from the resident that will be pertinent to them receiving person-centred care, including how and when they want care and support
 - Arrange to meet the resident needing the service, (with their representative present if this is required)
 - Carry out their initial risk assessment in accordance with health and safety legislation
 - Start the support as agreed on an individual care basis.

Planning the care

- 5.15 Within a week of the referral, the Service Provider will work with the resident and/or their representative to develop and agree a plan of how the care will be delivered to meet the specified outcomes, within the commissioned hours, including any health needs identified in the joint care plan. This will include introducing the agency and the Home Care and Independent Living Worker who will be working with them. Where health needs have been identified to be met by a Health representative, the provider must liaise with that representative to ensure that they have a communication plan
- 5.16 Service Providers will work directly with residents and / or their representatives when planning and scheduling care within the commissioned care and support plan. This should be based on the individual risks and any time essential activities which are needed. Providers will need to schedule care based on priority needs and proximity. This is a critical business measure and will be subject to contract monitoring
- 5.17 The Service Provider must ensure that this information is given to the resident and / or their known involved family carer by the most practical and accessible method available and must include any preferred communication. Any changes to the care plan should be detailed on all copies and revisions agreed with residents and updates sent to the council
- 5.18 The Service Provider will ensure the resident has key information on their service including contact names and details, out of hours contact details; what to expect from their service; standards of care and how to complain, as well as any additional information they may decide.
- 5.19 The Service Provider will plan visit times in advance, and upload these onto the Service Provider manager platform. This will be visible to the council staff via an interface with an electronic monitoring system. The planned visit times may be within an agreed expected time frame and may change depending on the resident's needs, but advanced agreement is required by both parties as it is unrealistic to arrange planned care with regular short notice changes. Service Providers will need to have policies and clear procedures in place for agreeing visit times and changes with the resident. Agreed changes must be noted and uploaded to the Service Provider manager platform so that social care staff can be aware as needed. Visits do not need to always be in a resident's home and electronic monitoring should not limit appropriate support in the community.
- 5.20 The Service Provider must make sure that the times agreed for a visit meets the requirements and needs of the resident and may be monitored in quality calls to residents, resident surveys, and questionnaires by the council. This is a critical business measure and will be subject to contract monitoring
- 5.21 In a minimum of cases where the visiting time is critical (for example but not limited to: where time specific medication giving/prompting is required; time specific nutrition is needed to maintain good health e.g., diabetic care; visits where two care workers are required together) the council will still commission some care at set hours as required to meet that particular need. If this has been

requested then the Service Provider must deliver care at the times specified, and this will be monitored through the electronic homecare management system. These 'time critical' visits cannot be changed without agreement from the Authority.

- 5.22 If a resident who is referred for a Service does not have mental capacity to agree to the Service, the Service Provider must liaise with any involved advocates/family members/representatives and social care staff who are acting on behalf of the resident to ensure that their best interests and wishes are incorporated. The same service requirements for planning the care will be expected.

Delivering the care

- 5.23 Home Care and Independent Living Workers must log in to an electronic monitoring system when they visit the resident at home, and preferably using a handheld device if providing support in the community. The purpose of this is to clearly demonstrate contact time Home Care and Independent Living Workers spend with the resident to ensure it is within the commissioned hours, quality contact time is used, and for safeguarding and contract oversight. Reports from the electronic monitoring system must be made available to the contract monitoring officer and any representative from the council as requested to monitor quality, safeguarding incidents, or complaints.
- 5.24 Home Care and Independent Living Workers must have a method of keeping a log of activity and the time and date of every visit. This would preferably be done electronically but may (in exceptional circumstances) include using a paper record in the resident's home. This will enable all staff working with the resident to be aware of what has been done and any new or emerging needs. Service Providers should make this information visible and available for family / friends, preferably with a feedback mechanism.
- 5.25 The total actual hours used will be sent via electronic monitoring system to the contracting agency's finance department on a 4-weekly basis for payment. The times the hours delivered may vary from week to week in order to meet any assessed outcomes. This is acceptable as long as it is agreed by the resident and agency and that the total commissioned hours are not exceeded. Service Providers and residents are equally responsible for ensuring the hours are not exceeded. Some hours may not be direct contact hours, for example time spent referring residents to community services to meet their overall wellbeing needs and outcomes, but these should be kept to a minimum and clearly recorded and preferably done with the resident.
- 5.26 Service Providers must achieve a high standard of Customer Service including prompt notification of any potential lateness or change to an agreed arrangement for care. Communication is a vital element for resident satisfaction and should be seen as a high priority. Residents should know what to expect from their Home Care and Independent Living Worker and be kept up to date if there are any changes to the agreed care in advance.
- 5.27 The Service Provider must provide consistency of Home Care and Independent Living Workers to residents, meaning as few Workers as possible on each package of care to let the residents and Home Care and Independent Living

Workers get to know each other and build professional relationships that will help deliver higher quality care and support, and better outcomes. Depending on the number of hours of care a resident need, there are key targets for Home Care and Independent Living Worker consistency that providers must deliver as part of the contract. This came out as a key feature and clear theme during resident engagement events and has been shown to deliver better outcomes for residents as staff can work more closely with them, finding innovative solutions to meet their care and support needs through the community and other local health and support services. As part of the Service Providers resident engagement, standards could be developed and co-produced over the life of the contract This is a critical business measure and will be subject to contract monitoring.

To help measure this, Service Providers will detail in the contract monitoring return the number of carers attending each package, and should fall within the values set out in the table below:

Hrs	Requirement	Target	Requirement	Target
<3hrs	1 worker	95%	No more than 3	100%
3-10hrs	No more than 3	95%	No more than 5	100%
10-25hrs	No more than 5	95%	No more than 8	100%
25-36hrs	No more than 8	95%	No more than 12	100%
36+hrs	No more than 12	95%	No more than 16	100%

5.28 To achieve consistency, Home Care and Independent Living Workers will need to work in small teams with residents to plan their care and support. Over time, and with future development with the local authority and health partners, we could develop this way of working further, giving more autonomy to Home Care and Independent Living Workers on how they plan their rotas, developing new skills in leadership and management.

Delivering and monitoring individual outcomes

5.29 Providers will need to adopt an outcomes approach to make sure that people who receive care and support and their family or unpaid carers are supported to live independently, building on their own strengths and capabilities. An outcomes approach requires provider to focus their resources on the impact they have, rather than just the activities they carry out.

5.30 Measuring outcomes are hard to standardise as they are individual to each resident in receipt of Home Care and Independent Living and can differ greatly. In order to monitor outcomes, we will require providers to do the following:

- People using Home Care and Independent Living services should have a review within 6 weeks of the care package starting to identify any changes or improvements that are needed. This will help ensure initial problems or challenges are identified and addressed quickly The provider will be required to report on the percentage of residents who have a review of the outcomes of their care and support plan within 6 weeks of the service starting This is a critical business measure and will be subject to contract monitoring

- Review every three months to assess the impact of the current care and support, and if there have been any changes or improvements. The provider will be required to report on the percentage of residents who have a review of the outcomes of their care and support plan every three months. This is a measure and will be subject to contract monitoring
- Have regular engagement and feedback with residents using their service to get their input on what is going well with their care and support plan and what could be done differently. Resident satisfaction with their Home Care and Independent Living service should be collated and reported in contract monitoring and an annual resident satisfaction and quality survey conducted with results shared the relevant local authority staff. This is a critical business measure and will be subject to contract monitoring

5.31 The outcomes agreed will be based broadly around the following domains based on the Adult Social Care Outcomes Framework (ASCOF)⁸. The assessor will work with the individual to write a support plan detailing the specific outcomes that are to be met within these. The Service Provider will then work with the individual to plan how and when the care will be delivered to meet those outcomes and report any changes or developments to the set outcomes through their regular reviews. To assist with this, Service Providers should establish a peer support group / network to ensure residents are involved in reviewing and monitoring the service. This is a critical business measure and will be subject to contract monitoring

Resident outcome domains	Some examples of things which might help deliver this outcome
Enhancing quality of life for people with care and support needs	<p>Listen to residents and support them in the way they want their identified needs to be met.</p> <p>Control - People manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs</p> <p>Personal care – resident satisfied with their personal care and feel supported to do as much as they can</p> <p>Food and nutrition – resident is satisfied with how their food and nutrition needs are met. They have enough and culturally appropriate food and drink when they want it.</p> <p>Accommodation – satisfaction with the cleanliness of their home and feel comfortable in their home</p>

⁸ [Final ASCOF handbook of definitions 2018-19 2.pdf \(publishing.service.gov.uk\)](#)

	<p>Safety – residents feel safe and secure in their own environment</p> <p>Social participation – residents are satisfied with their level of social participation and social contact and the support enables them to continue living as part of a community</p> <p>Occupation – resident is satisfied with how they spend their time</p> <p>Dignity – the way they are supported and treated makes them feel respected and valued</p>
<p>Delaying and reducing the need for care and support</p>	<p>Reduce their need for ongoing care, long term or increased care</p> <p>Prevent or delay the need to move from their home through community connections, and having the right support at the right time</p> <p>The number of residents still at home more than 91 days following hospital discharge or reablement</p> <p>Fewer / no unnecessary hospital admissions</p>
<p>Ensuring that people have a positive experience of care and support</p>	<p>High satisfaction amongst residents using the services, and reporting positive experiences</p> <p>Family / friends / support network of resident with care and support needs report positive experiences and have high satisfaction. Carers feel respected as equal partners</p> <p>That residents report that they would recommend the services to others</p>
<p>Ensuring residents health needs are met</p>	<p>Residents taking dispensed and prescribed medication in a safe way</p> <p>Working with health partners to support and promote residents wellbeing</p>
<p>Safeguarding adults</p>	<p>Ensuring residents feel safe and support to keep them protected from avoidable harm, and residents report that the service makes them feel safe and secure</p>

	<p>Keeping safe indoors/outdoors. Use stairs / Go for short walks safely</p> <p>Able to summon help in an emergency (e.g. telecare, other assisted technology)</p>
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- 5.32 These are examples of activities only and should not be taken as an exhaustive list. Service Providers/care workers will work with residents to agree individually what activities need to take place for outcomes to be achieved.
- 5.34 Residents care and support outcomes will be reviewed by the council as part of the contract monitoring process to ensure that outcomes are being met, and the council will conduct regular, random, quality assurance calls to the resident to ensure they are satisfied with their care. The council may also ask for feedback from the relevant key care worker on how successful the care and support is and Service Providers will be required to allow adult social care staff access to workers if requested. In addition, care workers are expected to proactively escalate any issues that may indicate the need for a review of care provision.
- 5.35 Service Providers must ensure that all care workers working with a resident understand what the agreed outcomes are and how to work with the resident to meet them. By keeping care teams small, and residents having as few Home Care and Independent Living Workers attending their visits as possible, this will help ensure they can all keep up to date with the current desired outcomes and necessary activity
- 5.36 Service Providers must make sure that Home Care and Independent Living Workers are trained and able to continually work with people using their Service in an enabling and reabling way. This may mean the Home Care and Independent Living Workers requires bespoke training or advice to support the resident in the most appropriate way.
- 5.37 The Service Provider should continue to involve the resident through regular review and get their feedback on how they have met their outcomes and if the right care and support is in place to be able to reach the desired outcomes.
- 5.38 Providers should have regular contact and review with their residents and work together with them and their care and support networks to establish the best way they can care for and support them. If it is agreed that the Service Provider has not delivered care to an appropriate standard, the individual will be supported to move their care package to an alternative Service Provider, or via Direct Payments if they wish to do so. Any such issues regarding care provision will be followed up by contract management, complaints, or other necessary person.

Provider offices

- 5.39 It is preferred that service providers have their office based within the borough, or plan to move within the borough as soon as possible, as this helps support local recruitment and will help the council support local providers and provision in regard to any additional funds that may be received e.g. workforce retention fund, infection control fund.

- 5.40 The premises must be of sufficient size and appropriate design to enable the Service Provider to securely store any equipment and materials relating to the provision of the Services and must also be capable of providing an administrative base. Managers and care coordinators should be based at this office. Service Providers must make sure that the office space enables them to have a well-supported staff team with local access to appropriate venues for supervision, training, worker support, meetings with other stakeholders including NHS staff and so on.
- 5.41 The Service Provider is expected to ensure that they have a strong local presence in the patch that they cover, whether this is directly by having an office there, or by using other local facilities to support staff, promote local recruitment and build up good local community links and knowledge.

Geographical patch

- 5.42 The Service Provider accepted to the framework will be required to accept referrals in the whole allocated geographical area of the patch and ensure they have sufficient staff and resource to do this. The provider will need to manage their staff teams and rotas to be able to provide a consistent Home Care and Independent Living Worker to residents and minimise the travel requirements between visits. This will mean organising their care workers into smaller geographical team areas within their given patch. These care workers will get to know the people using home care Services in that locality and better support the resident with an outcome focus. It will also mean that when a residents regular care worker is unavailable a care worker from the local team, who is known to the resident will replace them, reducing cancellations and last-minute refusals.
- 5.43 Service Providers are expected to have good knowledge of the local area, available facilities, services, and opportunities available to residents within their patch. Service Providers are expected to use this knowledge to add value to the care they provide by supporting residents to access their local community.
- 5.44 The Service Provider will need to make links with other local services and organisations that can assist people to achieve the best care and interventions, e.g., district nursing, housing, voluntary organisations, and Adult Social Care.
- 5.45 Providers are expected to work closely with other Service Providers and organisations in the resident's network, and build a sustained relationship through a local presence, regular networking and good communication.
- 5.46 Assisting to connect people with their local communities is a major aspiration of this contract, if this is desired by residents using the service to help reduce their loneliness or to engage in activities or hobbies they enjoy. Service Providers will use their local knowledge to refer people into these Services and encourage individuals to access them if it will help them achieve their desired outcomes identified through the care and support plan or subsequent reviews.

Principles of delivering good care

Consistency of care worker

- 5.47 This is a core requirement to this Service provision that will be evaluated through contract monitoring and resident quality calls. People receiving a Service should be allocated a key worker within 2 weeks of the Service starting, who will be the identified main care worker and delivers the most of the care to a resident.
- 5.48 The care package must be always delivered by the minimum number of people possible, and the care workers must be consistent on an ongoing basis. Consistency and the continuity of the service is immensely important to the council, providers must commit to always deliver these expectations. Any replacement workers needed should be known to the resident where possible. A local network of care workers who know the local area and residents is a key expectation of this contract. This is a critical business measure and will be subject to contract monitoring
- 5.49 Service Providers will put systems in place to ensure consistency of worker and continuity of care and provide evidence to the Authority that these systems are working to the benefit of people using Services and the care staff. This will include systems that allow the option of a familiar replacement worker if the key worker is on leave.

Person-centred care

- 5.50 Service Providers must ensure the Home Care and Independent Living Workers are familiar with the resident's care and support plan, and understand the intended outcomes. Home Care and Independent Living Workers should use this as the basis for the care they support, but will need to speak with resident to agree what care is required to best meet their needs at the time of their visit.
- 5.51 Person centred care means:
- Listening to and understanding what the resident needs support with, and how they want to be supported e.g. asking what they want to eat, asking how they are feeling and what they want from the visit.
 - Agreeing visit times in advance and keeping them informed if there are any unexpected changes
 - Ensuring that the support is given in an enabling manner
 - Understanding what is important to that resident and delivering support that reflects that. This may be understanding and finding ways to meet any specific requirements that the resident has including any ethnic, cultural, religious or other needs relating to diversity
 - Liaising with the resident's informal carer or their representative and planning how decisions about the care should be made
 - Excellent communication with the resident and their support networks
 - Liaising with other health and support agencies working with the resident to support their overall health and wellbeing
 - Being respectful and treating their home with respect, and treating them as an individual which improves and enhances their experience of care
 - Having dignity and compassion as core values and working with residents in a way that always upholds and supports their human rights.
- 5.52 The Service Provider will ensure personalisation is recorded in the care plan such as how the resident likes to be known, their interests, specific medical

requirements and what is important to them. Care workers must be familiar with the care and support plan before visiting to ensure consistency. Service Providers must allow new care workers time to do this and must make sure care workers understand the importance of working in this way and adhere to this.

- 5.53 A cover sheet with these key details should be present in the residents home and updated as necessary.

Flexibility

- 5.54 During the resident's strength based assessment they will be allocated a personal budget, specifying the number of commissioned hours available. This will be based on their assessed need and the types of activity they may need support with, but residents needs change and they may not need the same type of activity at the same time every day. The allocated hours can be used flexibly, in agreement with the resident, to meet their needs as they are presenting at the time. This flexibility is over a four-week period unless specific times are stipulated by the Council. The Service Provider should not rearrange, "save" or "catch up" with unused hours for their own convenience.
- 5.55 The Service Provider will plan with the individual/their representative how and when the care will be delivered to achieve the outcomes. They will need to review their care plans every three months and feedback to the council if there are any changes needed to their personal budget e.g., change in hours
- 5.56 The Service Provider must keep notes of the activities carried out and how they are contributing to meeting their outcomes. Service Providers must have policies and procedures in place to track and plan hours delivered.
- 5.57 Though the care provided needs to be flexible, the Service Provider and resident are required to ensure that
- the care being delivered is meeting the resident's outcomes
 - personal care and key care tasks (e.g., medication, diabetic care) are prioritised the commissioned hours are not exceeded.
 - the level and regularity of care meets the needs of the resident to maintain standards of overall hygiene and prevent deterioration of need or hospital admission.
 - any concerns regarding being able to meet a sufficient standard of care are promptly notified to the care manager

Independent Living

- 5.58 In Hammersmith & Fulham we want everyone to have the best possible life and want everyone to be included, no one should be left behind. As part of our commitment, we have developed an independent living vision statement⁹

Our vision for independent living is:

for Disabled people of all ages to have the same rights as everyone else to live in the community how they choose. Everyone should be able to be part of and contribute to their communities. We all gain when this happens. We are committed to doing things with residents not to residents. This way we

⁹ [Independent Living Vision Statement | LBHF Living Independently](#)

find the best solutions together. Disabled people should be involved in all the decisions that affect their lives. We are committed to making this happen so there is Nothing About Disabled People Without Disabled People.

- 5.59 Our disabled residents in the borough have identified 12 Pillars of Independent Living, which we believe everyone needs to live independently. These are:
1. Appropriate and Accessible Information
 2. An adequate income
 3. Appropriate and accessible health and social care provisions
 4. A fully accessible transport system
 5. Full access to the environment
 6. Adequate provision of technical aids and equipment
 7. Availability of accessible and adapted housing
 8. Adequate provision of personal assistance
 9. Availability of inclusive education and training
 10. Equal opportunities for employment
 11. Availability of independent advocacy and self- advocacy
 12. Availability of peer counselling

To be fully independent, an individual needs to have all of these enablers in place in a way which works for them. As part of the flexible approach to providing care and support, service providers and Home Care and Independent Living workers must be aware of these and support residents to achieve and maintain these commitments.

Technology

- 5.60 Access to digital and assistive technology is a key requirement for independence in the modern world. Service providers should be aware of technological aids which can support residents with living independently and provide training and awareness to Home Care and Independent Living Workers so they can identify potential technological support the resident might need, and support them to access any aids.

Social Model of Disability

- 5.61 Independent Living comes from disabled residents' ideas and thinking. It is about having full access to all the things that we need to live a good quality life such as jobs, family and friends, housing, leisure, access to transport and enough money. It is also about having the right health services and personal support.
- 5.62 That is why we use The Social Model of Disability which was developed by disabled people and is about removing the barriers and discrimination that disabled people face so we can all be included. Service providers will be required to adopt this view with residents, recognising that people are disabled by barriers in society, not by their impairment or difference.

Supporting the wider health and care system, and partnership working

- 5.63 The Service Provider must contribute to prevention strategies which are aimed at:
- Reducing the number of unplanned admissions to hospital
 - Supporting the safe and timely discharge of patients from hospital

- Keeping people in community settings rather than institutional care and support
- Developing integrated care pathways
- Identifying and meeting the needs of vulnerable residents at the earliest possible stage

5.64 The service provider will work closely with local organisations, across the health and social care system to continually improve the Service to residents, in accordance with identified needs and taking into account changes in national and local guidance and policy. This may involve working with a range of statutory, voluntary and community sector organisations to deliver the required outcomes and developing information sharing protocols to enhance partnership working where needed.

5.65 The service provider will be required to assist when care and support is coordinated by a health professional. As such, the service provider will liaise with adult social care services, community nursing and therapy teams, voluntary agencies, acute trusts and other professionals and agencies to ensure seamless clinical and personal care provision to residents.

5.66 Partnership working is at the heart of successful delivery of Home Care and Independent Living. This applies to the relationship between the LBHF and the Service Provider, but also with other significant agencies supporting Residents. The Service Provider must cooperate and work in partnership with other organisations or individuals to:

- promote the wellbeing of residents
- signpost the resident to other relevant services
- contribute to the prevention, reduction, or delay of the development of resident's needs
- and improve the quality of person-centred and joined-up care and support, including the outcomes residents achieve.

6 Workforce

6.1 Service Providers must comply with current and future employment regulations and legislation in all recruitment and employment.

6.2 The Service Provider shall register with the Skills for Care Adult Social Care Workforce Data Set (ASC-WDS)¹⁰ and complete the following:

- The ASC-WDS organisational record and update this data at least once per financial year
- Fully complete the ASC-WDS individual staff records for a minimum of 90% of the staff, including updating these records at least once per financial year
- Apply for funds to support workforce development from Skills for Care.

The Service Provider shall retain records that ensure they can demonstrate their performance under this Service Contract. Records will show resource inputs, organisational processes and outcomes related to the Service and residents.

¹⁰ [Adult Social Care Workforce Data \(skillsforcare.org.uk\)](https://skillsforcare.org.uk)

- 6.3 The Service Provider must participate in any survey of Adult Social Care employees organised by the Authority or Skills for Care and actively encourage its staff based in LBHF to respond
- 6.4 All staff must in all ways comply with current and any future employment legislation and policies relevant to this work, including but not limited to having completed all necessary checks including a Disclosure and Barring Service (DBS) enhanced criminal record check, protection of vulnerable adults, employment history, suitable references, and health checks and if appropriate, possession of a valid work permit.
- 6.5 Service Providers will act on behalf of the Authority in meeting its equality duties by promoting and welcoming diversity amongst both people using Services and its own workforce.
- 6.6 Home Care and Independent Living Workers will be aware of potential issues and barriers experienced by those with protected characteristics under the Equality Act 2010 who may have to receive Home Care and Independent Living and will positively embrace opportunities to promote equality, and be aware of personal preferences and observances, so offering a positive and sensitive experience with Home Care and Independent Living Workers who have the skills and training to work in ways that support Independent Living for all those using Home Care and Independent Living services,

Workforce skills and qualifications

- 6.7 To deliver 'good' and 'outstanding' care, and meet Care Quality Commission (CQC) standards, service providers need to have safe and competent staff, including leaders and managers. The main role of a Home Care and Independent Living Worker is to provide support to a resident in need of care, improving their lives by attending to their specific needs, and assisting them with their daily tasks. Service Providers must recruit staff who have the right skills, are personable, have a passion and patience for helping people, and the right attitudes to be able to gain the skills to support independent living
- 6.8 Home Care and Independent Living Workers need to have exceptional communication skills and the ability to build relationships with residents and their families and put them at ease. All Home Care and Independent Living Workers employed by the Service Provider must have excellent communication skills and a good standard of written and spoken English, or reasonable adjustments to support necessary and appropriate recording and reading, with the ability to communicate with different people. This will necessitate a range of communication skills amongst care staff and workers including an ability to communicate clearly with people whose first language is not English, who use other forms of communication due to illness or disability and with other professional organisations.
- 6.9 The Service Providers' workforce will be expected to deliver a wide range of domiciliary, domestic, personal care, administrative and social tasks. In order to provide a Service that is flexible in the way it meets outcomes, it is essential that all care workers have the practical skills to provide all basic tasks, including food hygiene and preparation.

- 6.10 As part of the Home Care and Independent Living Workers induction and training package, staff will be required to attend LBHF induction training which aims to give the Service Provider employees the knowledge of what is expected from them when working with residents in the borough. It will cover the main principles of independent living, LBHF care standards and feedback from our residents on what good care looks like.
- 6.11 The workforce will be expected to have an understanding of a range of Assistive Technology and other equipment that supports people living independently, so they can identify any potential need that could be supported with assistive technology, support the resident to use it as needed, and alert to any problems with it.
- 6.12 High quality care and support requires high quality leadership and management, and CQC expects all regulated services to demonstrate that they're well-led. It's important that service providers have confident and capable managers who ensure that it meets the required standards, and set the right culture and approach, and should lead by example
- 6.13 Service Providers must have a registered manager who is responsible for ensuring the service meets CQC standards. We recommend that all new and aspiring registered managers work towards the 'Level 5 Diploma in Leadership and Management for Adult Care'. Managers should also be trained in the Skills for Care Manager Induction Standards¹¹
- 6.14 Service Providers will ensure that all care workers are trained in the Care Certificate Standards. The Care Certificate is an agreed set of standards that applies across all health and social care, that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- 6.15 The Service Provider is encouraged to support all care workers to gain the Qualifications and Credit Framework (QCF) Level 2 Diploma in Health and Social Care within a year of working for the Service Provider. Staff should be supported to gain the right qualifications if they do not already have them and promote career progression which is reflected in the pay scale.
- 6.16 Service Providers must be registered with the Adult Social Care Workforce Data Set¹² to take advantage of funding opportunities for training associated with this.
- 6.17 The Service Provider should have capacity within the workforce to meet complex needs of specific groups including people with dementia, mental health needs and learning disabilities. The Service Provider will need to ensure that a sufficient number of staff gain QCF Level 3 Diplomas in the relevant pathways or units, and also gain the experience required to care for people with complex needs in these resident groups.
- 6.18 The service provider must ensure staff receive the required mandatory training as part of their induction, including but not limited to:

¹¹ [Manager Induction Standards \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

¹² [Adult Social Care Workforce Data Set \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

- Care Certificate
- Dementia Awareness
- Equality and Diversity
- Infection Control
- Medication Awareness
- Fire Safety Awareness
- Food Safety
- Health and Safety Awareness
- Safeguarding Adults
- Moving and Handling of people
- LBHF Induction training (Independent Living)

6.19 Service Provider's workforce must be highly skilled in delivering care in line with the principles and standards outlined in section 4.8 and 4.12 (Adass quality standards and LBHF quality standards). In addition, staff should receive specific training to enable them to deliver a Service that meets the principles of good care which will include

- Delivering person-centred care (e.g. Nice guideline NG21 - Home care: delivering personal care and practical support to older people living in their own homes, person-centred care awareness training)
- Promoting independence
- Care planning
- Communication and record keeping
- Fall prevention
- Delivering care with dignity and compassion (e.g. Skills for Care core principles for dignity)

6.20 Service Providers must act on any changes in, or additions to, current training and good practice guidelines over the life of the contract to ensure their workforce remains competent to undertake its work.

6.21 Service Providers must keep records of staff training attended and when they need updating to ensure training is kept up to date and relevant, and providing personal development for staff.

People with complex support needs

6.22 Service Providers working in all areas will be required to work with people with complex support needs as part of their core Service provision.

6.23 Service Providers will recruit and train specialised care workers who understand the needs of these specific groups and are able to provide expert support and particular skills that will improve people's situations. For example (but not exclusively)

Dementia

- Our aim is to help create a community where people living with dementia feel confident, understood and supported to live well.

- Supporting people with dementia to live independently at home, go out into the community, engage in activities and interests including volunteering their skills, for as long as they wish, Following agreed plans and approaches to minimise distress and behaviours that may be challenging or risky to the resident or others
- It is estimated that the number of people likely to have dementia in Hammersmith & Fulham is expected to rise by 42% by 2030. It is imperative that staff are trained and skilled in working with people with this increasing need. The council have coproduced a Hammersmith & Fulham Dementia Strategy 2021-2024 (Appendix F) with our dementia community that has identified eleven local priorities which has led to nine recommendations, including developing a dementia workforce development strategy. Service providers will be expected to work by the established core competencies that come from this strategy.

Mental health

- Supporting and working with people with mental health support needs to stay as well as possible; recognise and work with fluctuating conditions to prevent deterioration and enable and encourage people with mental health support needs to engage in activities that are important to them and helps them achieve their individual outcomes, such as employment, volunteering, engage in community activities to decrease social isolation and improve community awareness of conditions.
- Staff should be familiar with the resident through the continuity of care and consistency of Home Care and Independent Living Worker requirements of this contract, and with sufficient skill and training which will help them to recognise any significant changes in the resident's health and wellbeing which may mean they require additional support or involvement from relevant health and social care colleagues

Learning Disabilities

- Supporting people with Learning Disabilities to maximise their potential, encourage and support independent living, and improve people's experiences of community living.
- Providing necessary outreach support that will enable residents with learning disabilities to live the best possible life.

Self-neglect

- Work with people who may hoard possessions in an effective and non-judgemental manner to achieve an improvement in their home situation and alert other agencies to any particular areas of concern at an early stage.
- Support and encourage those who may be reluctant to accept care and support in a friendly, sensitive, and enabling way to encourage engagement and improve outcomes

6.24 Service Providers across all frameworks will also be expected to work with those with ongoing higher level health needs, including those who have continuing healthcare needs, end of life care needs and palliative care needs, which will all require skill, training, and partnership working.

Recruitment

- 6.25 The council and CQC expects regulated services to have enough staff, with the right values and skills, to deliver high quality care and support. Without this, services will struggle to provide people with the safe and effective care that they need and deserve. Service Providers therefore need to recruit for excellence in the workforce and must have a robust recruitment strategy that raises awareness of opportunities in social care and recruits from a wide range of places within the community. This is a critical business measure and will be subject to contract monitoring
- 6.26 Service Providers are required to recruit for values and behaviours in their assessment process and should have the facility to train up those with limited past experience but score highly on values and behaviours.
- 6.27 Service Providers must learn from national best practice in recruiting and retaining staff and there is a lot of guidance, support and resources available online to assist with this (for example see Skills for Care)¹³
- 6.28 In addition Service Providers will recruit
- Locally as much as they are able, prioritising local recruitment drives and job adverts to attract local residents.
 - A workforce that is able to meet and is representative of the diverse ethnic and cultural needs of people using Services.
 - A workforce that can meet the diverse cultural and ethnic needs of the area it covers and that has a good knowledge of the local area and its resources,
 - A workforce that includes sufficient mix of skill levels and qualifications to provide a service to specific resident groups with complex need
 - Care workers who understand and welcome diversity and support the needs of people from a range of minority groups.

Staff retention

- 6.29 Service Providers will have a pay and remuneration policy that supports the delivery of the quality Services as outlined in this Specification. This must include evidence that as a minimum they meet all legal requirements, pay the London Living Wage, pay Home Care and Independent Living Workers for their time working for the provider but not delivering care e.g., travel time, supervision, and training, and evidence of an hourly rate that is competitive so that it attracts and retains staff and supports delivery of consistent and high quality Services.
- 6.30 The Service Provider must ensure that all staff have regular, planned and documented practice-based supervision sessions at a minimum every 3 months and identify any development needs to be addressed.
- 6.31 The Service Provider must ensure that all staff have a documented annual appraisal and a plan for learning and development and should include, where possible, feedback from residents and their carers or support network.

¹³ [Recommendations for CQC providers \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

Ethical Care Charter

- 6.31 Hammersmith & Fulham have signed up to UNISON's Ethical Care Charter¹⁴. The objective of the charter is to establish a minimum baseline for the safety, quality, and dignity of care by ensuring employment conditions which
- a) do not routinely short-change residents and
 - b) ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions, and training levels

The council expect Home Care and Independent Living services to be of a high quality and recognise the valuable contribution to this objective made by stable, motivated, well remunerated and highly trained workforces.

- 6.32 In commitment to this charter, the council will regularly survey Home Care and Independent Living Workers into this process to gain their views and consider establishing a Home Care and Independent Living Workers panel from across local providers who can provide feedback and ideas on care delivery. The feedback from Home Care and Independent Living Workers will form part of contract monitoring and to deliver service improvements. This is a critical business measure and will be subject to contract monitoring
- 6.33 The UNISON report highlights how poor terms and conditions for workers contribute towards lower standards of care for people in receipt of Home Care and Independent Living. The council is committed to supporting the health and social care workforce, and through contract monitoring will look for evidence of the following:
- Ongoing learning and personal development opportunities for staff, and the service to have a system in place to capture evidence of how this supports staff to meet the requirements of this specification.
 - The organisation maintains an ethos and culture of valuing their workforce as their major assets with proper channels of support, regular supervision, career progression opportunities and an environment that encourages dignity and compassion as core values in the way it operates its business.
 - Staff team meetings take place, and Home Care and Independent Living Workers have opportunities to feedback to their managers and colleagues sharing good practice, lessons learnt and sharing details of good outcomes and successes of what has worked well
- 6.34 This specification supports the recommendations of the charter by implementing the following:
- Commissioning of visits will be made on resident needs, and not limited to a set number of minutes to complete set tasks. This will give Home Care and Independent Living Workers the time to provide appropriate care, working with the resident at the centre of care and support planning.
 - The time allocated and represented in the care and support plan will be sufficient to meet the required care and support needs of the resident e.g., no 15-minute slots.
 - Home Care and Independent Living Workers will be paid for their travel time between visits (not to and from their first and last visits e.g., commuting to work time)

¹⁴ [Ethical Care Charter \(unison.org.uk\)](http://unison.org.uk)

- Those Home Care and Independent Living Workers who are eligible must be paid statutory sick pay
- Consistent Home Care and Independent Living Worker as key outcome of the contracts so residents are allocated the same people wherever possible and necessary replacements are familiar with the resident's needs.
- Supporting providers with a move towards offering minimum fixed hours to Home Care and Independent Living Workers if they want this.

Leadership and management

- 6.35 The Service Provider must be able to evidence that it is developing effective leadership at all levels of the organisation by encouraging and supporting staff to develop leadership skills and competencies through training, supervision and reflective learning.
- 6.36 The Service Provider must be able to evidence that its managers, including registered managers, hold or are working towards the appropriate management level qualification, as recommended by Skills for Care, and continue to refresh their learning regularly

7. Service development

- 7.1 The council will work with Service Providers during the Contract Period to develop good practice and shared learning to ensure a good quality Service is provided to residents. The Service Provider will engage with any recommended training that the council develops or identifies that will support service improvement and development.
- 7.2 The council may wish to establish pilots in the life of the contract to trial different models of service delivery which help promote independent living, providing better consistency in the scheduling of Home Support Workers, improving the experience for residents in receipt of Home Care and Independent Living, innovation that increases choice and control, and better job satisfaction for Home Care and Independent Living Workers. If the council want to pilot a new model the terms and conditions of the contract and specification will remain and we will expect service providers to work collaboratively and innovatively with us to deliver any pilots.
- 7.3 The council will work together with Service Providers to develop and improve Home Care and Independent Living services commissioned through this contract. This will include the requirement for providers to participate fully in contract monitoring meetings, service provider forums, multidisciplinary team meetings, performance improvement plans, or any other arranged meetings, and have your own co-production structures to ensure residents are involved with decision making.

8. Contract Monitoring

- 8.1 Adult Social Care commissioning officers will set the frequency of contract monitoring activities, to include contract monitoring meetings which will be every six weeks, the timing of monitoring report submissions and the type and scope of

activity to be monitored. The monitoring framework may change over the life of the contract and Service Providers will be expected adhere to any changes.

- 8.2 Contract monitoring meetings will include reviewing the contracting monitoring template on key performance indicators of the contract, including meeting quality standards, best practice, staff levels, retention and recruitment, staff training opportunities, resident outcomes, resident quality assurance feedback and coproduction, number of care plan reviews completed (by provider), number of hours delivered compared to planned hours, no reply's and cancellation data, Safeguarding issues, and consistency of Home Care and Independent Living Worker. Service Providers will need to submit the contract monitoring template data returns on a monthly basis to ensure that the Service specification is being met. A monitoring template will be provided for these key requirements by the authorised officer and will include data on referrals, Service delivery, staffing, training, and quality assurance. A named Authorised Officer from the council will be the contact person for contractual issues and performance. There will also be peer quality checks will inform contract monitoring.
- 8.3 If any quality, performance concerns or contractual defaults are identified through contract monitoring or other communication, the Service Provider is required to work with the council to an agreed action plan to improve performance. Persistent failure to improve or meet the requirements of the action plan may result in a default been issued and financial penalties.
- 8.4 There will also be a requirement to include resident views in performance management, with quarterly meetings including residents, their carers, council staff and the Service Provider. These reviews may be based on themes that have been raised in complaints, compliments, safeguardings or quality assurance checks. The table below demonstrates the different methods that will feed into contract monitoring.

Method of contract monitoring

Method	Requirement	Frequency	Resources
Contract monitoring meetings	Submission of monitoring report Review of Outcomes Review complaints, compliments, safeguardings,	Every six weeks	Contract performance officer Programme Lead / Strategic Lead Quality Leads Brokerage and social care rep Service Provider
Resident reviews	Meeting with residents, providers and council to review performance / improvements, resident involvement	Every 3 months	Commissioning, residents, Service Provider
Home Care and Independent Living email inbox	Dedicated inbox for resident / carer feedback Feedback from social worker reviews	Review at least weekly	Contract performance officer
Resident surveys	Regular surveys to	Every 3 months	Contract

	gather feedback on the Business-Critical Measures. Results discussed in contract monitoring meetings. Areas of concern addressed by QL's		performance officer / Programme lead QL's
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- 8.5 Service Providers will be required to work together with officers to tackle joint issues such as workforce development, meeting demand and other such relevant issues.

Managing packages of care that challenge

- 8.6 There may be situations in which Service Providers are hindered in their work to implement the care and support as set out in this specification for reasons including behaviour that challenges from family or friends of those receiving care. The council will work with Service Providers to help manage packages of care that challenge and dealing with incidents raised. Through joint working and communication, we aim to prevent breakdown of care packages which can disrupt resident care and continuity.

Business Critical Measures

- 8.7 Hammersmith & Fulham Council are signed up to Unison's Ethical Care Charter and are committed to the commissioning of visits based on resident need and not minutes or tasks. Homecare Support Workers will need to be aware of the residents care and support plan, and work with residents to provide appropriate care and support based on their presenting needs. Resident feedback through regular surveys, quality assurance calls, three monthly reviews, complaints and compliments will be crucial to monitoring how the Service Provider is delivering this element.
- 8.8 Part of the commitment to the Ethical Care Charter is recognising the workforce as the main asset and ensuring fair pay and remuneration for Home Care and Independent Living Workers. This is reflected in the business-critical measures and will require Home Care and Independent Living Workers to participate in regular surveys conducted by the council to get their views and ensure their voices are heard.
- 8.9 The council will use the following set of business-critical measures to monitor performance of Service Providers based on these areas:

Business Critical Measures		
Measure	Target and method	Impact / default
1. The service provider will maintain a minimum CQC rating	Good rating. CQC report	Failure to meet this minimum standard will result in the council introducing an action

of 'good'		<p>plan for performance improvement.</p> <ul style="list-style-type: none"> The council may not give any further business to the service provider until they are satisfied they are meeting the requirements of the action plan Without improvement from the action plan, the council may issue a default to the service provider
2.1 The service provider will inform the brokerage team of their total capacity and available hours	<p>1 week notice of availability.</p> <p>Written confirmation every Tuesday.</p>	<p>Failure to do so will result in the council issuing a warning notice and no new packages of care been sent to the service provider.</p> <p>Failure to improve following the warning letter will result in the council issuing a default.</p>
2.2 The service provider will accept 100% of referrals made to them that fall within the capacity they confirmed in advance	<p>0 Refusals within capacity.</p> <p>Monitoring report.</p>	<p>Failure to meet the target will be reviewed on a case by case basis to ensure the service provider is not 'picking and choosing' desirable packages of care only.</p> <p>If the provider is found to be acting unfairly the council will issue a warning letter.</p> <p>Failure to improve following the warning letter will result in the council issuing a default</p>
3. Percentage of residents responding that visits are made at times that meet their needs	<p>85% positive response.</p> <p>Resident survey.</p>	<p>Failure to meet the target will result in an action plan / performance improvement plan.</p> <p>Failure to meet the target for two consecutive quarters will result in the council issuing a default.</p>
4. Resident's experience consistency in their Home Care and Independent Living Worker with as few	<p>90% of residents are satisfied with the number of Home Care</p>	<p>Failure to meet the target will result in an action plan / performance improvement plan.</p>

<p>people as possible working with them</p>	<p>and Independent Living Workers that visit them</p> <p>Monitoring report.</p>	<p>Failure to meet the target for two consecutive quarters will result in the council issuing a default.</p>
<p>5. Percentage of residents having a review within 6 weeks of starting with the service provider</p>	<p>85% of residents have a review within 6 weeks of starting the service</p> <p>95% of residents have a review within 8 weeks of starting the service</p> <p>Monitoring report (to include discussions with friends and relatives).</p>	<p>Failure to meet the target will result in an action plan / performance improvement plan.</p> <p>Failure to meet the target for two consecutive quarters will result in the council issuing a default</p>
<p>6. Percentage of residents having a 3 monthly review. The service provider must keep track of resident review dates and when the 3-month review is due. They will need to report the number of reviews due monthly, and how many took place</p>	<p>85% of residents to receive a review every 3 months (95 days)</p> <p>95% of residents to receive a review no later than 4 monthly</p> <p>Monitoring report.</p>	<p>Failure to meet the target will result in an action plan / performance improvement plan.</p> <p>Failure to meet the target for two consecutive quarters will result in the council issuing a default</p>
<p>7. To monitor how well the provider is meeting the H&F Labour Manifesto Pledge we will use the results from the resident survey and feedback</p>	<p>85% positive responses</p> <p>Resident survey</p> <p>Surveys at three points</p>	<p>Failure to meet the target will result in an action plan / performance improvement plan.</p> <p>Failure to meet the target for two consecutive quarters will</p>

<p>Resident survey responses show they are satisfied with the service and are being supported to meet their outcomes against several domains to be developed throughout the contract, but including</p> <p>7.1 Residents satisfied with their Home Care and Independent Living service</p> <p>7.2 Resident are supported by their Service Provider to live the life they want</p> <p>7.3 Residents are satisfied with their personal care</p> <p>7.4 Residents are supported by their Service Provider to be able to manage their health needs</p> <p>7.5 Residents feel safe and secure</p> <p>7.6 Residents are supported by their Service Provider to be able to eat and drink what they want</p> <p>7.7 Resident is supported by their Service Provider to make decisions and live the life they want</p> <p>7.8 Resident is satisfied with their level of social participation</p> <p>7.9 Resident is satisfied with the cleanliness of their home and feel comfortable at home</p>	<p>each year (one postal, one online and one in-person meeting) of all residents using the service, to include discussions with friends and relatives.</p>	<p>result in the council issuing a default</p>
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8. Home Care and Independent Living Workers have access to training and support required	85% Staff survey plus focus groups.	Failure to meet the target will result in an action plan / performance improvement plan. Failure to meet the target for two consecutive quarters will result in the council issuing a default
9. Family / friends / support network of resident with care and support needs report positive experiences and have high satisfaction.	85% positive responses Resident survey plus individual conversations.	
10. Carer consistency falls within the measures set out in 5.27 of this specification	See table in 5.27. Provider to report in contract monitoring	Failure to meet the target will result in an action plan / performance improvement plan. Failure to meet the target for two consecutive quarters will result in the council issuing a default

- 8.10 Service Providers will be required to complete outcome monitoring returns in the format requested by the council
- 8.11 Service Providers are expected to acknowledge every request for a Service within 2 hours.
- 8.12 Requests for the implementation of a package of care will be graded by the person or agency making the request using the following scale
- 3 hour – urgent. Required due to the likely nature of such urgent or emergency requests we require 100% performance. We expect such requests to be very rare and only in circumstances where a high risk is identified
 - 24 hour – medium. It should be noted that all requests for Service which relate to hospital discharge cases will require a minimum of a 24-hour response.
 - 48-hour response- standard. Most requests will be for implementation within 48 hours.
- 8.13 Care and support should be flexible and agreed with the resident where possible, however some tasks may be identified as time critical to individual’s health and wellbeing. Where time critical care is identified in a resident’s care and support plan, all will be required to be delivered within a defined time window as specified, with a tolerance of plus or minus 15 minutes.

Other key measures

- 8.14 Other key measures which will routinely be used to evaluate Service Provider performance are:
- responsiveness to complaints
 - responsiveness to safeguarding issues
 - total number of hours commissioned against hours delivered
 - number of missed visits reported by residents or through electronic care monitoring
 - double up care is happening with Home Care and Independent Living Workers arriving together or within 15 minutes of each other
 - double up care packages reduced to single handed care
 - Quality and impact of resident coproduction
 - Resident / peer reviews
 - Workforce retention/turnover
 - The number of locally employed care workers
 - Timely set up of care packages- agency response time
 - Impact of dignity and compassion
 - Reduction in care package hours achieved
 - Evidence of links with local voluntary organisations
 - E-monitoring compliance
- 8.15 If a Service Provider's performance is assessed as failing to meet appropriate standards, they will be required to submit a performance improvement action plan to inform how they will remedy the situation. This will be monitored and addressed with officers with any subsequent action necessary being enforced.
- 8.16 This will include the option to issue a Default Notice under the Contract as stated in the business-critical measures or as a result of lack of improvement with the agreed action plan and will also include an option to terminate the contract in the event of continued poor performance.
- 8.17 Social Work teams will also feed into the contract monitoring process, informing officers of complaints, safeguarding issues, concerns and compliments and will be an active part of monitoring meetings where possible.
- 8.18 The council may make requests of the Service Provider to supply some additional monitoring information to enable a better understanding of how the service is being delivered and what outcomes are being achieved. Such requests will always be discussed with the Service Provider in advance and a reasonable response time agreed.
- 8.19 Failure to comply with the monitoring requirements of the Service may be grounds for the issue of a Default Notice as set out under the Contract.
- 8.20 In the event of early termination for whatever reason, which cannot be rectified in discussion and negotiation with the council, the council will work with the remaining Service Providers and other local agencies to ensure continuity of Service. This may involve requesting other home care Service Providers in the framework to assist in the provision of care, at least as an interim. Service Providers must have a robust exit strategy, with a clear communication plan that allows for minimum disruption for people using Services.

9. Social value and low carbon procurement

- 9.1 The Service Provider must ensure that travel is kept to a minimum within the Patches in which they operate thus providing value for money and reducing the carbon footprint. Any travel means between visits should be environmentally friendly such as using public transport, cycling, walking, electric scooters available in the borough for rent
- 9.2 The Service Provider must be aware of the employment needs within their local community when recruiting and selecting staff and as such must consider how their recruitment processes support the local economy.
- 9.3 In accordance with the LBHF's social value statement¹⁵, the Service Provider must work with the Council to enhance the social value associated with Home Care and Independent Living service delivery. Providers will be required to state what social value they will bring to the borough and will be evaluated in their tender response on this, and through contract monitoring.

10. Home Care Management System (HCMS)

- 10.1 Service Providers will fully implement and adhere to the electronic Home Care Management System (HCMS) agreed by the council. Service Providers must have an e-monitoring/call logging system that is compatible with the HCMS used by the Home Care Management Team.
- 10.2 The Service Provider shall be responsible for ensuring:
 - that all relevant care staff are trained in the use of the system and are consistently using it. Where individual Home Care and Independent Living Workers performance falls below 85% the service provider must engage them in performance management to improve
 - that all data, including details of rotas and care workers' national insurance numbers, are uploaded into the e-monitoring system accurately and securely
 - compliance at all times with the Data Protection Act and all such other regulatory requirements which may apply
 - maintenance of the e-monitoring equipment, including all associated equipment.
- 10.3 The contract specifies that visits should be planned and agreed with the resident in advance to meet their needs and may change weekly in response to resident need. The home care management system will require Service Providers to submit planned visits on a weekly basis and care workers to log in and out of visits electronically.
- 10.4 This system will provide confirmation that visits have been undertaken within the agreed planned times with residents; the number of different care workers visiting an individual over a period of time and as the mechanism for payments to be made for Service Providers.
- 10.5 Service Providers must aim for a compliance rate for care workers logging in by electronic monitoring in the resident's home of 90% and over. This monitoring will

¹⁵ [Social Value Statement | LBHF](#)

be used as a back up to enable efficient payment, information for charging purposes and evidence of hours as a safeguard for vulnerable people. Electronic home care management also allows consistency of care worker, a business-critical measure, to be monitored.

- 10.6 Service Providers must be able to provide auditable information that shows whether a visit is automatically or manually entered.
- 10.7 Service Providers will send their plans for care provision, including the name of the Home Care and Independent Living Worker, for each resident electronically following their 6-week review and after every 3-month review, to CIWT@lbhf.gov.uk
- 10.8 Non-compliance with e-monitoring will impact on payments for care provided. Manual entries must be added within 24 hours of the visit / contract in question otherwise the visit will not be paid for. The Authority has the right to reject a request for payment if there is non-compliance with electronic -call monitoring.
- 10.9 Time critical visits will have a tolerance of 15 minutes either side of the planned visit- i.e., 15 minutes early or late. Other planned visits with residents should be within an agreed timeframe with the resident.

11 Payments

- 11.1 Payment to agencies will be by four weekly invoices generated through the council's mosaic purchase order hours
- 11.2 While weekly hours delivered may vary on occasions according to how outcomes are to be achieved, hours will be reconciled over the four-week period and will not exceed the allocated maximum.
- 11.3 Service Providers will not be paid for hours exceeding the purchase order, except where additional hours have been agreed with the council (for example where emergency cover is required). Additional hours due to unforeseen circumstances must be agreed with the local authority at the time of delivery or if not possible, within 24 hours.

12 Policies and Procedures

- 12.1 Assistance with medication and health tasks to be conducted by Home Care and Independent Living Workers

Medication

- 12.2 The council will require that in some circumstances care workers will assist in prompting or giving pre prescribed medication to people using Services as part of their ongoing social care role. Service Providers must take all steps to comply with recommended guidance, understand their legal responsibilities regarding what may be required and follow CQC guidelines to ensure this.

- 12.3 Service Providers must comply with CQC essential guidance for compliance for the management of medicines which are set out in Outcomes 9 (Management of Medicines) of the Essential Standards of Quality and Safety
- 12.4 CQC regulations require Service Providers to have policies, systems and processes in place to ensure that their staff:
- Are trained to assist with medication administration or medication related tasks, including recording this training
 - Are trained in completing documentation
 - Handle medicines safely, securely, and appropriately
 - Understand how to administer prescribed and dispensed medication appropriately
 - Understand their role and responsibility in prompting or supporting self-administration
 - Know about recording of medication given, not given or refused
 - Know what action to take when medication is refused – including informing appropriate professionals such as the residents GP or an involved community nurse
 - Maintain confidentiality
 - Understand the requirements for safe transport, storage and disposal of medicines
 - Are well informed on procedures for reporting serious incidents (such as incorrect medication administration) to the relevant health body, as defined in whole systems models of care

The above is not an exhaustive list and represents a minimum compliance

- 12.5 The Service Provider will carry out an individual risk assessment on all requests for assistance with medication and will document the findings. This may include risks relating to medication giving and how these risks will be minimised.
- 12.6 Service Providers and care workers will at all times work within the agreed Clinical Governance frameworks and the Northwest London Adult Social Care Medicines Policy adhere to practices stipulated by the clinical lead. Any queries or concerns should be raised with the clinical lead through processes determined in the whole systems model of care.

Health Tasks to be conducted by Home Care and Independent Living Workers

- 12.7 To encourage joint working between health and social care professionals, and to improve the consistency of care worker in the resident's home and supporting residents with their overall health and wellbeing, there will be an element of 'hybrid working', in which social care Service Providers undertake certain low-level healthcare tasks.
- 12.8 Training for any additional health tasks that the Home Care and Independent Living Worker is expected to undertake, along with more general training focussed on health and wellbeing outcomes will be made available by a community health Service Provider under the whole systems model of care.

12.9 Specific responsibilities around medication prompting are outlined in section 10 and the Northwest London Adult Social Care Medicines Policy. In addition to these, the following healthcare interventions may be required of a Home Care and Independent Living Worker:

Intervention	Details
Immunisation reminders and support to book these if necessary	Supporting Public Health messages around recommended vaccinations and supporting residents to engage with these.
Assistance with eye drops / ear drops	Supporting self-administration and some assistance with administration
Temperature and blood pressure taking support	Support for residents if needed and appropriate equipment is available.
Medication assistance	As per section 10
Topical application of medication	Supporting self-administration and some assistance with administration
Pressure ulcer care (grade 1) and pressure area monitoring	Monitor skin integrity and escalate to relevant professionals as required
Simple stoma care	Only with support from District Nursing
Simple wound care	Only with support from District Nursing
Eating and drinking therapy	As part of self-care programmes
Blood glucose monitoring	Only with support from District Nursing
Domiciliary foot care	As instructed by clinical teams

12.10 This is not an exhaustive list, and the tasks to be completed by a Home Care and Independent Living Worker may increase over the course of the contract. Extensive training will be made available by community health Service Providers prior to the implementation of any health task to ensure Home Care and Independent Living Workers are skilled and confident to undertake the above. Training will be made available as required over the course of the contract to meet any additional tasks that are brought into the remit of Service Providers.

12.11 Through continuity of care and consistency of Worker, the Home Care and Independent Living Worker will be familiar with the needs of the resident, and with appropriate training Home Care and Independent Living Workers are expected to be able to observe for any potential change or deterioration. For example,

- to be aware of basic needs of nutrition and hydration and ensure people meet these where this is noted as an outcome, as well as noting warning signs if not being met and taking appropriate action to safeguard the resident's well-being
- able to note changes in a resident's usual condition that may indicate an underlying episode of ill health- for example an infection, or potential for a skin breakdown and contacting appropriate people to address this
- knowledge of keep warm in winter/keep cool in summer programmes and similar such issues. They must report any such concerns which will assist in preventing further deterioration in residents' health and wellbeing to the relevant health body, as identified in the whole systems model of care.

E Care app

12.12 To aide Home Care and Independent Living Workers with these tasks and build their confidence, it is recommended that every Home Care and Independent Living Worker downloads E Care for their phones. E Care¹⁶ is an educational app developed by Barking and Dagenham College & Care City specifically for care workers to enhance their skills and confidence in digital health tools, body systems (for example, how the lungs and heart work), and professional conversations with medical professionals e.g. explaining a residents condition to a manager, a GP and 111. The aim of the app is to ensure care workers are able to better detect when a resident is becoming unwell and understand how to use a number of digital tools to gather important information to help a health professional to make a diagnosis, or initiate prompt treatment. The app will contribute to a Home Care and Independent Living Workers personal development as it will help them learn:

- About the main systems of the body and how they work
- To spot the signs of deteriorating health
- To use digital tools to take observations
- To share information appropriately with healthcare professionals

12.13 Service Providers will be encouraged to report 'softer' indicators of deterioration, such as changes to usual behavioural patterns, to relevant care managers in order to flag potential crises and provide a holistic view of the resident for all bodies providing care.

13. Safeguarding

13.1 Safeguarding means 'protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action'¹⁷.

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. The Service Provider will ensure that all staff representing the organisation act in a way that empowers people using Services and maintains their dignity, thereby reducing the likelihood of abuse occurring.

13.2 The Service Provider will have policies and procedures in place to ensure that people receiving Services are, as far as is possible, safeguarded from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self-harm, inhuman or degrading treatment, through deliberate intent, negligence, ignorance, or act of omission.

13.3 The Service Provider has a duty to act on actual or suspected cases of abuse with prompt, timely and appropriate action in line with the Care Act 2014. The provider must report all concerns to safeguardingadults@lbhf.gov.uk

¹⁶ <https://play.google.com/store/apps/details?id=uk.ac.bdc.apps.android602c0546ab48b>

¹⁷ [Care Act 2014 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/303000/care-act-2014.pdf)

- 13.4 The Service Provider shall have its own adult safeguarding procedures for responding to suspicion, disclosure, or evidence of abuse or neglect, including a 'whistle-blowing' policy, to ensure the safety and protection of people who use Services. The Service Provider's adult safeguarding policy will be compliant with the Care Act 2014.
- 13.5 The Service Provider will act on actual or suspected cases of abuse with prompt, timely and appropriate action in line with the policies outlined above. Where there are concerns that a member of staff (paid or unpaid) working with an adult at risk is behaving in a way which might harm them, or which suggests that they are unsuitable to carry out this role, the matter shall be referred immediately to the Hammersmith & Fulham safeguarding team listed above.
- 13.6 On request, the Service Provider will conduct robust quality investigations into any allegation of abuse involving a member of its own staff. The Service Provider shall dovetail its internal investigation procedures in line with safeguarding lead and engage with any multi-agency policy and procedures to safeguard adults from abuse.
- 13.7 The Service Provider will attend any strategy or case conference meetings arranged under Safeguarding processes where their organisation is implicated or affected.
- 13.8 The Service Provider will use the investigation report template provided by the council and be competent in carrying out any investigative actions as agreed in the strategy meeting.
- 13.9 The Service Provider will also ensure that the appropriate regulatory body is informed of all incidents reported as alerts or referrals under safeguarding adults' procedures.
- 13.10 The Service Provider will ensure that their Disciplinary Code covers misconduct towards adults at risk of harm.
- 13.11 The Service Provider will refer information to the Disclosure and Barring Service in respect of any member of staff (paid or unpaid) who has been dismissed because they have harmed a vulnerable adult, or would have been dismissed if they had not left the organisation.
- 13.12 The Service Provider will notify the council of any referrals made to the Disclosure and Barring Service.
- 13.13 The Service Provider will ensure that all those working with adults at risk (as defined by the Care Act 2014) have been issued with a satisfactory Enhanced Criminal Records Bureau Certificate by the Disclosure and Barring Service and that these checks and Certificates are updated and renewed from time to time in line with Home Office Guidance.
- 13.14 The Service Provider will have in place policies and procedures that promote safe working practices and protect the resident and staff working in their homes

from abuse or allegations of abuse e.g. staff use of identity cards; staff conduct in a residents home; guidance for staff on residents money and property etc.

13.15 The Service Provider will ensure that all staff working with adults at risk has received appropriate Safeguarding Adults training

13.16 Service Providers will work to ensure that all future legislation or amendments to the current legislation over the life of the contract is adhered to.

13.17 Service Providers will have policies and procedures in place to support their staff to observe and report any potential environmental or fire hazards and concerns e.g. damp, trip hazards, poor heating, electrics etc, that may impact on peoples general safety so that they can be addressed.

13.18 Residents should be made aware of the standards they should expect, and how they themselves can raise any concerns, including through the Complaints procedure.

14 No replies, key holding and emergency procedures

14.1 The Service Provider must adhere to the council's no reply procedure and any subsequent amendments to this (Appendix G).

14.2 The Service Provider must evidence that staff are trained in this procedure and that there is routine testing that procedures are understood and working as planned.

14.3 Service Providers will be expected to undertake initial checks themselves following a 'no reply' alert, including, but not exclusively, care workers allowing sufficient time for users to get to the door, checking round the property, calling land and mobile numbers, checking with neighbours where appropriate, checking with next of kin and local NHS resources for any information.

14.4 Out of normal office hours and when care management are not available the Service Provider's manager will contact the out of hours Service and explain what checks have been carried out and that with their written notification they are now handing over responsibility for the "no reply" to them for further action.

14.5 The preferred method of contact and contact details for the Authorised Officer and/or their elected delegate (for example the care management, or home care management team responsible) and out of hours Emergency Duty Team will be given to the Service Provider at the start of the contract. It will be the responsibility of both the council and the Service Provider to ensure that the information held is up to date.

14.6 The outcome of the 'no reply' follow up by the council will be passed to the Service Provider as soon as possible once established, to enable the Service to continue to be provided, or suspended, as appropriate.

14.7 The Service Provider will notify the council as soon as it becomes aware that a resident has gone into hospital and any information, they have in relation to this. The service provider will continue to attend planned visits for the next 48 hours

following a hospital admission to ensure the care is available at short notice should the resident return home. If the resident is in hospital for more than 48 hours, the package of care will be suspended.

- 14.8 The Service Provider may be liable for any costs incurred in the event of a forced entry to a 'no reply' when that Service Provider had been informed in advance that the resident will not be there, or they did not follow the 'no reply' procedure fully.
- 14.9 The Service Provider may be required to hold keys or key safe codes to individual people's homes or to communal entry doors to gain access to provide the Service. In no circumstances will the Service Provider hold keys or key safe codes unless authorised to do so by the care manager/social worker/HCMT or other authorised officer.
- 14.10 The Service Provider will ensure that an agreement is in place and that this is signed by both the resident (and/or their representative) and staff. If the service is terminated all keys must be returned to the resident, and key safe details deleted.
- 14.11 The Service Provider will have a key holding policy and procedure in place for all residents that require keys or key safe codes to be held on their behalf and will ensure that all care workers have a full working knowledge of the key holding procedure. Such a procedure must conform to good practice and shall be subject to the approval of the Authorised Officer. The Service Provider must submit this procedure within two weeks after the contract award. The procedures must outline safe handling and storage of keys outside the home, and confidentiality of entry codes and action to take in case of loss or theft of keys or emergencies.
- 14.12 The Service Provider will be responsible for the safekeeping of any and all keys, passes and any other means of access provided to the Service Provider including key safe codes and shall only permit such keys, passes and other forms of access to be given to those of the Service Provider's staff needed for the means of providing the Service.
- 14.13 If security of the resident's premises is compromised due to the loss of keys or misuse/unsafe use of a key safe and key codes, or otherwise by the Service Provider or their staff, the Service Provider shall be responsible for the cost of re-securing the premises (including the replacement of keys, lock or other measures) as deemed necessary by the Authorised Officer.
- 14.14 If the Service Provider or the Service Provider's staff lose any keys the Authorised Officer shall be informed immediately. In addition, any incidents directly or indirectly related to key holding or key safe codes must be reported to an Authorised Officer of the council (Home Care Management Team) within 24 hours and a written report submitted within 3 days.
- 14.15 Any tagged keys belonging to the resident and held by the Service Provider or the Service Provider's staff, shall not include any reference to that individual's name or their address to ensure their identity and security are protected. Where a resident's key safe code details are held in writing or electronically by the Service Provider or the Service Provider's staff, there should be no accompanying indication that the information relates to a Key Safe code or the identity of the resident or their address, apart from a reference number.

15. Quality Assurance, compliments, and complaints to improve Services

- 15.1 The Service Provider must ensure that continuous quality improvement systems are in place to ensure the Service is run in the best interests of residents, demonstrates the quality and consistency of information, measures resident outcomes and ensures that risks to residents are minimised.
- 15.2 The Service Provider must have quality assurance and monitoring systems, which seek the views and experiences of residents, their carers or support network, and health and social care professionals, to enable a realistic assessment of the Service provided.
- 15.3 Resident feedback, compliments and complaints are an essential means to help improve the quality of Services and monitor the performance. We want Service Providers to positively encourage resident feedback and for residents to feel they are able to be open and honest with their Home Care and Independent Living Workers about what they want, what works well, and what works less well for them. Service Providers will be required to empower the residents they are working with, by ensuring they are aware of the standards they can expect, how to raise queries and issues and that these will be welcomed and dealt with sensitively. Residents need to know that it is safe to complain and how to do this, and what happens if they are not satisfied with the response. It would be a useful co-production opportunity for Service Providers to review the existing quality assurance process and shape how this is implemented in the future.
- 15.4 A customer service approach should be taken by Service Providers, where all feedback is positively encouraged and welcomed; even if it involves a more formal complaint. Residents should feel safe to give feedback or make complaints about a care worker, Service or Service Provider, and have the confidence to do this without fear of this impacting negatively on the Service they receive. Service Providers will need to take this approach and promote this positively with Home Care and Independent Living Workers, ensuring that the overall approach to complaints and resident feedback forms part of the induction of new staff and is regularly raised during supervision and through training.
- 15.5 The Service Provider must have a robust complaints procedure in place and mechanisms for dealing with/managing all complaints. To ensure good Customer service the Service Provider will have an effective process in place to ensure that complaints and other feedback from residents is turned into lessons learnt and used to improve the quality of Services provided. The Service Provider will ensure that the complaints procedure is easily accessible to residents and their families and representatives and will seek regular opportunities to engage with residents around complaints. The council expects all complaints relating to council funded residents to be managed through the Council Adult Social Care Complaints Procedure. Any complaints received directly by the provider should therefore be reported to the council.
- 15.6 The Branch Manager will be responsible for all complaint handling, although may supervise another officer, the expectation is that all responses are approved by them. The Branch manager is responsible for ensuring the mechanism for complaint handling are kept under review and that there are a range of staff fully

trained to assist with this work. The expectation is that agreed learning outcome / actions implemented following complaints are fully implemented and evidenced.

Complaints made directly to the Service Provider

- 15.7 Informal complaints or suggestions for improvements must be recorded in the contract monitoring form, as well as a note of the resolution actions taken, and the outcome.
- 15.8 Formal complaints procedure must conform to good practice and shall be subject to the approval of the Authorised Officer. The Service Provider must submit their procedure within two weeks after the contract award. The process should be easy to understand, and Service Providers are expected to encourage residents to complain if they feel Service standards have not been met.
- 15.9 All formal complaints must be reported to the Complaints Business Manager within one working day (24 hours) of receiving the complaint and must provide the complaints business manager a draft response to the complaint within 10 working days.
- 15.10 All response letters from the Service Provider should address what happened, what should have happened, what the finding is, explain any remedy, and advise the resident of their right to escalate the matter to the Local Government Ombudsman.
- 15.11 If the Service Provider has any concern regarding potential Safeguarding of people using the Service, they will contact the Safeguarding Team, and raise a Safeguarding alert and the complaint passed to them immediately to comment and/or investigate.
- 15.12 Records shall be kept by the Service Provider for a minimum of 12 months and be open for inspection by the Authorised Officer.

Complaints made directly to the Authority regarding the Service Provider

- 15.13 Whilst the council anticipates most residents to raise concerns directly with Service Providers, there will be occasions where the Complaints Business Manager, or other council officer, receives a complaint directly from a resident, their support network, or through Social Work/Care Management Service or other professional body. The council will keep a record of these and write to the complainant acknowledging and advising them that the complaint will be passed to the Branch Manager or Complaints Administrator to investigate thoroughly. The Service Provider will then have 10 working days to submit a draft response for review by the complaints business manager which is the process for all complaints.
- 15.14 All Complaints must be investigated thoroughly by the Service Provider and a response should be drafted for all complaints. Service Providers should use the agreed template to respond to complaints.
- 15.15 If there is any concern regarding potential safeguarding, such as abuse or neglect of a vulnerable adult using the Service, then a Safeguarding alert will be raised by the council.

- 15.16 If Service Providers are unsure of what actions to take, or they are unable to meet timescales, they will consult with the complaints business manager, and the Contracts Manager if appropriate.
- 15.17 During contract monitoring the Authorised Officer shall review complaints received together with any outcome and plans to imbed lessons learnt and good practice to ongoing service. The Service Provider shall carry out such remedial action as the Authorised Officer may require.

Quality Assurance Leads

- 15.18 The council have Quality Assurance Leads (QAL's) working with the adult social care team specifically to work with Service Providers and residents to drive improvement and quality across the Services. Providers will be required to work with the QAL's on key lines of enquiry, deep dives into areas to understand the teams culture, Home Care and Independent Living Worker training, double up care, quality concerns or other issues affecting the Service. The QAL's will work with Providers and the council in an enabling and supportive way to deliver necessary changes to improve quality.

16 Implementation and Exit Strategy

- 16.1 The Service Provider will be required to work with the council and follow an implementation plan on commencement of the contracts, demonstrating how they are meeting or working towards the requirements of the specification and what they said they would do in their bid. This will take the form of regular meetings between the Service Provider, council, and residents who are using the Service.
- 16.2 The Service Provider must have an 'Exit Strategy' to cover the circumstances where it is no longer able to provide a Service or meet its contractual obligations to the council. This will be reviewed by the authorised officer and subject to their approval. This strategy must have the welfare of the residents of the Service at its core and as its paramount concern and will be designed to ensure continuity of Service.
- 16.3 The Service Provider will work with the council and any new Service Provider to ensure continuity of Service by sharing all appropriate information on residents who use their Services, (including current names, addresses, current care package offered and any other essential information including means of access and care plans which hold information on individuals needs and requirements that will avoid them having to repeat their story to a new Service Provider), and working in a joined-up, professional and timely way to ensure minimal disruption to users and a smooth transition of care. All parties will cooperate to make sure that the welfare of people using Services is paramount and their needs continue to be met in any transition period.
- 16.4 In the event that there is a change of Service Provider, residents will be notified by a means, time and date always agreed with the Authority and, as soon as is practicable.

- 16.5 The Service Provider will work with the Authority to provide any individual or collective data needed to enable a safe transfer of care, and to provide information to people using Services and their carers on terms agreed with the council.
- 16.6 The Service Provider will keep information on residents up to date including names, addresses, current care package offered and any other essential information including means of access and care plans which hold details on individual's needs. This is to enable urgent core information to be obtained at short notice in the event of Service Provider or Business Continuity failure for whatever temporary or long-term reason.

17 Confidentiality

- 17.1 The Service Provider will recognise the need for confidentiality within the content of a clear operational policy having regard to the Data Protection Act 1998, the Human Rights Act 1998 and the Freedom of Information Act 2000 and any information sharing agreements that the Authorities may expect the Service Provider to enter from time to time.
- 17.2 The Service Provider will have a system in place that allows electronic data transfer to be anonymised automatically if needed for reporting purposes.
- 17.3 The Service Provider will assist the council in fulfilling all the data protection requirements specified further to the Councils completing a privacy impact assessment. These may include reassurances from the Service Provider regarding staff training in data protection, the retention/destruction of personal data and/or the physical location of the servers storing personal data. An operational information sharing agreement will also be agreed with and signed by the approved Service Provider.

18. Service Provider's Policies

- 18.1 The Service Provider shall have clear policies to be approved by the authorised officer on, including but without limitation:
- Recruitment and Selection Procedures
 - A Person-Centred Approach to care provision
 - Health and Safety
 - Business continuity plans
 - Grievance and Disciplinary Procedures
 - Support and Supervision of Staff
 - Workforce Planning and Development
 - Complaints
 - Manual handling
 - Confidentiality
 - Equalities and Diversity
 - The involvement of people who use Services and their carers
 - Mental Capacity
 - Raising Issues of Concern
 - Safeguarding Vulnerable Adults alerts

- Multi-disciplinary working
- Quality assurance especially in relation to Personalisation issues
- Business Continuity
- Infection control, including how to work with residents where this may be an issue
- Safe handling of residents finances
- Data Protection and Information security
- Whistleblowing
- Lone working
- Climate impact assessment and green working policy
- Social value policy / commitment

19 Social Inclusion, the Local Community and Valuing Diversity

- 19.1 The Service Provider will have full knowledge of all applicable equality, dignity and compassion and human rights legislation and policy, and the specific implications for staff and people who use Services and the wider community.
- 19.2 The Service Provider will demonstrate that it has the necessary policy and procedures in place to ensure compliance with the letter and spirit of such legislation and policy and provide regular reports and analysis of its own performance for contract monitoring purposes.
- 19.3 The Service Provider will recognise that some people from minority groups will have concerns about accepting personal care Services from others and the reception they may receive. Officers expect that everyone who is eligible for Services will receive a positive and embracing Service provision regardless of their diversity.
- 19.4 Service Providers will work with local economic development teams and other stakeholders to consider local employment and workforce development opportunities that would enhance their Service provision.
- 19.5 Service providers will consider the environmental impact of their business and ways to lower their carbon footprint.

20. Civil Contingencies/Business Continuity

- 20.1 Under the Civil Contingencies Act 2004, the Authority is obliged to ensure that its Services and therefore its Service Providers who are delivering Services on its behalf, are able to operate effectively at all times in a way that meets the needs of residents and addresses the needs of the workforce in the event of a major civil incident. This will be reviewed by the authorised officer and subject to their approval.
- 20.2 The Service Provider will ensure, and evidence, that plans, and procedures are in place to enable the continued operation of this core Service during any form of

major civil disruption or other major event likely to disrupt the usual delivery of the Service. These plans and procedures will be reviewed by the authorised officer.

- 20.3 The Service Provider will report any changes in their financial health immediately to the authorised officer/contracts manager so that any potential threats to business continuity can be highlighted at the first opportunity. Service Providers will work with the contracting authority to make sure residents are safeguarded and the authority notified in good time of any potential threat to Service delivery. This will enable proper contingency planning if needed.
- 20.4 Service Providers will make sure they have robust contingency cover for any potential failure of technology. There must be continuity of Service in the event of any loss of access to technology systems which support Service delivery.
- 20.5 Local civic or other events, inclement weather, infectious outbreaks, or other unforeseen circumstance may arise from time to time and may necessitate specific arrangements being made to enable the provision and continuation of the Services. The Service Provider shall be required to comply with any reasonable specific arrangements and requests that are made by the Authority to ensure good continuity of Service in any such circumstances. This is a core Service for vulnerable adults and Service Providers must have a robust policy in place to ensure ongoing Service provision.
- 20.6 As with the Exit Strategy, the welfare of the residents and a continuing Service is of paramount concern and the Service must be designed to ensure continuity of Service. Most residents will not be able to live independently without this Service and every effort must be made by Service Providers to deliver a continuous Service.
- 20.7 There is potential for regular disruption to traffic and travel in the borough for different reasons and Service Providers must be prepared for incorporating this in their business and contingency planning.

21 Legal requirements

- 21.1 The Service Provider shall at all times during the Contract Period provide the Services in accordance with legislation relating to the provision of a Home Care and Independent Living Service. The Service Provider will ensure that its staff are aware of and have a good understanding of any relevant legislation they are working in and work within these parameters.
- 21.2 The Service Provider will comply with all legislation relevant to the execution of their duties within this Contract. This relates to all current legislation including the Care Act 2014 and all future legislation that may come into effect during the life of this contract.

22 Risk

- 22.1 The Service Provider will ensure they adhere to all relevant legislation, which take into account their duties with regards to risk assessment. This includes but is not limited to Health and Safety and Manual Handling legislation and policy.

- 22.2 The Service Provider will carry out all appropriate Health and Safety risk assessments of the operations necessary to provide the Service and put in place the controls identified by the assessments. The Service Provider will have in place a mechanism for the planned review of such risk assessments and to take account of any changes to the operation of the Service. These procedures will be reviewed by the authorised officer.
- 22.3 The Service Provider will carry out an individual risk assessment on all new referrals for care and document the findings, leaving a copy in the resident's home. This includes a fire safety risk assessment using the councils agreed risk assessment form, which must be kept up to date with any new risks identified whilst working with the resident. Fire safety risks should be reported to the London Fire Brigade and a nominated officer / team in the council to ensure our records are kept up to date and any necessary mitigation can be put into place.
- 22.4 Any risk element identified must be reported to the referrer to mitigate the risk at the earliest stage. This will include, but is not exclusive to, areas such as manual handling and a safe working environment.
- 22.5 If anything occurs that places the resident at risk during the provision of the Service whether it is accidental or intentional, the Service Provider will report it immediately to the Authorised Officer.
- 22.6 Service Providers will be aware that some people using Services who are able to direct their own support needs may choose to accept an element of risk in their daily lives and as long as this is recorded, agreed, and does not place the care worker in a compromising position, then this may be an individual's chosen course.

23 Glossary

Abbreviation/Term	Title and explanation
ASC	Adult Social Care. The Department of the relevant Local Authority, which is responsible for assessing, commissioning and contract managing the care provision
Authorised Officer	The officer in the Contract monitoring team with lead responsibility for the contract. If in doubt as to who to approach regarding an issue, please contact the Authorised officer who will pass to the correct local authority officer.
CQC	Care Quality Commission. The current governing body for home care and other health and social care Services, who make sure that these care Services in England provide people with safe, effective, caring, responsive, well led and encourage them to make improvements. They are responsible for inspection of health and care Services, taking enforcement action, registering Services, working with other organisations and more. All references to the CQC will apply to any future organisation which may replace the CQC.
CCGs	Clinical commissioning groups are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England
CLCH	Central London Community Healthcare- a Community Health Service Provider organisation providing health care to people living in the community- e.g. nursing Services. They work across the three boroughs. Any reference to CLCH will apply to any future Community Health Service Provider organisation which may replace CLCH.
Continuing Care	NHS continuing healthcare is the name given to a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital who have complex ongoing healthcare needs. It is only available for people who need ongoing healthcare and meet the eligibility criteria- including being assessed as having a "primary health need" and have a complex medical condition and substantial and ongoing care needs.
ECM	Electronic Care Monitoring system / Homecare Management System. The electronic care monitoring system that Service Providers must comply with..
End of Life care	End of Life Care is support for people who are approaching death where they are likely to die within the next 12 months. It helps them to live as well as possible until they die, with dignity. It includes support for their family or carers. End of life care also covers legal issues, such as creating a lasting power of attorney , so that people ensure their decisions about choice of care is made when they are no

	longer able to do so.
HCMT	Homecare management Team. The team who will be the main link between care management and social work staff, health professionals and home care Service Providers. They will manage the care provision and queries relating to care packages and will have the overview of the Homecare Management System.
ICSs	Integrated Care Systems are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population
MDT	Multidisciplinary Team – a body of professionals from a range of health, social care and Authority Services which considers, and plans for, the needs of a resident holistically
MECC	Making Every Contact Count.
Outcomes	These may be described as an impact on quality of life conditions - how the resident assesses their situation and what they want to achieve with their personal outcomes- what will make a difference to their life to enable them to live independently
Palliative Care	Palliative Care is part of End-of-Life Care and is provided to people at the terminal stages of their condition when death is a few days or weeks away. It involves attempting to relieve pain and other distressing symptoms while providing psychological, social and spiritual support. Carers and family are also offered emotional and spiritual support. This is called a 'holistic' approach to care.
Pressure surge management	From time to time the health and social care economy needs to cooperate and work collaboratively to manage pressure surges such as occurs in Winter Pressures. The home care Service Provider will be expected to support social care responses to increase capacity and/or work differently to meet demand as needed.
Representative	The named representative of a resident who lacks capacity, who is agreed with the local authority or the Office of the Public Guardian as acting in the residents best interests.
Resident	The people who will use these home care services following an assessment of their needs by the council
Home Care and Independent Living	The name of the Service been commissioned, commonly referred to as Homecare or Domiciliary Care.
Home Care and Independent Living Worker	Refers to the Workers employed to deliver the Service, commonly referred to as carers, care workers. This terminology distinguishes from family / friend carers.

24 Appendices

- A. Home care activities
- B. Doorstep refusals and late cancellations form
- C. Northwest London Adult Social Care Medicines Policy
- D. Adass Quality standards
- E. LBHF Homecare Standards
- F. LBHF Dementia Strategy
- G. LBHF 'No reply' procedure
- H. Suspension of care packages

APPENDIX

Appendix A - Activities



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Appendix B Doorstep refusals and late cancellations



Doorstep refusals
and late cancellation f

Appendix C NW London Medicines policy



NW London
Medicines policy

Appendix D ADASS homecare quality standards



ADASS homecare
quality standards

Appendix E LBHF Homecare standards



LBHF Homecare
Standards

Appendix F Dementia strategy for Hammersmith and Fulham



Dementia Strategy

Appendix G
LBHF 'no reply' procedure



No reply procedure

Appendix H
London Multiagency Adult Safeguarding Policy & Procedures



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