

# Public Document Pack

## **SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)**

24 NOVEMBER 2015

SUPPLEMENTARY PACK

Agenda Item 11: The Adult Social Care Residential and Nursing Framework Contract

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**Report of Head of Contracts and Business Development**

**Report to Adult Social Services Public Health NHS Scrutiny Board**

**Date: 24<sup>th</sup> November 2015**

**Subject: The Adult Social Care Residential and Nursing Framework Contract**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Summary of main issues**

1. The current Adult Social Care Residential and Nursing Framework Contract has now been in place since December 2012 and is now in its third year of operation. This report is to inform scrutiny members of the history of this contract, how it is now operating and the proposals for the next phase of the commissioning process.

**Recommendations**

2. The Adult Social Services Public Health NHS Scrutiny Board members are asked to note the content of this report.

## **1 Purpose of this report**

- 1.1 This report is to inform scrutiny members of the history of the Adult Social Care Residential and Nursing Framework Contract, how it is now operating and the proposals for the next phase of the commissioning process.

## **2 Background information**

- 2.1 During 2010 and 2011, there had been a significant number of legal challenges to local authorities, concerning the fees paid to residential and nursing homes for placements made by those local authorities. The outcome of many of these legal challenges was that the rationale used by those authorities in setting the usual cost of care for the sector was unlawful and fees had to be reviewed, sometimes at significant extra cost to those councils.
- 2.2 Prior to the introduction of the framework contract in Leeds in 2012 Leeds Adult Social Care had negotiated individual fees with homes which lead to a great inequity in the fees which were paid across the city for the same type of service. At the same time, the city faced major financial challenges and Adult Social care was required to save approximately £5m from the supported residential and nursing care budget.
- 2.3 The issues mentioned in 2.2 above together with the legal challenges to councils over the way they set fees and that fact that there was a need to significantly improve the way that residential and nursing care contracts were monitored by the council, the directorate took the decision to embark on an ambitious recommissioning exercise to develop a quality framework for residential and nursing homes which was linked to a fair price for care in the city.
- 2.4 The Director of Adult Social Services submitted a report to the Executive Board on the 7th September 2011 recommending the establishment of an Advisory Board to include representatives of all groups with a direct interest in commissioning, providing and receiving sustainable high quality care for older people. This Board had a primary remit of bringing forward a long term sustainable fee settlement linked to quality services. A Quality Framework linked to the fee settlement, along with proposals to deal with the issue of sector inflation would also be devised (this work would not include residential placements in other service areas such as learning disabilities and mental health, which are being dealt with separately). This was set in the context of a reducing Council budget, and therefore the requirement to devise affordable solutions. A further report was then submitted to Adult Social Care Delegated Decision Panel on 18th January 2012 with a recommendation to the Director that the services of Ernst and Young, an international accountancy firm be engaged to assist officers of the Council to develop a Quality Framework and a new fee structure.
- 2.5 The Advisory Board mentioned in 2.4 above was established in November 2011 and was chaired by the Executive Member for Adult Social Care. The Board consisted of five elected members (one from each of the parties on the Council), five representatives from the independent provider sector (including directors from BUPA, Maria Mallaband and the Leeds Care Association), a service user representative, a voluntary sector representative and representation from NHS Leeds.

- 2.6 The Quality Framework set out to provide an assurance framework to assess the quality of services being provided in a care home setting together with a fair fee structure which would incentivise quality care being provided in these establishments. From the outset, the development of the quality framework contract and fee structure was to be achieved under a coproduction model with input from all stakeholders involved. This coproduction model involved:
- Workshops to which all providers in the city were invited to seek views on how the quality framework documents would be developed and how these would be assessed during the contract period.
  - Focused meetings with providers to further develop and refine the quality framework, specification and conditions of contract.
  - The establishment of resident and relative groups to identify the most important standards of daily life in a care home to be included in the framework documents.
  - A full cost of care exercise during which all in the city providers were asked to submit the cost of care for their establishments and then focused negotiation with provider representatives to come to a fair cost of care for the city.
  - In conjunction with NHS Leeds, the development of a nursing specification to be included with the framework documents.
  - Development of an equipment schedule with the Community Equipment Service to be included in the contract.

At all times throughout this process the Advisory Board was kept apprised of development of the Quality Framework through regular monthly meetings.

- 2.7 The outcome of the work described in 2.6 above was a quality framework document which set out that standards of quality expected in a care home setting, a copy of this document is attached at Appendix 1 (the document is in three parts 1a Quality Standards, 1b Environment and Resources Standards and 1c Financial Security and Development Standards) to a set of tender documents including a specification, conditions of contract, instructions to tenderers and a new residential and nursing fee structure for the city.

- 2.8 The fee structure was developed to incentivise quality within care homes and was set at three different levels:
- Non-QF Fee, which would apply to those homes who chose not to be, or were excluded from being part of the framework contract;
  - Core QF Fee, which would apply to all homes on the framework contract who had achieved the core standard level or were in the process of working towards this level, and;
  - Enhanced QF Fee which applies to all homes who had reached the enhanced standards as part of the quality framework.

The fees were also set for each of the care home service types. An example of the fees payable during 2014 for each of the service and quality framework areas is shown in Appendix 2.

- 2.9 In April 2012, the Advisory Board agreed the quality framework documents and fee structure and the Director of Adult Social Services submitted a report to the Executive Board, recommending the adoption of the quality framework and fee structure in Leeds, the commencement of a procurement exercise to appoint providers to the quality framework and the implementation of new monitoring arrangements for care homes on the framework contract. These recommendations were approved by the Executive Board at their meeting on the 20<sup>th</sup> June 2012.
- 2.10 Following the approval of the Executive Board, two procurement exercises were undertaken during 2012 and 2013, to appoint providers of care homes in the city to the quality framework. Prior to the first tender exercise a number of workshops were held with providers, facilitated by ASC Commissioning staff and procurement colleagues, to go through the tender documents to ensure providers were fully aware of the process involved. The tender exercise required providers to answer a number of questions relating to the quality of service including safeguarding and these were evaluated by an evaluation team consisting of ASC contracting and commissioning officers, social workers, safeguarding representatives and a service user representative.
- 2.11 Under the first tender carried out during the latter half of 2012, a total of 74 care homes were successful in being appointed to the framework and the Director approved these through a delegated decision on the 21<sup>st</sup> November 2012. However a number of providers were unsuccessful at this stage, not having achieved the necessary score threshold to be appointed. As this was the first tender exercise that had been undertaken in the sector for a number of years and as it was the intention of the directorate to appoint as many of the care homes in the city to the framework as possible, the decision was taken to go through a second phase tender exercise and this was undertaken during the first half of 2013. Prior to this happening, ASC officers met with all providers who had been unsuccessful in the first round to provide a full debrief on the reasons why they had not succeeded. Providers had to go through the same exercise (with different questions set) and with the same threshold scores required to be successful. Following the phase 2 tender, a further 17 care homes were successful in being appointed to the framework.
- 2.12 Following both tender exercises, the majority of older people's care homes in the city are now part of the framework contract. Only 4 care homes choose not to participate in the contract. Feedback from these homes was sought as to why they did not participate and the main reason given was that their business focused on the self-funder market.

### **3 Main issues**

- 3.1 The framework contract has now been operational for three years and has two more years left of the contract period. There is no provision to extend the contract beyond the initial 5 year period (including the phase 2 contract which is coterminous with the phase 1 contract).

- 3.2 During the first year of the contract, a dedicated monitoring team was established to undertake the validation of the quality framework within older peoples care homes. The team consists of a Principal Business and Contracts Officer who manages the team and 4 Business and Contracts Officers who each have a portfolio of homes which are assigned on a provider/company basis e.g. all BUPA homes in the city will be allocated to one Business and Contracts Officer. The Business and Contracts Officers are responsible for maintaining the business relationship between the Council and the provider, for undertaking the validation visits to ensure compliance with the standards contained in the Quality Framework, managing the contract with that provider and being the point of contact for other professional stakeholders e.g. CQC inspectors, Safeguarding Officers, CCG Contracting Officers, Social Workers etc.
- 3.3 Within the Quality Framework are three main domains which are Quality Standards and Outcomes, Environment and Resources, Financial Security and Development and within these three main domains there are 11 standards overall (which are further sub divided), on which the quality of the provider will be assessed. This assessment will be undertaken through the validation process which initially involved a self-assessment by the provider against the standards (together with submission of documents such as policies etc.) followed up by a validation visit. This validation visit consisted of a number of officers attending at the care home and seeking evidence from the provider that they were meeting that standard. This involved scrutinising documents and policies such as training records and medication charts etc, interviewing the manager and staff members, observation of care practices in the home and discussion with residents and relatives. Once the evidence has been gathered, a report is produced and the home will be awarded either the core or enhanced rate. Should any issues be uncovered during this validation visit, an improvement action plan will be put in place with the home.
- 3.4 All providers have now been through an initial validation visit and currently there are 70 care homes who receive the core rate and 20 who have achieved the enhanced rate (we have had one home close during the period of the contract). The Business and Contract Officers now have validation visits scheduled throughout the year and these are now undertaken on an unannounced basis. The officers will also seek information from other sources such as CQC, CCGs, safeguarding and complaints and where any issues seem to be arising, they will prioritise a visit to that home. The validation visits will concentrate on specific standards in the quality framework where any issues have arisen either with that home or generally within the sector. All homes on the framework will be visited at least once a year.
- 3.5 The Business and Contracts Officers will seek to work with a home to help it achieve the standards required within the quality framework however, where a home has failed to achieve those standards then further action will be taken against that home such as suspension of local authority placements, issuing contract default notices and ultimately, the termination of the framework contract. To date, we have not had cause to terminate a contract with a provider however, other sanctions have been put in place with a small number of providers over the years.

- 3.6 As part of the ongoing process to improve the quality framework document, Contract officers have been working with a Leadership Group established by Leeds Care Association to review the standards contained in the document.
- 3.7 Given that we are now approaching the last two years of the contract and there is no extension period allowed for under the terms, it is now necessary to consider the recommissioning exercise for this contract. The planning for this process will commence in January 2016. An indication of the timeframe involved to complete the recommissioning process will be an initial 6 month consultation period and completion of a cost of care exercise, 6 months to draft and agree the new quality framework documents, 8 months for any subsequent procurement exercise and a 4 month lead-in period, which will take us to the end of the current contract period.

## **4 Corporate Considerations**

### **4.1 Consultation and Engagement**

- 4.1.1 A full consultation process was undertaken for the initial framework contract and a similar process will be completed in connect with the recommissioning of the contract.

### **4.2 Equality and Diversity / Cohesion and Integration**

- 4.2.1 A full Equality Impact Assessment was undertaken as part of the establishment of the initial framework contract and this will be repeated during the recommissioning process.

### **4.3 Council policies and the Best Council Plan**

- 4.3.1 The services provided as part of the contract will contribute to the Health and Well-Being City Priority plan.

### **4.4 Resources and value for money**

- 4.4.1 The initial framework and fee structure was established to bring equity to the fee structure for residential and nursing care in the city, to ensure that a fair cost of care was paid for these services and to help meet the financial challenges which were had arisen at the time.
- 4.4.2 A fee review is conducted annually in accordance with the terms and conditions of the contract.

### **4.5 Legal Implications, Access to Information and Call In**

- 4.5.1 This report is for information purposes only. There is no confidential information contained in this report and the report is not subject to call-in.

### **4.6 Risk Management**

- 4.6.1 There are no specific risk issues with this report.



## **5 Conclusions**

- 5.1 The Quality Framework was established to ensure that there was a sound framework to assess the quality of services under the contract the Council has with residential and nursing care homes in the city. It also brought in a fair cost fee structure which sought to incentivise quality services being provided in the homes. The Contract has now been in place for three years and since this time, the Care Act has been implemented, which is the single biggest change to the law affecting Adult Social Care in a generation. There have been a number of changes which the Care Act has brought in which affect the provision of residential and nursing care, therefore it is the correct time to look to review the whole contract to ensure further improvements are made.

## **6 Recommendations**

- 6.1 The Adult Social Services Public Health NHS Scrutiny Board members are asked to note the content of this report.

## **7 Background documents<sup>1</sup>**

- 7.1 None.

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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**Service Specification Appendix 5 Quality Standards Framework**

**Quality Standards**

Standard 1		Promoting health, wellbeing and independence	Core Quality Standard	Y/N	Enhanced Quality Standard	Y/N
		<i>What we would expect to see</i>				
1 (a)	<b>Residents will receive the support that they need to promote and manage their health.</b>	The service is effective in supporting residents to access the full range of generic health and specialist support services. Staff will discuss with them, thoroughly explore and address any health concerns, including, access to treatment and regular health checks, i.e. sight, dentist.  eg, speech and language therapy, hearing, podiatry, dentist, GP, care managers, optician, physiotherapy/OT, dietician, tissue viability, community matron, medication, district nurse, specialist mental health, tissue viability nurse, etc.	100%			
		The health of residents is actively promoted.  Risks to health are effectively dealt with and avoided as much as possible. Concerns regarding residents health and wellbeing are noted, discussed with them, addressed in a timely manner and monitored in their daily records, ie, illness, diet, weight, etc.	100%			
		Where a home experiences problems in obtaining the appropriate health support, systems are in place to identify this, measures have been taken and progress is being made.			100%	
1 (b)	<b>Residents receive a balanced nutritious and varied diet which takes account of individual requirements and preferences</b>	Nutritionally balanced varied meals are prepared on the premises by suitably qualified staff, and are well presented to service users.	100%			
		Care plans include food preferences, cultural and religious dietary needs, other special dietary requirements, and equipment.	100%			
		Staff will have full knowledge of individuals' dietary requirements, i.e. swallowing difficulties, allergies, nutritional risks and health conditions such as diabetes that require ongoing monitoring to prevent further complication and are trained to meet specific needs as required, ie, enteral tube feeding (PEG-tube).	100%			
		Residents are supported to reach and eat food and drink in a dignified manner.	100%			
		Snacks and drinks are available to residents throughout the day and they are supported to access these.	100%			
		Residents have a choice of food and drink, including, a minimum of three mains and two desserts for main meals, meal times and eating venues.	100%			

**Service Specification Appendix 5 Quality Standards Framework**

**Quality Standards**

Standard 1		Promoting health, wellbeing and independence	Quality Standard		Enhanced Quality Standard	
		<i>What we would expect to see</i>				
1 (c)	<b>Residents have access to medicine which is well managed and regularly reviewed.</b>	There is an medication policy which includes, arrangements for regular auditing of practice, arrangements for ordering, handling , reviewing and administration of medicines including PRN medication and supporting residents to self medicate where appropriate.  This reflects best practice as defined in, 'The Handling of Medicines in Social Care,' (RPSGB, 2007)	100%			
		The home aims to minimise the unnecessary use of antipsychotic medication by working with healthcare workers.			100%	
		A formal annual review of individual residents medication is undertaken by a doctor or a pharmacist and is recorded in their notes.			12 monthly	
1 (d)	<b>Residents are encouraged to maintain their independence</b>	Care plans and daily records include what people will be encouraged to do for themselves and others. They include strategies to encourage people to maintain independent living skills.	100%			
		Residents are supported where possible to take managed risks in a considered way, ie, lone off-site excursions.	100%			
		The home supports residents to be involved in daily household tasks as appropriate, ie, folding laundry, tidying up.	100%			
		Residents are supported to manage their continence.	100%			
		Residents who choose to, are routinely involved in the daily household tasks of the home. This is an integral part of the homes philosophy and care staff will aim to include and engage residents in appropriate tasks around the home, whilst ensuring that health and safety risk factors are considered.			100%	

**Service Specification Appendix 5 Quality Standards Framework**

**Quality Standards**

Standard 2		Improved choice and control of services people receive and effectiveness of services which enhance quality of life.	Core Quality Standard		Enhanced Quality Standard	
		<i>What we would expect to see</i>				
2 (a)	<b>Residents have access to and are engaged in social and therapeutic activities within the home, which reflect their interests and in which they can choose to participate.</b>	A weekly planned activity programme is in place and is reviewed on a regular basis. This reflect the resident groups interests, circumstances, needs and abilities.i.e. stimulation for people who have dementia, and for people who are in bed due to a long term condition or illness.	100%			
		The home has arrangements in place for daily stimulation, for example, newspapers and books, sensory stimulation, etc.	100%			
		The home has resources dedicated to undertaking activities and engaging with residents, as part of a weekly programme of planned and ad hoc activities. The staff involved are knowledgeable about the client group and skilled in providing stimulating and therapeutic activities which reflect the interests of the residents and includes their views.			100%	
		Care staff routinely spend time talking and engaging with residents as a part of their day to day work. This includes when they are assisting residents and spending time with them when household and personal care tasks have been completed.			100%	
2 (b)	<b>Residents are supported to maintain relationships with family, friends and other networks. They are enabled to establish and maintain social networks and access community facilities.</b>	Care plans and pen pictures include peoples key relationships with others, and how these are maintained.	100%			
		The home is welcoming and staff are friendly. Family carers and friends are able to visit at any time.	100%			
		The home routinely involves and informs relatives and friends in communications about their person (as agreed with the resident).	100%			
		The home responds promptly and fully to requests for information and concerns from family carers and resident representatives, where this is appropriate and in keeping with the residents wishes.	100%			
		There are external links with key community resources, for example, religious groups where appropriate, entertainers, libraries.	100%			
		The home works to involve the wider community in the home and makes use of its resources, including for example the involvement of community groups, schools and volunteers.			100%	
		The home enables and is effective in supporting residents to contact and engage with their family carers, friends and networks using a range of techniques, for example, use of technology, supported to write letters and cards, etc			100%	

**Service Specification Appendix 5 Quality Standards Framework**

**Quality Standards**

Standard 2		Improved choice and control of services people receive and effectiveness of services which enhance quality of life.	Core Quality Standard		Enhanced Quality Standard	
		<i>What we would expect to see</i>				
2 (c)	Residents are enabled to communicate their needs and preferences, and the home maximises opportunities for residents to make choices, whilst considering and balancing health and safety requirements.	Individual communication requirements are included in the care plan, ie, use of interpreters, sign language, hearing aids, large print books and magnifying glasses, etc.	100%			
		Staff are skilled in engaging with people who have communication needs to ensure that they are heard and understood. i.e. taking the time to communicate clearly and/or using signs and other aids to communication as appropriate.				
		The home ensures that staff are able to systematically engage with residents and support them to make choices. This is reflected in care plans, pen pictures and resident records which include individual preferences/choices, and evidence that these have happened and are reviewed, ie, trips out , etc.	100%			
		The home has a policy which allows residents to choose to smoke and drink, unless, the home specifically advertises as being non-smoking and/or alcohol free. (Outside areas or rooms for smoking, drink inline with care plans, etc).	100%			
		Residents are supported to vote in elections.	100%			
		Routines are based upon individual residents choice, eg, bed time, getting up, meals, control the temperature of their own rooms.	100%			
2 (d)	The diversity of residents is valued, respected and provided for.	The home has an equal opportunities policy which covers all areas for staff and residents and which reflects equality legislation. The Provider shall not unlawfully discriminate, harass or victimise either directly or indirectly on such grounds as race, colour, ethnic or national origin, disability, sex or sexual orientation, religion or belief, or age	100%			
		Diverse needs are accommodated throughout the home, ie, the home is accessible, dietary, religious and spiritual needs are provided for, and staff are sensitive to diverse needs. The home identifies and deals with any issues which may directly or indirectly discriminate against residents, staff or visitors.	100%			
		Information is provided to residents in accessible formats	100%			
		The home demonstrates a willingness and ability to provide a service which meets diverse needs. It is proactive, flexible, innovative and equipped to deal with and accept service users with diverse needs.  Staff are trained in relevant areas of diversity, this includes specific requirements for service users needs, ie, communication, culture, religious beliefs, challenging behaviour management, etc.			100%	

**Service Specification Appendix 5 Quality Standards Framework**

**Quality Standards**

Standard 3		Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm <i>What we would expect to see</i>	Core Quality Standard		Enhanced Quality Standard	
3 (a)	<b>Residents are safeguarded from abuse</b>	The home is compliant with CQC outcomes relating to: safeguarding and safety	No moderate or major concerns/or only up to 5 minor concerns at last inspection		Compliant at last inspection	
		Safeguarding Policy and Procedures are in place and the home is compliant with the Leeds Safeguarding Adults Partnership policy and procedures. Policies and procedures should include a consideration of all children and be consistent with Leeds Children's Board Procedures.  Safeguarding incidents are reported to Adult Social Care inline with the partnership procedures, and if appropriate to Children's Social Care.	100%			
		The home has an identified lead for safeguarding and safeguarding patterns and trends are reviewed annually and actions identified to minimise abuse or neglect are acted upon.	100%			
		The home has in place arrangements for reviewing and auditing safeguarding arrangements which are external to the home.			100%	
		The home is effective in promoting a safe environment, residents and their family carers/representatives know how raise concerns or seek advice when they have concerns. The home is effective in addressing any safeguarding issues promptly when they arise.	100%			
		Safeguarding responsibilities and procedures are covered within induction; training provided within 3 months of employment and updated at least every 3 years.	100%			
		The home has a whistleblowing policy in place which meets the requirements of the Public Interest of Disclosure Act 1998	100%			
		The service provider must undertake Criminal Record Bureau (CRB) and Independent Safeguarding Authority (ISA) Vetting and Barring Scheme checks and ISA referrals made in accordance with their criteria, ensuring best practice is adhered to and residents are safeguarded from those persons unsuitable to work with them.	100%			
		Referrals to professional regulatory bodies in relation to misconduct/breach of professional codes must be made according to that bodies criteria/guidance.				

**Service Specification Appendix 5 Quality Standards Framework**

**Quality Standards**

Standard 3		Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm <i>What we would expect to see</i>	Core Quality Standard		Enhanced Quality Standard	
3 (b)	<b>Residents right to making decisions about their own life is actively pursued and promoted. Where this isn't possible arrangements are in place to ensure that decisions are made in their best interest.</b>	The home is compliant with CQC outcomes relating to: respecting and involving people who use services	No moderate or major concerns/or only up to 5 minor concerns at last inspection		Compliant at last inspection	
		Wherever residents have the mental capacity to do so, they should be supported to make informed decisions about how their support and care needs and how these are met. care plans should be agreed with the resident. Relatives are included within care planning issues in accordance with the residents wishes, or in their 'best interests' where they have been assessed as not having mental capacity in relation to this decision.	100%			
		Information about advocacy services is promoted around home and in the residents handbook.  Residents are fully informed about access to advocacy and the home seeks to secure advocacy services for residents where this is needed. This is evidenced in records. i.e. issues involving safeguarding, personal finances, and health.	100%			
		Where a resident lacks capacity Mental Capacity Act requirements are met and best interest decision making undertaken, is accordance with the Act and the Code of Conduct. Capacity and decisions are reviewed in different circumstances, ie, decisions made about DNR are kept under review with doctors, residents are supported to make their own decisions wherever possible.	100%			
		Where a person is identified to lack capacity, or risks being deprived of liberty the home should apply to the supervisory body for authorisation. Staff understand the requirements of the Mental Capacity Act and this is reflected in practice. Senior staff have relevant skills, and know what action they should take.	100%			
		The home provides residents with the opportunity to be involved in advanced care planning, for example, Lasting Powers of Attorney and Advanced Decisions and End of Life (EOL) Care planning.  Residents plans are adhered to as far as possible unless there are circumstances which prevent these from being followed.	100%			
		The home has innovative measures in place which seek to minimise deprivation of liberty, for example, the use of technology. i.e. telecare.				100%



**Service Specification Appendix 5 Quality Standards Framework**

**Quality Standards**

Standard 3		Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm	Quality Standard		Enhanced Quality Standard	
		<i>What we would expect to see</i>				
3 (c)	<b>Residents are treated with dignity and respect</b>	Staff are skilled in resident centred care, including ensuring that residents needs and wishes are paramount and treating them with dignity and respect.	100%			
		Residents are provided with personal assistance in a dignified and respectful manner.	100%			
		Resident's personal belongings are handled with care and are looked after – laundry systems, personalised bedrooms, lockable facility in their room, own clothes, etc.	100%			
		Residents have their own private space, except where they choose to share with another.	100%			
		There is policy and procedure of ensuring that resident information is dealt with confidentially and the home complies with the data protection legislation. Staff treat resident information in a confidential and respectful manner, and records are kept secure.	100%			
		The home has developed a proactive and innovative approach to ensuring all aspects of the service are provided with dignity and respect, for example, regular checks or audits, a dignity champion, etc.			100%	
3 (d)	<b>Residents are supported to manage their money</b>	There is a policy and procedure in place for managing resident finances and robust systems including, who manages funds, how are they managed, regular checks/audits and handovers	100%			
		Residents have access to their own money when they want it.	100%			

Service Specification Appendix 5 Quality Standards Framework

Quality Standards

Standard 4		Ensuring that people have a positive experience of care and support	Core Quality Standard		Enhanced Quality Standard	
		<i>What we would expect to see</i>				
4 (a)	<b>Residents have their needs assessed, planned for and met from admission and regularly reviewed from thereon.</b>	<p>The admissions process includes a pre-admission assessment by a competent member of staff to ensure that the home can meet the assessed needs and identified outcomes. (or in an emergency an initial assessment is undertaken between the home and the social care or health assessor prior to admission to ensure that the home can meet needs and has contingency plans in place if there is an issue. A full assessment should then be completed within 5 days of admission and a review within 7 working days.</p> <p>The home supports pre-admission visits, overnight stays and trial periods to enable residents and family carers to make informed decisions regarding a placement</p>	100%			
4 (b)	<b>Residents are able to access information regarding what they can expect from the service and what the costs are.</b>	<p>Information is made available to the residents and their representative and/or family carer, where they have one, for example, a Resident Guide/ and discussions are held regarding the home.</p> <p>This covers the costs, (including top up fees), how the home operates, what can be expected from the home, what it provides (and doesn't provide) and what they should do if they are not happy.</p> <p>Information is published and made public regarding the above, i.e. Brochures, website, residents guide or information book, etc.</p>	100%			
		<p>An up to date residents handbook is provided to each resident and their family carers/representatives, which, includes clear information regarding the service, what is provided and the cost of the services and any other fees or charges. .</p>			100%	
4 (C)	<b>Residents are supported to find their way around the home and use the different spaces</b>	<p>Residents are supported to move around the home, ie, staff respond promptly when asked for support and the layout and signage is sensitive to the needs of people.</p>	100%			
		<p>The home has quiet areas and an outside area or garden which is safe and that residents are supported to access if they choose.</p>	100%			
		<p>The home has arrangements for privacy so that residents can receive visitors in private.</p>			100%	

**Service Specification Appendix 5 Quality Standards Framework**

**Quality Standards**

Standard 4		Ensuring that people have a positive experience of care and support	Core Quality Standard		Enhanced Quality Standard	
		<i>What we would expect to see</i>				
4 (d)	<b>Up to date person centred care plans, pen pictures and risk assessments are in place and agreed with residents. These are regularly reviewed, consulted on and used.</b>	The home is compliant with CQC outcomes relating to: personalised care, treatment and support	No moderate or major concerns/or only up to 5 minor concerns at last inspection		Compliant at last inspection	
		Care plans are in place for all residents and cover all aspects of the residents life include strategies for risk management. These include input from, and agreed with, the service user, their representatives and/or relatives, and professionals as relevant. Current plans are recently dated and are reviewed on an ongoing basis (monthly as a minimum).	100%			
		A formal review of a residents care plan and service provision is undertaken annually, or as required . This includes input from the residents family/ representatives and other professionals as appropriate.	100%			
		A policy and procedure for undertaking risk assessments is in place. Recently dated risk assessments undertaken with residents and their representatives, and/or carers as relevant, covering all areas of the residents life's are available and actively used.	100%			
		A detailed pen picture is available for each resident for staff to use detailing the persons life history, important relationships, preferences and any routine .	100%			
		Life story work has been undertaken with residents and their families/friends and used by staff routinely and to inform activity programmes.			100%	
		A key worker system is in place within the home and is found to be effective in ensuring that the residents individual needs are identified and met.			100%	
4 (e)	<b>Residents and their representatives are supported to be involved in the running of and decision making within the home</b>	There is a residents group and/or meetings, and a relatives group and/or meetings.	100%			
		A compliments and complaints procedure is in place and there is evidence that complaints are recorded and acted upon promptly.	100%			
		The home undertakes a resident and family carers/representatives survey annually and the results are used to inform decisions and make improvements to the home.	100%			
		There is ongoing evidence of the impact and input that the residents and relatives groups within the home, and this is fed back to the group in a meaningful way.			100%	
		Residents and family carers are supported to be involved in decision making and the running of the home - this may include fund raising activities, involvement in interviewing staff, routine involvement and communications regarding changes to the home.			100%	

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Residential and Nursing Care Services (Framework Arrangement) 2013 - 2017 Scheme ID: YORE-95QHXX

Service Specification Appendix 5 Quality Standards Framework

Environment and Resources Standards						
Standard 5		Leadership and management is effective in ensuring a high quality service for residents <i>What we would expect to see</i>	Core Quality Standard	Y/N	Enhanced Quality Standard	Y/N
5 (a)	<b>Strong leadership from Care Home Managers ensures there are; effective management structures to support capable staff, and internal quality checks to assure a high standard of care and support to residents.</b>	The home is compliant with CQC outcomes relating to: suitability of management and quality	No moderate or major concerns/or only up to 5 minor concerns at last inspection		Compliant at last inspection	
		The home should have a registered manager and in the event of new manager they should be registered with CQC within 6 months of employment. Contingency plans should be in place to ensure that an appropriately qualified manager is available to provide on site management and leadership during times of manager recruitment. These periods should exceed no more than 4 months.	100%			
		The service registration and provision reflects the resident population.	100%			
		The home has in place the require policies and procedures, and staff are familiar with these. Regular reviews of all policies and procedures are undertaken to ensure they are inline with current best practice.	100%			
		An overall strategy for quality assuring the service including regular checks, updates and feedback from residents.	100%			
		The home should experience a consistent level of effective management. Circumstances which lead to a deterioration in the quality of the service, for example, serial turnover of the registered manager, or extended periods without a full time manager may contribute to a decision to withdraw the discretionary enhanced payment.			100%	
		The service is headed by a strong effective leader, who provides a role model of best practice, ensures that staff know what is expected of them, and motivates them to deliver it.			100%	
		The home has achieved an externally recognised accreditation/award which provides a measure of quality.			100%	

**Service Specification Appendix 5 Quality Standards Framework**

Environment and Resources Standards						
Standard 6		Staffing levels and skill set are aligned to meet residents' care outcomes and provide continuity of care <i>What we would expect to see</i>	Core Quality Standard		Enhanced Quality Standard	
6 (a)	Staffing levels reflect the needs of residents. Supervision and communications are effective to ensure continuity of care.	The home is compliant with CQC outcomes relating to: suitability of staffing	No moderate or major concerns/or only up to 5 minor concerns at last inspection		Compliant at last inspection	
		The home has in place management arrangements to ensure that staff are supported to provide an effective consistent service. This includes ongoing supervision, as well as robust systems for daily communication and handover.	100%			
		Staff receive regular formal supervision	3 monthly		monthly	
		The home has a policy on staffing which includes the rationale for staffing levels, this includes an appropriate level and mix of skills and expertise at all times to meet residents needs. Shift patterns/rotas are available and practised.	100%			
		The level of support available and delivered to residents is timely. Staff support residents in a respectful manner and protect their dignity.	100%			
		The safety, dignity and wellbeing of the resident will be of paramount consideration when they are required to go to hospital. An assessment will be made regarding whether the resident requires somebody to accompany them to hospital and stay with them. Arrangements will be made to assure their safety, dignity and wellbeing.	100%			
		The care home is innovative in its use of staffing resources in order to maximise the availability of staff, the quality of care and interaction for residents and their involvement in the home and the community.			100%	
6 (b)	Staff in the care home are highly capable with relevant qualifications and experience as well as regular training and investment in their development	A current staff training programme is actively used and updated, including induction for all new staff, all mandatory training and updates, and appraisals undertaken and recorded in staff files.	100%			
		Arrangements for agency or temporary staff are adequate to ensure CRB and ISA checks are undertaken and that staff have received appropriate training and required support within the home to provide appropriate care.	100%			
		A learning culture is promoted in the home. Staff are encouraged to challenge bad practice and reflect upon how the service and practice maybe improved. A learning culture is promoted			100%	
		The staff team has a range of skills, training and experience - NVQ or Diploma in Health and Social Care, level 2 and 3/ Nursing/ qualified first aiders available. Staff providing personal care and those left in charge of the home have the appropriate knowledge, skills and experience.	50% care staff with a suitable qualification		70% care staff with a suitable qualification	

**Service Specification Appendix 5 Quality Standards Framework**

Environment and Resources Standards						
Standard 7		Changing service user profile and requirements inform continuous improvement in the care home environment, layout and furnishings	Core Quality Standard		Enhanced Quality Standard	
		<i>What we would expect to see</i>				
7 (a)	<b>Residents have been assessed for specialist equipment which is available, used and maintained</b>	A range of generic well maintained equipment is available for use and reflects the remit of the home including the range of needs the service meets. eg, hoists, wheelchairs, pressure mattresses, adapted bathing and showering areas, and are used in an appropriate manner.	100%			
		The home is effective in ensure that the individual needs of residents who have an impairment are identified. The home acts to ensure that the needs are met within the service by acquiring the necessary equipment and input. Where this isn't possible steps are taken to refer the resident for a social care/ health reassessment/review.	100%			
		Moving and handling risk assessments of individual residents are carried out by a competent person before equipment is used and staff are trained in the use of equipment.  Incidents involving equipment are reported to the Medicines and Healthcare products Regulatory Agency and the Health and Safety Executive.	100%			
7 (b)	<b>Residents enjoy a well maintained, homely, comfortable environment, which is safe and conducive to wellbeing</b>	The home is compliant with CQC outcomes relating to: environment.	No moderate or major concerns/or only up to 5 minor concerns at last		Compliant at last inspection	
		Effective measures are in place for managing continence and the home is free of enduring odours.	100%			
		The home is found to be comfortable, well cared for, clean, and tidy.	100%			
		Decoration, furniture and fittings are in a good state or repair and fit for use including accessible.	100%			
		The home reflects the requirements of the residents, including orientation and stimulation (where appropriate), and preferences, for example, choice of music, decor, etc.				
		Health and safety issues are monitored, concerns identified and addressed in a timely manner. Procedures are in place and recent checks recorded and dated - including fire regulations, food hygiene, COSSH, moving & handling, medication, infection control, environmental health.	100%			

**Service Specification Appendix 5 Quality Standards Framework**

<b>Environment and Resources Standards</b>						
7 ©	<b>Health and safety requirements are met and regularly reviewed</b>	All homes have in place policies and procedures which aim to minimise the spread of infection. In homes there is an independent audit of infection control arrangements is undertaken every three years and an internal review is undertaken annually, and improvements are made based upon the audit findings.	100%			
		Staff are aware of their role and responsibilities with respect to health and safety, for example, environmental hazards and obstacles and the fabric of the building.  Staff have training and updates.	100%			
		Generic risk assessments have been undertaken and plans are in place for all key areas of risk to health and safety.	100%			
		The kitchen layout is suitable and is found to be clean, tidy and safe. The home has a policy on the handling of food. The Environmental Health/Food Standards Agency rating of the home was undertaken within the last 18 months and is available. (For enhanced status Homes with a 4 star rating or equivalent will be considered on a case by case basis).	3 stars or equivalent in new system		5 star or equivalent in the new system.	



Residential and Nursing Care Services (Framework Arrangement) 2013 - 2017 Scheme ID: YORE-95QHXX

Service Specification Appendix 5 Quality Standards Framework

Financial Security and Development Standards

Standard 8		Residents, commissioners and local health and social care are assured of care home operator's long term commitment to local community	Core Quality Standard	Y/N	Enhanced Quality Standard	Y/N
		<i>What we would expect to see</i>				
8 (a)	The care home works closely with local public sector organisations to develop strong partnership working and to ensure that full advantage is taken of opportunities to develop partnerships	Providers are able to demonstrate linkages with Health care professionals and the local community.	100%		n/a	
		Regular and positive engagement with the local community can be evidenced.	n/a		100%	
Standard 9		The care home continuously improves its operational practices to enable efficiency	Core Quality Standard		Enhanced Quality Standard	
		<i>What we would expect to see</i>				
9 (a)	Any systems comply with minimum audit standards for data and user security	Audit standards adhere to minimum legal requirements	100%		n/a	
9 (b)	The care home demonstrates a commitment to developing staff, to develop financial competencies	Demonstrate a commitment to developing finance orientated staff. Relevant formal training occurs at least annually	100%		n/a	
Standard 10		Residents in the care home are protected from collapse through continuity of care through any transition period	Core Quality Standard		Enhanced Quality Standard	
		<i>What we would expect to see</i>				
10 (a)	The care home can demonstrate audits and policies are in place showing rigorous contingency planning for worst case scenarios all of which are regularly considered via the appropriate internal management structures.	Business Continuity Planning - The home/service will have identified any major risks to its operation and will have a plan for ensuring minimum disruption to the service or in the event of possible disruption will have contingency plans in place. This will be part of an ongoing cycle of risk identification, planning and review.	100%		n/a	
		Manage their risks and contingency planning for worst case scenario emergencies.	100%		n/a	

**Service Specification Appendix 5 Quality Standards Framework**

**Financial Security and Development Standards**

Standard 11		Residents, their families and commissioner/s can be confident that the care home operator is able to meet the financial demands of providing safe and appropriate services	Core Quality Standard		Enhanced Quality Standard	
		<i>What we would expect to see</i>				
11 (a)	<b>The care home has a sustainable business model and can evidence financial stability.</b>	Business plans are published annually before the start of the providers financial year.  Business plans include relevant, detailed financial plans and assumptions, including appropriate risk and sensitivity analysis.  Cash Flow forecasts are incorporated within the business plan.  Annual accounts or where applicable under the requirements of the Companies Act or other legislation, 'audited accounts', are submitted to support the business plan.  Maintenance and Investment plans are provided within the business plan which cover the life of the framework agreement.	100%		n/a	
		Business plans are reviewed Quarterly, the review process demonstrates both responsiveness to the business environment, and the flexible of business plan. E.g. forecasts are compared to actual performance in Profit and Loss accounts and include relevant, detailed financial plans and assumptions, including appropriate risk and sensitivity analysis.	100%		n/a	
		Audit standards adhere to minimum legal requirements	100%		n/a	
Page 24 11 (b)	<b>The care home's management ensures that the cash flow of the organisation is sustainable.</b>	Debts pose a major issue for residents who struggle to gain access to their own money (difficulty paying fees on time or at all).  The care home should demonstrate the policy to address this, and any proposed solutions, and undertake a Quarterly review of debts.	100%		n/a	
		A protocol is established to address disputes and safeguards are in place to limit disputes occurrences.	100%		n/a	
11 (c)	<b>An agreed dispute resolution mechanism is in place with creditors to ensure that disputes are resolved in a timely manner</b>	LCC are notified if there is a dispute which may impact the ability to provide the contracted services	100%		n/a	

**Appendix 2 – Schedule of Fees 2014**

	<b>Non-QF Fee</b>	<b>Core Fee</b>	<b>Enhanced Fee</b>
Residential	<b>£380</b>	<b>£433</b>	<b>£450</b>
Residential Dementia	<b>£389</b>	<b>£446</b>	<b>£469</b>
Nursing	<b>£408</b>	<b>£464</b>	<b>£484</b>
Nursing Dementia	<b>£411</b>	<b>£468</b>	<b>£489</b>

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