

Interim Service Specification

For: Provision of Residential and Nursing Care Home Services for Adults with Long Term Impairments

An agreement between: Bristol City Council (**AS COMMISSIONER**)

And those social care providers named on the Residential Framework (**AS SERVICE PROVIDER**)

Document Owner:	BCC Adult's Commissioning Team
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Approval:

(By signing below, all Approvers agree to all terms and conditions outlined in this Agreement.)

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Section 1 – Context and Overview

1. Introduction

1.1 Background

[The Care Act 2014](#) places a duty on Bristol City Council (BCC) to facilitate and shape our market for care and support, to ensure sustainability, diversity and continuously improving and delivering innovative services. Some of these duties will impact organisations that provide care home services and operate under this specification. These are:

- Promoting diversity and quality in provision of service: The Act introduces a duty for local authorities and Clinical Commissioning Groups (CCGs) to promote diversity, quality and sufficiency of local services through “market shaping”, so that a range of high quality providers are available for local people. This approach intends to deliver improved and sustainable services which focus on the needs and outcomes of individuals, families and carers.
- Promoting independence and wellbeing: The Act puts wellbeing at the heart of the social care system, and places a general duty for local authorities to promote individuals’ well-being. Wellbeing can relate to:
 - physical and mental health, emotional wellbeing and personal dignity
 - protection from abuse and neglect
 - control by the individual over day-to-day life (including over care and support)
 - suitability of living accommodation
- Safeguarding Adults: The first statutory framework for adult safeguarding has been established under the Care Act. This defines local authorities’ responsibilities, and those of their local partners, to protect adults at risk of abuse or neglect, and places a duty on local authorities to set up Safeguarding Adults Boards.
- Preventing the need for ongoing care and support: The Act emphasises that local authorities and CCGs must work with their communities to arrange services that help keep people independent and prevent or delay the need for ongoing care and support. This will involve incorporating early intervention and preventive services into care commissioning and planning.
- Promoting integration: There is a duty for Local Authorities and NHS services to integrate services. The duty will encourage local partners to work together to improve the well-being of local people. Part of this duty is highlighted within this joint specification.

- Improving Quality of Care and financial sustainability: The Care Act introduced care standards as part of the Government's response to the Mid-Staffordshire Hospital and Winterbourne View inquiries. This empowers the Chief Inspector of Hospitals at the CQC to identify problems with care quality and then take action. CQC changed the way they inspect, monitor and regulate care services, implement tougher registration requirements and introduced measures to ensure that Care Home Providers are financially stable.

In carrying out these duties BCC is keen to work with partners and deliver change in the way we commission and deliver services. This will benefit our citizens and help us all manage the challenges associated with restricted a system which we feel has not delivered sufficient choice, control and independence for citizens. BCC is committed to making radical and urgent change through our programme for adult social care transformation, "Better Lives: Improving outcomes for adults in Bristol". This programme is focussed on developing a range of support on offer to those that meet care act criteria in terms of their social care need.

BCC will commission the most appropriate support setting that will meet the presenting needs in a way that enables the person to be as independent as possible in as many aspects of their life as possible. This will take into account the realistic potential for a reduction in needs (and which care setting is most likely to realise that potential); or the likelihood of increasing needs (and which care setting is most likely to prevent or delay such a change). This will include expanding the range of independent housing options available to people as part of the BCC adult social care commissioning vision for the future. To that end, this specification has been developed in parallel but separate from the Elderly (65+) Residential specification in recognition that elderly care outcomes will differ from those of people with a long term impairment, such as a learning disability or Autism, or an acquired impairment such as a Brian injury or experiencing a prolonged period of poor mental health.

For the purpose of this document, the following definitions are applied:

Residential Provision – this is appropriate where the person needs physical assistance or a high level of prompting to undertake basic activities of daily living and is unable to undertake household responsibilities even with a high level of support.

Needs may also include more severe levels of emotional and behavioural difficulties that necessitate physical interventions from carers as well as talking interventions and reassurance in a psychologically informed environment. This may include help to manage more serious self-harm that could threaten health. The residential care package will include help to engage in activities and routines that the person finds meaningful and fulfilling. It may also contribute to managing any risks that they pose to others.

Although not a tenancy, residential care must offer individual private space that the person can regard as exclusive to them and where they can enjoy their own company / personal effects.

Whilst residential care must provide security of accommodation and provide a sense of belonging for the person, it should never be offered as a permanent home for people with a lifelong impairment where more independent living is a desired outcome for the individual. Placements should always be made on a short or medium term basis with a support plan setting out realistic goals of independence to be achieved before the next scheduled review (no more than six months) and the interventions by which those goals are to be achieved.

Adult with a lifelong impairment - This term is used to refer to anyone who has met the criteria for statutory Care Act assessment. This could be for any of the following conditions:

- Learning disability
- Physical disability
- Mental health
- Acquired brain injury

This document is the Bristol City Council (BCC) and in parallel with Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group (BNSSG CCG) specification for Care Home services for Adults with a Lifelong Impairment. This would be categorised as Tier 3 support in the [Adult Social Care Strategic Plan 2016 - 2020](#). This document can be found in the [BCC Adult Social Care Market Position Statement](#).

The specification forms Schedule 2 of the Care Home Services Contract and specifies how services must be provided. Schedule 1 relates to Residential Provision for elderly care (65+). All Providers are expected to deliver the service in line with the service specification.

This interim specification will apply until the review period listed in section 11 of this specification. Feedback on the views of Residents, Carers, Providers and professionals will be taken into account in any review of the specification during that time.

This specification does not replace the legislative and quality requirements which are placed upon Providers by [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#). Each outcome defined in this service specification has been aligned, as far as possible, to the Care Quality Commission's (CQC) [fundamental standards](#).

The Commissioning Organisation/s requires that all Providers are registered with CQC and that care does not fall below the standards defined by the CQC's Fundamental Standards in the HSCA 2008 (Regulated Activities) Regulations 2014.

Further information can be obtained from:
Adults Commissioning Team
PO Box 3176
Bristol City Council
College Green
Bristol

1.2 Legislation

The relevant, underpinning legislation that inform and influences this specification include:

- [Liberty Protection Safeguards - Mental Capacity \(Amendment\) 2019](#)
- [Data Protection Act 2018](#)
- [SEND Code of Practice 0-25 2015](#)
- [The Care Act 2014](#)
- [Preparing for Adulthood](#) as part of
- [Children and Families Act 2014](#)
- [The National Health Service Commissioning Board and CCG groups \(Responsibilities and Standing Rules\) Regulations 2013](#)
- [Mental Capacity Act 2005](#)
- [Equality Act 2010](#)
- [The Human Rights Act 1998](#)
- [The Mental Health Act 1983](#)
- [The National Framework for CHC and FNC](#)

1.3 Partnership

This specification takes into account the duties placed on both the local authority and CCG to jointly commission and provide services in line with statutory duty. To this end the specification will reference and take into account the CCGs role as it pertains to services and funding. This is reflected in their role in signing off the specification.

BCC and BNSSG CCG, in partnership with Residents and Providers, aims to move towards an outcome based approach to the commissioning and provision of services. This document reflects this strategic objective.

The aim is to maximise the use of available resources by establishing longer-term, collaborative approach with Providers to improve outcomes for Service Users. By signing up to a "partnership approach", BCC and BNSSG CCG and Providers are making a commitment to:

- Always consider the best interest of the Customer in the first instance
- Always act in accordance with each organisations statutory responsibilities
- Share key objectives.
- Collaborate for mutual benefit.

- Communicate with each other clearly and regularly.
- Be open and honest with each other.
- Listen to, and understand, each other's point of view.
- Share relevant information, expertise and plans.
- Avoid duplication of what is required from Providers in terms of evidence and monitoring wherever possible.
- Monitor the performance of both/all parties.
- Seek to avoid conflicts but, where they arise, to resolve them quickly at a local level, wherever possible.
- Seek continuous improvement by working together to get the most out of the resources available and by finding better, more efficient ways of working.
- Share the potential risks involved in service developments – the cost of the consequences of a risk can be distributed across partners.
- Promote the partnership approach at all levels in the organisations (e.g., through joint induction or training initiatives).
- Have a contract that is flexible enough to enable the Provider to be responsive to Residents' changing needs, changing priorities and lessons learnt; and which encourages Resident participation.
- Supply information as requested by the Commissioning Organisation to make performance indicator returns as required by the Government and Department of Health.

On June 23rd 2014, Bristol City Council and BNSSG Clinical Commissioning Group signed the Bristol Armed Forces Community Covenant. This is a voluntary statement of mutual support between the civilian community and the local Armed Forces community in Bristol. This Bristol initiative reflects the government's tri-service Armed Forces Covenant. This reflects government policy to improve the support available for the Armed Forces community. The Bristol Covenant builds relationships and local support, between the council and other organisations, the bases and the charities that support in-service and ex-service personnel and their families.

It is not intended to give preferential treatment to the Armed Forces community, but to ensure that they do not suffer detriment because of their service to our country. Members of this community can experience a range of challenges. For instance, when a member of the Armed Forces is drafted to a new post at short notice, the families will have to find accommodation and the children change schools quickly. The council is keen to ensure parity of outcome for the armed forces community with our other Residents. There are many independent charities that provide specific support for the armed forces community and the Provider is expected to support the council by signposting these services to qualifying residents.

1.4 ADASS

The Association of Directors of Adult Social Services (ADASS) is an organisation representing directors of adult social services in England, and is a leading body on social care issues. The association aims to further the interests of people in need of social care by promoting high standards of social care services and influencing the development of social care legislation and policy. ADASS is active in the Southwest of England in developing a shared regional specification for adults with learning disabilities in residential care. As such, this specification has been written with that in mind and any implementation of a shared specification will supersede this agreement using the variation mechanism in Section 3 Part 8 of this agreement.

Section 2 - Vision for Adults with Lifelong Impairments Residential and Nursing Service Provision

We intend to provide high quality, safe and personalised services that promote choice, independence, dignity, control and quality of life for all people we support. Where ever possible we want each individual to achieve their potential, and at the right pace for them towards maximum independence. Where a person's needs are most appropriately met in a Residential setting we want to work together so that, wherever possible they move on to more independent forms of support provision and/or their independence and skills are developed as much as possible within the setting. We will provide sufficient care and support services in accordance with the Care Act, and other relevant legislation, and deliver value for money to the public purse.

2.1. Aims

The aim of this specification is to clarify commissioners expectations, identify outcomes for the commissioned services and give examples of the evidence that will be required to assure commissioners that these outcomes are being achieved. The specification is intended to describe the overall service outcomes for high quality care and support within Care Homes.

Residents and their families/carers will have access to high quality care services which are person-centred, treat people with dignity and respect, keep people safe, offer real choice and control, promote skills development, independence and social inclusion and are supported by suitably qualified and dedicated staff.

As commissioners we will ensure the following shared aims are applied in services:

- That we commission more independent and outcomes driven service provision, away from more traditional residential care, towards more community based support. This will include, but is not limited to, making supported living, other community support services and housing related support services the preferred option for cases involving adults with lifelong impairments.
- Move away from the current free market pricing using a DPS system to a structured guide price structure with standardised cost components within a standardised breakdown tool to ensure transparency and clarity of expected provision.
- Develop approaches to investing in expert provision/ support for individuals that will maximise their wellbeing, skills and independence over a relevant time frame in a way that is also cost effective to the public purse.

- Respect for the Individual: We will endorse the rights of Residents to live as valued and equal members of their local communities and treat Residents with dignity and respect.
- Equal Opportunities: We will promote equal opportunities and not discriminate on the basis of any protected characteristic of the Equality Act. We want all Residents accessing residential care of all types to have access to equal opportunities as everyone to lead a full life.
- Safeguarding Rights: We will ensure that the rights of the individual are safeguarded and that independent advocacy services and effective complaints procedures support this.
- Choice: We will provide accessible information to inform and offer choice to Residents.
- Quality: We will commission services that are of an appropriate standard – flexible, responsive, accessible, and innovative – and ensure providers use quality assurance methods and staff training to continuously improve standards.
- Equity: We will allocate resources in accordance with assessed need.
- Resident and Carers' Involvement and Participation in shaping the service they receive: Residents, their Carers and families will feel empowered and motivated to get involved with the service. We will involve Residents, Carers and local communities in the design of the service and support personalisation of services.
- Lawfulness – services will be commissioned and provided according to all relevant legislation and statutory guidance (including CHC National Framework).

The success of these shared aims is dependent on the approach of each of the parties. The principles, as set out below; will influence all aspects of the service delivery. All partners will share these core principles.

2.2. Principles

Providers of care home services will:

- Promote quality of life for Residents as paramount using the step down approach of BCC where a focus is kept on developing independence outcomes moving more towards a step down approach that assumes the opportunity for those placed in Residential care do not have to remain there and there are strategies in place for move on wherever this is practicable and desirable.
- Recognise that Residents are individuals and not defined by their support needs, health condition or disability.
- Recognise and uphold the diversity, values and human rights of people using the service in accordance with the Equality Act.
- Promote and uphold Residents' privacy, dignity and independence.
- Provide information that supports Residents and their support network, to understand the care, treatment and support and to make decisions about it.
- Enable Residents to care for themselves wherever possible, maximising their independence, working with a reablement approach wherever possible.
- Maximise opportunities for each resident to engage with the wider local community including engaging with key local organisations to build appropriate links.
- Encourage Residents and their support network to be involved in how the home is run and to ensure the service is meeting its duties as outlined in legislation and CQC regulation.
- Ensure that the views and wishes of Residents' are paramount in the delivery of their care.

Section 3 - Eligibility Criteria

Residential provision funded by BCC Adult Health & Social Care is for Adults aged 18 and over, for those that meet the eligibility outcomes under The Care Act and has been needs assessed under Care Act Statutory Guidance – Revised 2019.

Once eligible needs are identified, Bristol City Council will take steps to meet those needs in a way that supports the individual's aspirations and the outcomes that they want to achieve. This is referred to as personalisation. Throughout the process of a Needs Assessment, Residents will be supported by all involved in the care plan and encouraged to think creatively about how their needs can best be met and how to achieve the fullest range of outcomes possible within the resources available to them.

NHS funding for care is considered under the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care November 2012 (Revised). The purpose of the National Framework is to provide for fair and consistent access to NHS funding across England, regardless of location, so that individuals with equal needs should have an equal chance of getting their care funded by the NHS. CHC will apply when the needs / care required by registered nurses is beyond 'merely incidental and ancillary and/or what the LA might be reasonably expected to provide. By law, local authorities cannot directly provide registered nursing care. For individuals in care homes with nursing, nurses are usually employed by the care home itself and, in order to fund this nursing care, the NHS makes a payment directly to the care home. This payment is called Funded Nursing Care. Payments will only be made in respect of Residents receiving nursing care in a bed that is registered with the CQC as a nursing bed. Dual-registered homes will not receive FNC payments for residents in residential beds.

Continuing Health Care (CHC) patients will need to be assessed and meet the nationally determined NHS Continuing Health Care criteria ("NHS CHC Criteria"). Ongoing eligibility is subject to regular review and assessment by the relevant Commissioner's NHS Continuing Health Care Assessment Team. Patients who meet NHS CHC criteria have a 'primary health need' and typically have care needs that are complex, intense and unpredictable and therefore require high quality care delivered by well trained staff who can provide a flexible and reliable service. Care packages may involve long term care or short term interventions and are tailored to meet individual need.

Where an individual is found to be eligible for CHC funding their care needs will be funded by the NHS for the period of eligibility.

BNSSG CCG will ensure Residents are reviewed for their ongoing eligibility for Continuing Healthcare under the Department of Health's National Framework for Continuing Healthcare (2012) (or as updated from time to time) at the latest (3) three months after the first assessment ("CHC Assessment") and within three (3)

months after admission, whichever is the shortest, and annually thereafter, in line with the National Framework. Providers must ensure that they are aware of the date of the next proposed CHC Assessment. Residents will be asked if they want their representatives to attend the CHC Assessment and outcome discussion.

Individuals with a rapidly deteriorating condition that may be entering a terminal phase are also eligible for CHC funding and this can be fast tracked where necessary.

If, as a result of the CHC Assessment, the Resident no longer meets the eligibility criteria for Continuing Healthcare, the Resident may be referred to BCC for further assessment.

3.1 Preparing for Adulthood (PfA) and transitioning from education

As young people with eligible conditions (under both the Children and Families and Care Act), transition into adult services which supports those aged 18-25 years, as outlined in the SEND Code of Practice they may be looking for accommodation with support as they move between living with Parents/Carers and Education into adult life. While it is recognised that Residential provision is absolutely necessary for a certain percentage of people, i.e. those with identified nursing needs, the Council's default position will be to explore all supported/independent living options in the first instance. This is in line with our Better Lives at home vision that promotes access to local supported living that maximises independence, choice and control and as a result of this, reduces reliance of care and support services (where possible). Residential provision will only be considered where all other housing options have been explored in the first instance and a step up approach is deemed necessary. This approach is mirrored in the PfA specification.

3.2 Transitioning into Elderly (65+) Services

Bristol City Council currently operates two types of Residential Specification. This document and the 65+ Residential Specification, which focuses on age and frailty as the primary need for Residential care. As a point of clarification if a Resident reaches the age of 65, having previously been within a Residential setting with an assessed primary need or impairment, then they will remain within the scope of this Specification and the associated guide price until such time as their primary need becomes frailty/age. At which point a move to a different provision, with different specialism, may be a desirable outcome.

Section 4 – Service Outcomes and Key Performance Indicators

BCC and BNSSG CCG require that the Provider is registered with CQC and that standards never fall below their Fundamental Standard Regulations. This specification does not replace the legislative and quality requirements which are placed upon Providers by CQC's Fundamental Standards Health and Care Act Regulation.

There are eleven overarching key outcomes that Commissioners expect Providers to achieve through meeting the CQC Standards. These outcomes are fundamental to all care home services commissioned across all types of care and are underpinned by Key Performance Indicators and Quality Standards. The following table highlights the key overarching outcomes that have been defined as relevant for the service.

Table 1: Service Outcomes

Key Outcome	Fundamental Standard
1. The service model will ensure the promotion of independence for individuals at all times	<ul style="list-style-type: none"> • Person-centred care • Dignity and respect • Staffing • Trained and competent staff
2. The service model will ensure person centred care and personalised support for individuals	<ul style="list-style-type: none"> • Person-centred care • Dignity and respect • Staffing • Trained and competent staff • Robust complaints process
3. The service model will ensure that individuals are safe and that care is delivered in their best interests	<ul style="list-style-type: none"> • Consent • Safety • Safeguarding from abuse • Food and drink • Premises and equipment • Good governance • Staffing • Trained and competent staff • Duty of candour
4. The service model actively promotes and embeds dignity and respect for all individuals, at all times	<ul style="list-style-type: none"> • Dignity and respect • Safeguarding from abuse • Complaints • Good governance • Staffing • Trained and competent staff
5. The service model will offer value for money	<ul style="list-style-type: none"> • Good governance • Staffing

6. The Providers will work in Partnership to deliver quality care	<ul style="list-style-type: none"> • Person Centred Care • Good governance • Duty of candour
7. The service model is flexible, creative and innovative in its approach in order to meet individual need	<ul style="list-style-type: none"> • Person Centred Care • Premises and equipment • Complaints • Good governance • Staffing
8. The service model will ensure the promotion of social inclusion	<ul style="list-style-type: none"> • Person-centred care • Dignity and respect • Good governance • Staffing
9. The Providers will ensure there is an environment that allows individuals to reach their full potential	<ul style="list-style-type: none"> • Person-centred care • Dignity and respect • Food and drink • Premises and equipment • Complaints • Good governance • Staffing
10. The Providers will work with Residents and their support network to optimise physical and mental wellbeing	<ul style="list-style-type: none"> • Person Centred Care • Dignity and respect • Safety • Food and drink • Premises and equipment • Staffing
11. The Providers will give due attention to the promotion and development of a Sustainable Community	<ul style="list-style-type: none"> • Complaints • Good governance • Staffing • Fit and proper staff • Duty of candour

Table 2: Key Performance Indicators

Key Outcome	Key Performance Indicator	Measure	Category
Safety	1.Safeguarding	Number of Safeguarding referrals	Service Safety
	2.Serious incidents and notifications (CQC)	Serious incidents/statutory notifications to CQC	Service Safety
	3. Hospital visits and admissions	Number of unplanned A&E attendance/Hospital admissions	Service Safety
	4. Number of accidents/incidents	Number of accident/incident forms completed (Non CQC Notification)	Service Safety
Partnership Working	5. Referrals accepted	Spot contracts – Number of referrals refused (if home offers to take a placement, is awarded it and then refuses it).	Contract Compliance
Staffing	6. Staff Qualifications	Number of Staff with Care Certificate or higher. Recognition of prior attainment	Service Quality
	7. Staff Training	Number of Staff currently completing required/mandatory training	Service Quality
	8. Staffing Arrangements and turnover	Number of Care workers vacancies and turnover. Number of agency staff	Early Warning
Resident Feedback	9. Complaints	Number of complaints and resolution	Early warning / Contract Compliance
	10. Compliments – How satisfied with service are the Residents	Resident satisfaction surveys/data	Early warning / Service Quality
KPI Reporting	11. Provide KPI Information	Care homes submit KPI information (workbook)	Service Safety/ Contract Compliance
	12. Provide full and accurate KPI information	Care homes submit full and accurate KPI information (workbook)	Contract Compliance

Choice, Control and Voice

4.1 Access to the Residential Provision	
Resident Outcome: Residents and their support network are able to make an informed decision about the home's ability to meet their needs and achieve desired outcomes on the basis of information provided by the home. Assessments and admissions procedures are completed in a timeframe agreed by Residents.	
Service Outcome: All stakeholders that have an interest in the care and well-being of a Resident contribute to the assessment process which determines whether the home can meet the individual's needs and outcomes.	
No	Standard
1	The Commissioning Organisation, the Provider, the Resident and their support network must be satisfied that the Resident could have their needs met and their agreed outcomes achieved when living in the care home. The Provider will have a robust pre-admission procedure as part of this process to ensure they are prepared to meet the Residents needs as outlined in the Practitioners assessment.
2	The Provider will enable the Resident and their support network to visit the care home prior to admission and to talk to existing residents and view the home's facilities.
3	The Provider will make available a brochure for prospective residents detailing the services they can expect from the home, regardless of whether they are self-funding, or funded by the Commissioning Organisation. The brochure should be available in a variety of accessible formats to ensure that all potential residents are able to understand it. The service will directly provide or organise the necessary support to Residents to ensure this standard is met, for example, by utilising British Sign Language / Community Language interpreters.
4	For Local Authority funded residents, using the Support Assessment process, the care manager, Resident and their support network will together draw up and agree a Support Plan, which will be sent to the Provider prior to admission. This Support Plan will identify the Resident outcomes to be achieved by the Residential Provision. In some cases the use of an Individual Service Fund (ISF) or elements of a personal health budget may be given to the Service User who will then purchase their own placement without support of the Care Manager.
5	For Continuing Health Care (CHC) funded residents the CHC Nurse assessor, Resident and their support network will together draw up a CHC Care Plan, which will be forwarded to the Provider prior to admission.
6	For self-funding residents the Provider will draw up a Care and Support plan. The Provider will ensure that as part of the admission procedure, a CHC checklist is completed for new admissions to Nursing Care beds.

7	The Provider will ensure all Residents are registered with an appropriate General Practitioner and any other relevant medical professional within 7 days of admission. In the event that this is not possible, the Provider will evidence that an attempt has been made within this timescale and detail the reasons for any delay occurring (which may be as a result of a delay by the Provider, the Resident, and their Support Network or by the GP Surgery).
8	The Provider will draw up an initial Care and Support Plan within the first 48 hours of admission. A full person centred Care and Support Plan will be drawn up by the Provider not more than four weeks after admission but will evolve and develop during the Resident's stay. The plan will be developed in line with the Providers own policies and procedures but will meet the following requirements: <ul style="list-style-type: none"> • The plan will be drawn up with the Resident and their support network so they are encouraged to determine their own needs. • The plan for medication will be completed within the first 24 hours of admission. • The plan will include the outcomes from the Commissioning Organisation's Support/CHC Care Plan and will describe in detail the way they are to be achieved with the Resident. • Attention will be given by the Provider to ensure the plan is person centred on the needs of the Resident, reflecting their background, qualities, abilities, interests and preferences (i.e. communication needs). The plan will also include risk assessments, risk management plans and mental capacity assessments as required.
9	Where the Resident has a cognitive impairment, every effort will be made to engage with them in the best way possible to discover their views and preferences in accordance with the Mental Capacity Act Code of Practice.
10	Residents will be made aware of their right to access formal advocacy services at time of admission. Details of advocacy organisations that support care homes can be found on BCCs Adults Local Offer.
11	The Provider will have a clear policy for handling and safeguarding Residents' finances and benefits. The Provider will not be responsible for the administration of Residents' finances unless the Resident lacks capacity to manage their own finances and this forms part of the agreed support package, pending the appropriate approvals and Court of Protection (CoP) appointments.

Examples of Evidence	Related to CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Care home brochure / welcome pack / website ✓ Admissions policy/ pre admission assessments ✓ Notice boards ✓ Resident Care and Support plan ✓ Risk assessments 	<ul style="list-style-type: none"> ✓ Person Centred Care ✓ Dignity and respect ✓ Consent ✓ Staffing 	<ul style="list-style-type: none"> ✓ Person centred care and personalised support ✓ Dignity and respect ✓ Wellbeing

<ul style="list-style-type: none"> ✓ Mental Capacity Act assessments ✓ Best interest assessments ✓ Deprivation of Liberty Safeguard paperwork ✓ Resident finance policy / records ✓ Staff interviews ✓ Management interviews ✓ Feedback/ interviews with s/u & support network 		
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4.2 People are treated with dignity and respect	
Resident Outcome: Residents feel they are respected, their dignity and privacy is upheld in the way they feel is right. Residents are supported to achieve and maintain their maximum level of independence.	
Service Outcome: The service actively promotes dignity, respect and independence.	
	Standard
1	Residents receive the assistance they need to maintain a standard of hygiene they are satisfied with and comfort and dignity in a manner that complies as far as possible with their wishes, regardless of any mental impairment that may lead to the Resident being less aware of their preferences.
2	The Provider will ensure that Residents receive appropriate 'moving and handling' practice from care staff which is delivered in a way where staff communicate with the Resident throughout, and uphold the dignity, privacy and safety of the Resident.
3	The Provider will ensure that all staff are competent in respectful communication with all Residents. Communication refers to conveying information through the exchange of thoughts, messages, or information, as by speech, visuals, signals, writing, or behaviour.
4	Residents are enabled to build and maintain independent daily living skills.
5	The Provider will ensure Residents wishes with regard to daily living activities and routines are addressed.
6	Residents will be given the choice of which gender of staff they require and the Provider will ensure all efforts are made to accommodate these wishes. Resident choice will be evidenced as part of the Care and Support Plan.

7	Residents will be treated with respect, which includes appropriate use of language, tone and body language that will vary depending on the individual.
8	Where required, Residents will be assisted with eating and drinking in a dignified and safe manner, ensuring Residents are positioned appropriately and have access to appropriate eating / drinking aids to promote independence. Staff should also receive training in good practice support.
9	The Provider will ensure that every Resident has a Care and Support plan that refers to their personal wishes, preferences and priorities and to the support they need in order to retain and develop their sense of dignity and personal identity.
10	The Provider will work with the Resident, their support network and Health and Social Care professionals to identify triggers which may lead to distress by the Resident and other residents, and ensure that these are reflected in care planning and delivery to avoid escalation of challenging behaviour. Residents are assisted to develop acceptable behaviour through encouragement and constructive staff response to any inappropriate behaviour. Staff understand the correct and approved ways of responding to such behaviour and the Resident experiences the positive benefits of these techniques This should be recorded in a Positive Intervention Plan and reviewed and updated regularly.
11	<p>Where de-escalation techniques have proved unsuccessful, the Provider will ensure that:</p> <ul style="list-style-type: none"> • Any restrictive practices used are proportionate to the likelihood and seriousness of the harm that may result if no restrictive practice was used and is the least restrictive practice possible. • If the person does not have the capacity to agree, the decision to use restrictive practices must be in their best interests and informed by a best interests decision made by the care home and involving all relevant parties (e.g. the home manager, social worker, the Resident's representatives and where possible, the Resident). • If the person does have capacity they must give permission for restrictive practices to be used. • The decision to use restrictive practices must be recorded and regularly reviewed as part of the Resident Care and Support Plan. • Staff may only employ restrictive practices after they have received training from appropriately accredited and skilled professionals.
13	Residents shall be protected from excessive or frequent noise and disturbance, particularly at night. Levels of noise and lighting will be appropriate to the setting and time of day.
14	Resident's personal possessions, including clothing, furniture and jewellery are respected, safe and accounted for by the Provider.

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Resident Care and Support plan ✓ Daily recording in Care and Support plan ✓ Accident / Incident forms ✓ Risk assessments ✓ Resident inventory of belongings ✓ Staff meeting minutes ✓ Resident meeting minutes ✓ Support network meeting minutes ✓ Staff training matrix ✓ Observation of practice (internal Provider quality assurance) ✓ Handover / staff communication records ✓ Observation of practice (commissioning organisation quality assurance) ✓ Staff interviews ✓ Management interviews ✓ Resident interviews and feedback ✓ Support network interviews and feedback 	<ul style="list-style-type: none"> ✓ Person centred care ✓ Dignity and respect ✓ Consent ✓ Food and drink ✓ Good governance ✓ Staffing ✓ Duty of candour 	<ul style="list-style-type: none"> ✓ Promotion of independence ✓ Person centred care and personalised support ✓ Dignity and respect ✓ Flexible, creative and innovative ✓ Wellbeing

4.3 Person centred care ethos

Resident Outcome: Residents are treated as individuals with unique backgrounds, qualities, abilities, interests, preferences and needs.

Service Outcome: The service promotes and embeds person centred care as standard practice in care planning and delivery.

No	Standard
1	The Provider ensures that Resident's care and support is person centred and tailored to the individual needs of each Resident.
2	The Provider ensures that each Resident is allocated a key worker, who understands their individual needs and preferences and regularly liaises with the Resident's support network.
3	The Provider ensures that clear Care and Support plans are kept and maintained reflecting the changing needs and preferences of Residents and the care provided to meet their needs as a minimum is reviewed every 3 months.
4	The Resident and their support network are given the opportunity to input in to care plan reviews taking the lead where ever possible.
5	The Provider ensures that meaningful activities within / outside the home are available within the core residential hours. Activities should provide intellectual stimulation, and enable Residents to develop new skills around independent living, employment, education or training.
6	The Provider will ensure that Residents are able to exercise choice and control with regard to their care and time at the home, recognising what Residents would like to and can do for themselves.
7	Through gathering the Resident's life story and remembering that the Resident has a past, present and future, continuity, the Provider will ensure that the habits and routines that the Resident had before admission to the home continue as far as practicable in the Resident's best interests. Achieving this standard will add to the sense of familiarity and continuity for the Resident. This may include waking / sleeping times.

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Resident Care and Support plan ✓ Daily recording in Care and Support plan ✓ Resident Life Story / Map of Life ✓ Key Worker allocation ✓ Activities timetable / log / record of involvement ✓ Resident meeting minutes ✓ Support network meeting minutes ✓ Handover / staff communication records ✓ Staff interviews ✓ Management interviews ✓ Resident interviews and feedback ✓ Support network interviews and feedback 	<ul style="list-style-type: none"> ✓ Person centred care ✓ Good governance ✓ Staffing 	<ul style="list-style-type: none"> ✓ Promotion of independence ✓ Person centred care and personalised support ✓ Flexible, creative and innovative ✓ Environment ✓ Wellbeing

4.4. Equalities

Resident Outcome: Residents feel that their specific equalities needs and desired outcomes are recognised, valued and met. Residents do not experience direct or indirect discrimination, harassment or prejudice in the way services are provided or in the way they are treated by staff, other Residents, visitors, family and friends as defined in the Equality Act.

Service Outcome: Commissioned Providers and their staff will work from an equalities perspective with Residents and others. Equality of opportunity is advanced by meeting Resident needs arising from their protected characteristics.

No	Standard
1	Criteria for services are clearly stated and can be made available in a variety of accessible formats to ensure that all potential Residents are able to understand them. The service will directly provide or organise the necessary support to Residents to ensure this standard is met, for example, by utilising British Sign Language / Community Language interpreters. The Provider remains accountable to ensure communication needs are met.
2	Providers will ensure that staff understand and are able to meet the specific equalities needs of Residents. Staff will receive equalities training to ensure that care, support and activities are provided in a way that meets any Residents identified need.
3	Provider equalities policies must be in place. These must be up to date and make reference to the Equalities Act 2010. Providers must comply with the Equalities Act 2010 (and any subsequent amendments).
4	All staff induction will include equalities training and be updated every 2 years or following new guidance and legislation. Staff knowledge around equality groups and their practice in delivering care and support is actively monitored through staff supervision and appraisal. Any ongoing learning and development needs will be identified through supervision and appraisal and the service will ensure identified staff learning needs are met.
5	Language that Residents find demeaning, offensive or unacceptable must always be seen as unacceptable practice. The home will promote the use of inclusive language that makes no assumptions about a Resident's background, belief or relationships with others.
6	The Provider will ensure that specialist care and support is provided. E.g. appropriate skills and training, linking with the appropriate partner's pre admittance, and embedding these into the support planning process.

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Equalities policy ✓ Care home brochure / welcome pack / website ✓ Resident Care and Support plan ✓ Daily recording in Care and Support plan ✓ Risk Assessments ✓ Staff induction plan / training matrix ✓ Staff meeting minutes ✓ Observation of practice (internal and external) ✓ Interviews – staff and management ✓ Resident feedback / interviews ✓ Support network feedback / interviews 	<ul style="list-style-type: none"> ✓ Person centred care ✓ Dignity and respect ✓ Good governance ✓ Staffing 	<ul style="list-style-type: none"> ✓ Person centred care and personalised support ✓ Dignity and respect ✓ Social inclusion ✓ Wellbeing

4.5. Person centred reviews (by the Commissioning Organisation and Provider)

Resident Outcome: Annual reviews ensures that plans made in agreement with Residents and their support network are put into effect in order to achieve their desired outcomes and are amended whenever necessary so that outcomes begin or continue to be achieved with a focus on maximising independence.

Service Outcome: Annual review ensures that there is a dynamic process in place involving the Resident, their support network, the Commissioning Organisation and the Provider so that needs are assessed, regularly reviewed and Care and Support Plans made to achieve Resident outcomes (Outcome focussed). There must also be clarity around what is delivered within Core Hours.

No	Standard
Commissioning Organisation Review	
1	The Commissioning Organisation will lead and co-ordinate an initial review as agreed with the Care Home Provider. Following that the Commissioning Organisation will lead reviews as appropriate for each funded Resident, depending on outcomes, risk and need. Where reviews are not annual, the Commissioning Organisation may require the Provider to forward a copy of the annual review of the Residents Care and Support plan, or respond to other information requests.
2	A review by the Commissioning Organisation to ascertain whether a Residents placement in a home remains appropriate may be requested by the Resident, their support network, the Commissioning Organisation, or by the Provider. All parties will work together to ensure that a review of a Resident's needs takes place within an agreed timescale which should be on the basis of risk.
3	The Commissioning Organisation's review will involve the Resident, their support network where appropriate or requested by the Resident, the Provider, the Commissioning Organisation's representative and other health professionals as required.
4	The review will address the extent to which the outcomes required of the placement are being met. The Resident's Support Plan / CHC care plan will be amended as appropriate following the review. Any such amendments will also lead to similar adjustments by the Provider to the Resident's' Care and Support plan.
Provider Review	
5	The Provider will be responsible for carrying out their assessment of the Resident's needs and putting a Care and Support Plan in place to achieve person centred outcomes. The Care and Support Plan will correspond to the outcomes identified in the Support Plan / CHC Care Plan.
6	A holistic review of the outcomes stated in the Resident's Care and Support Plan will take place by the Provider on an annual basis. In addition, a review of outcomes expressed in the Care and Support plan will take place on a monthly basis. Review of Care and Support Plans will involve such other people that appear necessary to contribute to this process; this may include other health

	professionals and others who the Resident wishes to invite from their support network.
7	Residents must be involved in the review process and supported to attend review meetings. Where a resident is unable to attend, or wishes to not contribute, a clear explanation of why must be recorded.
8	The Care and Support Plan will be amended as appropriate. This may be as a consequence of ongoing monitoring of specific SMART format outcomes, re-assessment following a change in Resident circumstances or the annual review process. Care and Support Plans must also address needs and outcomes relating to the Residents' emotional, psychological, social and cultural needs, paying particular attention to their quality of life, their life history and their dignity.
9	The Commissioning Organisation, at any time, may request a copy of the Care and Support Plan. The Provider will make this available within 2 working days of the request.
10	Residents must have an active role in specifying preferences in the way their care and support is delivered and their rights in law must be upheld, including their rights under the Mental Capacity Act 2005 and its impact on assessment and Care Planning practices.

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Resident Care and Support plan ✓ Reviews of Care and Support Plan ✓ Provider Referral log for review of Resident by Commissioning Organisation ✓ Commissioning Organisation Reviews performance ✓ Risk assessments ✓ Mental Capacity Act assessments ✓ Best interest assessments ✓ Deprivation of Liberty Safeguard paperwork ✓ Support network meeting minutes ✓ Resident meeting minutes ✓ Staff interviews ✓ Management interviews 	<ul style="list-style-type: none"> ✓ Person centred care ✓ Good governance ✓ Staffing 	<ul style="list-style-type: none"> ✓ Person centred care and personalised support ✓ Partnership

4.6 Complaints and compliments

Resident Outcome: Residents and/or their support network agree that their complaints and concerns have been thoroughly investigated and that decisions made and actions taken as a result have been discussed with and explained to them.

Residents are aware of their right to complain to Commissioners and/or the Care Quality Commission if they do not agree that the Provider has addressed their complaint in a satisfactory manner.

Service Outcome: The home has a process in place that ensures that all concerns and complaints are thoroughly investigated and an appropriate response is given to complainants within a specified time frame and in line with the Local Authority Social Care and National Health Service Complaints (England) Regulations (2009).

Appropriate action is taken when concerns / complaints are upheld or partially upheld. The Provider regularly analyses the number and nature of complaints and compliments to establish trends, and takes action to implement service improvements as a result of the learning from complaints.

No	Standard
1	The Provider's complaints and compliments procedure must be simple, well publicised and available in a format accessible to all Residents to enable an individual or someone acting on their behalf to make a complaint or express a concern regarding the service provided. This procedure must allow for complaints to be made on equalities grounds.
2	The Provider complaints procedure will contain the information necessary to enable the Resident to make a complaint to the local Commissioning Organisation and the Local Government Ombudsman / Health Service Ombudsman.
3	The Providers complaints procedure must set out time scales for complaint investigation and provide for a written response to the complaint, which clearly states the outcomes of the investigation. Timescales, date of response letter and a summary of outcomes will be recorded in the response section of the Providers log.
4	Providers will maintain a log of complaints, concerns and compliments showing: <ul style="list-style-type: none"> • Date complaint / concern was received. • The name and address of the Resident. • The name and address of the complainant (where different). • The nature of the complaint / concern / compliment. • The response to the complaint / concern / compliment. • The complainant's level of satisfaction with the outcome of the complaint and the way in which it is investigated.

	<ul style="list-style-type: none"> The date when the commissioning organisation was informed of the complaint.
5	Where the Resident remains dissatisfied following a complaint investigation the Provider will draw the Resident's attention to the Commissioning Organisation's complaints procedure and offer any assistance required in enabling the Resident to make a complaint to the Commissioning Organisation.
6	The log of complaint and copies of the Providers letter of response to complainants must be made available for inspection by the Commissioning Organisation at any time. The log of the complaints and an analysis of the complaints and their outcomes must be provided to the Commissioning Organisation on request.
7	Providers to notify the Commissioning Organisations Complaints Team of complaints and response within 5 working days of finalisation of complaint.
8	Providers will co-operate fully in any investigation conducted by the Commissioning Organisation under its complaints procedure* *Health and Social Care retains a duty of care in relation to Residents receiving services commissioned from independent sector Providers. This means that complainants have a continuing statutory right to make a complaint to the Local Authority under the Health & Social Care complaints procedure regarding the exercise of that duty of care. Whilst it is expected that in the first instance complaints should be addressed to the Provider for a response under their own complaints procedure, there will be occasions when complainants remain dissatisfied with the response they receive and address their concerns to HSC who may decide to conduct their own investigation.
9	Providers will ensure compliance with the regulations for handling complaints set out in the Local Authority Social Care and National Health Service Complaints [England] Regulations (2009).

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Complaints and compliments policy ✓ Complaints and compliments log ✓ Complaints response letters ✓ Welcome pack / brochure / website ✓ Notice board displaying complaints and compliments process ✓ Resident meeting minutes ✓ Support network meeting minutes ✓ Commissioning Organisation audit of complaints 	<ul style="list-style-type: none"> ✓ Person centred care ✓ Complaints ✓ Good governance ✓ Staffing ✓ Duty of candour 	<ul style="list-style-type: none"> ✓ Person centred care and personalised support ✓ Partnership

<ul style="list-style-type: none"> ✓ Staff interviews ✓ Management interviews ✓ Resident feedback / interviews ✓ Support network feedback / interviews 		
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4.7 Choice, control and engagement

Resident Outcome: Residents are able to exercise choice and control. The Resident will be actively involved in planning, implementing and reviewing their own care, and will feel able to contribute their own ideas as to how they would like to lead their life.

Service Outcome: The Provider promotes Resident choice and control. Residents will be in control of their own life and, if possible, will be encouraged to live independently in the community with an appropriate support provider if they so wish. The Resident will be consulted as to what their needs, wishes and preferences are in all aspects of their life in the Care Home, including participation in activities outside the Care Home as part of their core hours.

No	Standard
1	The Resident is consulted as to his/her wishes and these are acted on or taken into account.
2	The Resident is comfortable with expressing their preferences and asking for his/her wishes to be carried out.
3	The Provider should believe in Residents and display a non-judgemental attitude to the Resident and his/her choices.
4	The Provider should encourage the Resident to express choice and control, and be able to evidence these choices.
5	The Provider should support Residents to take risks in their lives that they have been encouraged and supported (where appropriate) to think through and make their own decisions.
6	The Provider should provide guidance as to what would be in the Resident's best interests where appropriate.
7	The Provider will promote the active engagement of the Resident in all aspects of their care, including planning, implementation and review.
8	The Provider will ensure that any expression of needs, wishes and preferences by the Resident is recorded in their Care & Support Plan and the Care & Support Plan should, where appropriate and within reason, be modified to reflect this.
9	Where appropriate Residents should be supported to move on and live independently and able to make informed choices about other options e.g. Supported Living, where this is the identified outcome
10	The Provider will enable Residents to access the education and employment opportunities that they wish to pursue and ensure the Resident is aware of the options available.

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Resident Care and Support plan ✓ Risk assessments ✓ Support network meeting minutes ✓ Resident meeting minutes ✓ Staff interviews ✓ Management interviews ✓ Resident feedback / interviews ✓ Support network feedback / interviews ✓ Daily recording in Care and Support plan ✓ Resident Life Story / Map of Life ✓ Observation of practice (internal Provider quality assurance) ✓ Handover / staff communication records 	<ul style="list-style-type: none"> ✓ Person centred care ✓ Dignity and respect ✓ Consent ✓ Good governance ✓ Staffing 	<ul style="list-style-type: none"> ✓ Promotion of independence ✓ Person centred care and personalised support ✓ Dignity and respect ✓ Wellbeing

Free from Harm

5.1 Free from harm	
Resident Outcome: Resident's lives are free from fear, abuse and neglect.	
Service Outcome: The service protects Residents from abusive practices and ensures Residents' safety.	
No	Standard
1	The Provider has a clear, accessible, and workable, promoted and regularly reviewed whistle-blowing policy that is shared with Residents. The Provider will ensure staff are aware of the duties relating to Safeguarding under the Care Act 2014.
2	The Provider has a clear process and associated documentation for recording allegations of abuse.
3	<p>The Provider is subject to the safeguarding duties under the Care Act 2014, including reporting procedures, by:</p> <ul style="list-style-type: none"> • Ensuring that alerts are made in a timely way, appropriate to the level of urgency and risk. • Ensuring that alerts contain all relevant information with regard to any allegation made to ensure that any investigation can be conducted comprehensively. • Ensuring that alerts are made to the relevant agencies. • Ensuring that the Care Quality Commission is informed. • Ensuring that Residents are asked to consent to an alert being made, where they have capacity to do. Reasons for overriding consent, e.g. that others may be at risk, must be explained to the Resident. • Ensuring dignity, choice and respect for the Resident is maintained throughout any investigation and they are informed of the outcome. • Ensuring engagement with the safeguarding process, which may include participation in safeguarding strategy meetings and producing written reports of safeguarding investigations.
4	The Provider will ensure that policies and procedures are covered in induction and fully understood by staff. All staff will have an initial understanding of Safeguarding duties under the Care Act 2014 within their first week of employment. Comprehensive training on awareness and prevention of abuse is given to all staff as part of their core induction within 3 months and updated at least every 3 years. In addition, update training will be provided in light of new policies and procedures introduced either locally or nationally.
5	The Provider agrees to be bound by any decision made by the lead Commissioning Organisation with regard to restrictions on, or the cessation of, Local Authority and CCG, placements at the home. The decision will be time limited and taken as a consequence of

	a risk assessment using information which indicates that all Residents at the home are at risk of significant harm. The Provider agrees to also consider a voluntary ban on all placements in such circumstances in order to minimise risk to Residents and support a focus on actions to resolve any issues of concern.
6	The Provider will ensure that due regard and promotion of Resident choice and control is given to Residents at all times to avoid abusive and disrespectful practice.

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Resident Care and Support plans ✓ Safeguarding / Whistle-blowing policies (clear and visible) ✓ Reporting in line with Care Act 2014 ✓ Safeguarding log / folder ✓ Accident / Incident forms ✓ Staff induction plan ✓ Staff training plans ✓ Staff meeting minutes ✓ Observation of practice (internal Provider quality assurance) ✓ Observation of practice (commissioning organisation quality assurance) ✓ Staff interviews ✓ Management interviews ✓ Resident feedback / interviews ✓ Support network feedback / interviews 	<ul style="list-style-type: none"> ✓ Safeguarding from abuse ✓ Complaints ✓ Good governance ✓ Staffing ✓ Appropriately trained and qualified staff ✓ Duty of candour 	<ul style="list-style-type: none"> ✓ Safe ✓ Partnership

5.2 Mental Capacity and the Liberty Protection Safeguards (LPS)

Resident Outcome: Each Resident makes their own decisions about the service they are part of and the desired outcomes so far as they are able. Outcomes experienced by Residents who lack capacity service their best interests.

Service Outcome: Residents are supported as much as possible to make their own decisions, anything done for or on behalf of people without capacity is the least restrictive to their basic human rights and done in their best interests.

No	Standard
1	The Provider will ensure that assessment of capacity relating to making specific decisions is based on a functional test of capacity.
2	The Provider will ensure that decisions taken by staff on behalf of a Resident are demonstrably in the Resident's best interests and have taken into account: <ul style="list-style-type: none"> • The individuals past and present wishes and feelings. • Any belief and values which would have influenced their decision. • The view of their support network and other professionals.
3	The Provider will ensure that the LPS process is followed, and at the same time an Application for Standard authorisation, is made to the Supervisory body (the Local Authority) when the care home (Managing Authority) believes that it is in the Resident's best interest to deprive them of their liberty.
4	The Provider will ensure that all staff have been trained in and are able to demonstrate knowledge and practice of the Mental Capacity Act and LPS.
5	The Provider will ensure there is a clear procedure which is followed setting out the actions required of staff in relation to Residents who do not have capacity to make decisions.
6	The Provider should review assessments of capacity and best interests decisions (Mental Capacity Act) on at least a monthly basis.

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Resident Care and Support plan ✓ Reviews of Resident Care & Support Plan ✓ Mental Capacity Act policy / procedure ✓ Mental Capacity Act assessments 	<ul style="list-style-type: none"> ✓ Person centred care ✓ Dignity and respect ✓ Safeguarding from abuse ✓ Good governance ✓ Staffing 	<ul style="list-style-type: none"> ✓ Person centred care and personalised support ✓ Safe ✓ Dignity and respect

<ul style="list-style-type: none"> ✓ Best interest assessments ✓ Liberty Protection Safeguards paperwork ✓ Risk Assessments ✓ Staff training matrix ✓ Staff/ management interviews ✓ Resident interviews and feedback ✓ Support network interviews and feedback 	<ul style="list-style-type: none"> ✓ Fit and proper staff 	
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5.3 Management of health and wellbeing needs

Resident Outcome: Residents reach their potential for independence, good-health and wellbeing by receiving the health care and medication they need in a pro-active way to manage their health, delivered by experienced and qualified health care professionals.

Service Outcome: The Provider ensures that the health needs of each Resident are proactively managed through regular reviews of needs, liaison with external health professionals and delivery by competent health care staff. Unnecessary hospital admissions are avoided through management of health and wellbeing needs.

No	Standard
	Health and Wellbeing Needs
1	The Provider ensures that the care home is a physical and mental health promoting environment enabling Residents to optimise their health and wellbeing e.g. by enabling activities, exercise and adopting a healthy living lifestyle.
2	The Resident, General Practitioner and Provider will work in partnership to develop a Health Action Plan (part of the Care and Support Plan) for the Resident, which outlines the management of their condition and how they will be supported by other Healthcare Providers. This plan will also include provisions to avoid unnecessary hospital admissions.
3	The Provider ensures that where changes in a Resident's health or condition are identified, these are documented in the Care and Support plan and action is taken to address these.
4	Residents who wish to continue wellbeing therapies are supported in doing so where possible.
5	Residents with long term conditions are supported in self-managing their condition (where appropriate) and are involved in decisions about their care.

6	The Provider ensures that provision is made to support all Residents in attending their screening and clinic appointments at the GP practice or hospital (e.g. eye screening, hearing tests, mammography or annual health checks). In order to ensure equality of access to Health provision, in the event of support being otherwise unavailable, the Provider will ensure that a staff escort is provided on request to enable Residents to attend appointments relating to their Health Care. The provision of staff will fall within the support package commissioned by the Commissioning Organisation.
7	Residents that require inpatient admission to hospital are accompanied by staff for detailed handover, including necessary documentation, appropriate to their health needs (e.g. Traffic Light Assessments or Communication passports). It is not expected for staff to remain with the Resident during their inpatient admission.
8	Residents who require routine blood monitoring have this done at the appropriate frequency.
9	The Provider ensures that all recommendations from health appointments are recorded within the Residents Support plan and actioned as appropriate.
	Hydration & Nutrition
10	Residents are weighed and screened for risk of malnutrition on admission using a validated tool such as MUST (Malnutrition Universal Screening Tool). Subsequently, Residents are weighed and screened for risk of malnutrition on a monthly basis or where there is cause for concern.
11	The Provider will take appropriate actions following screening with MUST i.e. provision of high protein/high energy snacks/drinks, food fortification and appropriate meals. Where required, referral to Dietician / GP should be made promptly.
12	The Provider will ensure that food and drink intake is monitored and recorded for those identified as malnourished or at risk of malnutrition and actioned appropriately and promptly.
13	The Provider will ensure that staff have access to training on the identification of dehydration, malnutrition, and obesity, using MUST and taking appropriate actions in terms of appropriate food and drink provision which may include modified texture diets.
14	Residents have access to a range of foods and drinks that meet their nutritional, cultural and ethical requirements and reasonable adjustments are made where necessary.
15	The Provider will ensure that staff have training and are able to demonstrate understanding of the signs and symptoms of swallowing difficulties and when / how to refer to a speech and language therapist. The Provider will ensure that as far as possible Resident's nutrition and wellbeing is maximised by having access to fresh and tasty local and seasonal food where possible.
	Pain Management
16	The Provider ensures that members of staff are trained to recognise the verbal and physical signs of pain.
17	Residents who present with communication difficulties are assessed for pain on admission and when signs of pain are present, using a validated pain assessment tool.

18	The Provider ensures that where pain of a Resident is recognised, a plan for managing it is recorded in the Resident's Care and Support plan.
19	The Provider ensures that any change in health status or behaviour (e.g. hitting self or others) of a Resident is recorded. Health appointment/referral for specialist advice is evidenced.
	Foot Care
20	The Provider ensures that the foot care needs of Residents is assessed by an appropriately trained person within the first four weeks of admission, and recorded in the Care and Support plan.
21	The Provider ensures that all recommendations made by a Health Professionals Council (HPC) registered podiatrist / chiropodist are acted upon and incorporated into Residents' Care and Support plan.
	Dental Hygiene
22	The Provider is proactive in maintaining the oral comfort and hygiene of Residents.
	Wound Care
23	Residents have their tissue viability assessed as part of their initial assessment when moving into the Care Home. The Registered Person ensures that all recommendations are incorporated into the Care and Support plan and carried out in a timely manner.
24	The Provider ensures that all Category 3 and 4 wounds are referred to the NHS tissue viability service and reported to CQC as standard.
25	The Provider will ensure that pressure areas are reviewed regularly. Any ongoing reviews of pressure areas are undertaken and that any wounds that are non-healing or non-progressing after six weeks will be reported to a tissue viability nurse for urgent assessment.
26	Residents requiring pressure-relieving equipment/mattresses are provided with the correct equipment and these are used/set appropriately/correctly.
	Falls
27	The Provider ensures that Residents are assessed for risk of falls within 24 hours of admission and the outcome recorded in their Care and Support plan. Those Residents who are vulnerable to falls are actively supported by their key worker or equivalent member of care / nursing staff to reduce / prevent the risk of a fall occurring and thereby supporting a reduction in unnecessary emergency admissions related to falls.
28	The Provider maintains a falls register recording such information as the causes of fall (injurious or otherwise) and this register is regularly audited to ensure that necessary actions are taken to reduce falls within the home
	Medicines Management
29	The Provider ensures that prescription-only medicines are administered in accordance with a valid prescription. All administration

	errors are recorded as a clinical incident and reported to CQC and advice is sought from the GP or pharmacist.
30	The Provider ensures that Residents' refusal or omission of any prescribed medicine is documented and any concerns are reported to the GP.
31	The Provider ensures that where there may be risk of harm to the Resident, medication is withheld by the Provider when instructed by the Residents' GP.
32	The Provider will make every attempt to encourage Residents to take their medication by usual means.
33	The Provider ensures that if a Resident is deemed as not having capacity, a Mental Capacity Assessment is undertaken and where appropriate, a Best Interest decision is made by the multidisciplinary team.
34	<p>The Provider will ensure that any decision to covertly administer medication is documented in the Residents' Care and Support Plan, including information on:</p> <ul style="list-style-type: none"> • Decision specific Mental Capacity Assessment. • Best Interest decision and reason for covert administration of medication. • That the suitability of administering the medicines with food and drink has been checked with a pharmacist. • Whether the Resident is likely to recover so as to be capable of making their own treatment decisions in the near future. <p>The Provider will ensure regular reviews are undertaken to assess the continued appropriateness of covert administration where this occurs.</p>
35	The Provider ensures that where Residents' self-administer their medication, it is presented in a form that is accessible and takes into account any disability or compliance problems.
36	Residents have access to information about their medicines which is presented in an accessible format (e.g. medication information leaflets).
37	<p>The Provider is proactive in checking that Residents' medication records are the same as those recorded at the GP practice and pharmacy.</p> <p>The Provider regularly audits and spot checks medication records and has a robust procedure in place for improving staff skills and knowledge when poor practice has been identified.</p>
38	The Provider is proactive in reducing polypharmacy and informs the GP if any medicines are no longer needed / being given.
39	The Provider ensures that where staff or a Resident has concerns about any medication prescribed, this is raised with the Residents' GP or a pharmacist.
40	The Provider proactively seeks 6-monthly medicines reviews for all Residents by the GP.
41	The Provider holds a Homely Remedies policy that outlines the safe administration of medicines without a prescription (e.g. NHS

	Bristol Homely Remedies Guidance).
42	The Provider, in partnership with GPs and other health professionals, will have a strategy for reducing the inappropriate use of medication.

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Resident Care and Support Plan ✓ Daily recording in Care and Support plan ✓ MUST score and review ✓ Food / fluid record ✓ Menu (meals, snacks, drinks) ✓ Body Maps / Photograph (with consent) ✓ Falls Register and audit ✓ Accident / incident log / form ✓ Handover / staff communication records ✓ Feedback from GP's and other health and social care professionals ✓ MAR sheet ✓ Risk assessments ✓ Mental Capacity Act assessments ✓ Best interest assessments ✓ Deprivation of Liberty Safeguard paperwork ✓ External professional recording ✓ Homely remedy policy ✓ Hospital admission rates ✓ Notice boards promoting health / wellbeing activities 	<ul style="list-style-type: none"> ✓ Safety ✓ Food and drink ✓ Good governance ✓ Staffing 	<ul style="list-style-type: none"> ✓ Safe ✓ Partnership ✓ Environment ✓ Wellbeing

<ul style="list-style-type: none"> ✓ Health action plan or equivalent ✓ Observation of practice (internal Provider quality assurance) ✓ Observation of practice 		
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Workforce and leadership

6.1 Management and leadership of the Residential Provision	
Resident Outcome: Residents receive a consistent, safe and high quality service to meet their desired outcomes.	
Service Outcome: There is strong leadership and management that ensures the service has a strong care and support focus that is person-centred and affords dignity, respect and independence for all Residents. The service develops their management staff to take responsibility for delivering a high quality service and retains high quality staff. There are procedures in place to ensure nurses are supported to meet their revalidation requirements and are competent to practice.	
No	Standard
1	The Provider is able to demonstrate effective leadership through evidence of a performance culture that inspires staff to achieve and deliver safe, high quality and person-centred care.
2	The Provider ensures there are workable, fair and published disciplinary, grievance, appeals and sickness absence policies and procedures in place and these are used effectively to manage staff performance.
3	The Provider ensures that systems for supervision and staff appraisal are clear, appropriate and in place and these are consistency applied in all units.
4	The Provider offers development opportunities to qualified staff and managers to improve their skills and move to the next level.
5	The Provider works proactively to retain good quality managers and staff, in the event of change in management; succession planning is robust and evident.
6	The Provider has in place a business continuity plan to ensure that the service continues to be provided and, as far as practicable, meet Residents' desired outcomes in the event of circumstances that could adversely affect the service. This may be in the event of cold weather, extended heat waves or floods.
7	The Provider will comply with all Health and Safety regulations and legislation and make their policy and procedures available to the

	Commissioning Organisation on request.
8	The Provider will ensure that Residents are involved in formal risk assessments for everyday service activities, carried out by suitably experienced and trained staff.
9	The Provider ensures that all new managers in Health and Social Care must undertake the Qualifications and Credit Framework (QCF) level 5 Diploma in Leadership and Management within one year of being appointed, if they do not already have a relevant transferable management qualification.
10	The Provider will engage with the Local Authority and other organisations such as schools and other education establishments to ensure employment opportunities for younger people through appropriate apprenticeship frameworks.
11	The Provider must ensure that the quality of life of Residents is embedded throughout the home. Providers will have a clear, visible and regularly reviewed wellbeing policy that addresses staff practice, culture and the environment in relation to maximising the quality of life of Residents.
12	The Provider will promote maximising independence and promoting positive occupation within care home settings to increase Residents' feelings of security, belonging, continuity, purpose, achievement and significance.
13	The Provider will take appropriate energy efficiency measures such as insulation to ensure that the home conserves gas and electricity.
14	The Provider will take appropriate measures to ensure that the home uses water efficiently and conserves it when possible.
15	The Provider will develop and implement a Travel Plan giving consideration to minimising distances travelled by Residents, staff and visitors via route planning and to encourage sustainable and active travel options such car share, taking the bus or walking if appropriate.
16	The Provider will ensure that where Nurses are employed, there is support in place to guarantee that those nurses meet revalidation requirements and are competent to practice.

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Staff performance management policy ✓ Risk assessments for care home, i.e. ✓ Fire risk assessment / evacuation plan ✓ Health and safety log / policy ✓ Staff meeting minutes ✓ Support network meeting minutes ✓ Resident meeting minutes 	<ul style="list-style-type: none"> ✓ Safety ✓ Complaints ✓ Good governance ✓ Staffing ✓ Appropriately trained and qualified staff ✓ Duty of candour 	<ul style="list-style-type: none"> ✓ Maximising independence ✓ Safe ✓ Partnership ✓ Wellbeing

<ul style="list-style-type: none"> ✓ Feedback from health and social care professionals ✓ Staff interviews ✓ Management interviews ✓ Resident feedback / interviews ✓ Support network feedback / interviews 		
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6.2. Provision staffing arrangements	
Resident Outcome: Resident's health, care and wellbeing needs are met in a timely, pro-active and person-centred way. Residents' health and wellbeing needs are effectively managed and reviewed.	
Service Outcome: The service ensures there are sufficient staffing (appropriate levels of core hours for the home) with the right skill mix, training and practice of person-centred care to meet Residents' needs.	
No	Standard
1	The Provider ensures the home's staffing establishment in terms of staff: to resident ratio and skill mix reflect dependency levels of Residents in the home, not simply occupancy levels. Staffing rotas will provide appropriate cover at all times to ensure that Resident needs are met in a timely and person-centred way. Residents Support Plan is assessed on a 3-monthly basis, noting any changes to level of support required.
2	The Provider ensures that the use of agency staff is minimised by ensuring permanent staffing levels is appropriate and regularly reviewed. Where agency staff are utilised, the Provider ensures that agency staff are subject to robust screening ensuring they are qualified to work in the care home and that their training is in date.
3	The Provider ensures that staff vacancies across the home including managerial, nursing staff, care staff and auxiliary staff are kept to a minimum through firm recruitment and selection processes, opportunities for professional / career progression and consistent management and development practices.
4	The Provider ensures that staff groups work coherently and supportively as a team to ensure that Residents' needs are met in a timely and person-centred way.
5	The Provider ensures that staff handovers between day and night shifts include discussion on changes to Residents' needs between care and nursing staff and ensure a strong focus on continuity of care.

6	The Provider will ensure that staff are encouraged to build in positive interaction with Residents during the running of the home and routines, i.e. discussions and conversation during personal care routines enhancing the quality of life for Residents.
7	The Provider will have a written recruitment and selection procedure including: <ul style="list-style-type: none"> • Job description • Personal Specification • Application Form (to be completed by all applicants) • Records of interviews for short-listed candidates • References to be obtained from previous employers • Induction period • Statement of terms and conditions of employment • Checks to ensure candidates are legally entitled to work in the UK (Asylum and Immigration Act) • Evidence that equality considerations are applied to recruitment, selection and promotion.
8	All staff, employees or volunteers working with Residents must undergo a Criminal Records Bureau check. The decision rests with the employer as to whether to employ a person who's DBS (Disclosure and Barring Service) checks reveals a conviction or other information. Any decision taken in this instance must be based on a risk assessment that ensures the safety and welfare of Residents. The Provider will ensure that Professional registration of qualified staff is checked on appointment and annually reviewed e.g. NMC, HPC.
9	The Provider will involve Residents in recruitment processes as far as practicable. For example, in helping to set interview questions or involvement in selection / decision making on potential candidates.
10	The Provider should where ever possible ensure that the staff team is representative of the customer base and community.
11	The Provider to ensure that their staff can speak and write English to a good level, supporting those staff that require additional support.
	Staff Induction, Supervision and Appraisal
12	The Provider will ensure that regular appraisal is an essential part of staff development and quality improvement. The Provider will seek to include feedback from Residents and their support network in reviewing staff performance.
13	The Provider will ensure that all staff, regardless of their position in the home receive comprehensive induction in to the home, covering at minimum: <ul style="list-style-type: none"> • All policies and procedures relevant to the staff group • Safeguarding, using the Care Act 2014 Safeguarding duties

	<ul style="list-style-type: none"> • Person Centred Care and Support • Relevant and targeted training for the Service User category that the home supports (i.e. Autism, Dementia, Sensory Impairment) • Care Planning • Health and Safety • Moving and Handling • Mental Capacity Act & Liberty Protection Safeguards • Equalities
14	The Provider will ensure that all staff receives one to one supervision sessions on a regular basis, the frequency of which will depend on the complexity of their work. Supervision notes should be documented, signed by both parties and any actions followed up at a subsequent meeting. Supervision should be used as a forum to identify staff development needs, manage performance and act as a supportive environment where staff are able to express any concerns they may have and feel confident that they are acted upon. For nursing homes, this must include clinical supervision.
	Staff Training
15	The Provider has an appropriate and deliverable training matrix in place that clearly identifies and timetables the training and development needs of nursing, care and ancillary staff within the home.
16	The Provider will ensure that all staff are trained and developed to the specific set of standards set out in the Care Certificate introduced in April 2015 and has been assessed for the skills, knowledge and behaviours to ensure that they provide compassionate and high quality care and support. Supervisors of care staff will be responsible for assessment against the standards of the Care Certificate. The Care Certificate is NOT a replacement for role and workplace specific induction training.
17	Where staff members' English and/or Maths levels are below Level 2 (equivalent GCSE A*-C) if appropriate, the Provider will support staff members to progress to this level where possible.
18	The Provider ensures that individual training records for staff are in place and kept up-to-date.
19	The Provider ensures that training needs are discussed, identified and timetabled in induction and subsequent supervision sessions with essential focus on: <ul style="list-style-type: none"> • All policies and procedures relevant to the staff group • Safeguarding, using the Care Act 2014 safeguarding duties • Whistle blowing

	<ul style="list-style-type: none"> • Person Centred Care and Support • Relevant and targeted training for the service user category that the home supports • Care Planning • Health and Safety • Moving and Handling • Mental Capacity Act & Liberty Protection Safeguards • Equalities.
20	The Provider will ensure that staff understanding of training given is checked regularly through supervision and observation including discussion at staff meetings, ensuring knowledge is embedded so that staff are confident to apply learning in their areas of work and that opportunities are offered for staff suggestions and feedback on running of the home and Resident needs.
21	The Provider shall pro-actively seek external training where necessary to ensure all training needs can be satisfactorily met to meet all Resident's needs. The Commissioning Organisation will offer information and advice to support this. This may be in the case where in-house training provision does not provide the specialist courses available through external Providers.
22	Where appropriate the Provider will prioritise applications for employment from looked after children and people leaving care with a view to providing a suitable pathway into the care sector. Likewise if the candidate has a (Learning) disability and the role can be done within the scope of "reasonable adaptation".
	Healthcare Staff Delivery, Competence and Development
23	The Provider will ensure that nurses' or senior carers' abilities and practice in taking charge of, and leading the shift is evident.
24	The Provider will ensure that Nurses' abilities and practice in giving appropriate nursing care to Residents is evident and documented.
25	The Provider will ensure that Nurses ability and practice in liaising with professionals, including GP's and other allied health professionals is evident, documented and effective.
26	The Provider will ensure that Nurses competence and knowledge is checked, developed and evidenced (Preceptorship).

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Staff rotas ✓ Dependency assessment of Residents ✓ Proportion of permanent / bank / 	<ul style="list-style-type: none"> ✓ Person centred care ✓ Dignity and respect ✓ Consent 	<ul style="list-style-type: none"> ✓ Person centred care and personalised support ✓ Safe

<ul style="list-style-type: none"> agency staff ✓ Vacancy rate ✓ Recruitment and selection policy ✓ Staff induction plan ✓ Staff training matrix ✓ Supervision / appraisal policy ✓ Clinical staff supervision policy ✓ Feedback from GP's and other health and social care professionals ✓ Resident Care and Support plan ✓ External professional recording ✓ Handover / staff communication records ✓ Resident meeting minutes ✓ Support network meeting minutes ✓ Staff interviews ✓ Management interviews ✓ Resident interviews and feedback ✓ Support network interviews and feedback 	<ul style="list-style-type: none"> ✓ Safety ✓ Safeguarding from abuse ✓ Good governance ✓ Staffing ✓ Fit and proper staff 	<ul style="list-style-type: none"> ✓ Dignity and respect ✓ Wellbeing
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6.3 Quality Assurance	
Resident Outcome: Residents receive a high quality and continually improving service that promotes their health, wellbeing, safety and quality of life. Residents are involved in the quality assurance of the care home to ensure the service is shaped to meet their needs.	
Service Outcome: The service proactively manages a quality assurance process that identifies and remedies any failure in service delivery.	
No	Standard
1	The Provider ensures that they have a clear quality assurance process in place, which is effective, and under regular review.
2	The Provider will ensure that they meet the requirements set out in the Performance Management Framework (13.1).
3	The Provider ensures that feedback on the quality of the service is obtained through a workable mechanism from staff, Residents

	and their support network and CQC that directly informs service improvement plans and actions to improve the experience of Residents.
4	The Provider ensures that as part of the quality assurance process, current and future risks are identified, accountability is assigned and risks are routinely monitored and managed for the well-being and safety of Residents in a timely manner.
5	The Provider ensures that where the Commissioning Organisation or CQC have issued compliance actions or recommendations for service improvement, these are incorporated within a service improvement plan and actioned as per the timescales agreed with the Commissioning Organisation / CQC. This may include an improvement plan arising from the safeguarding process in Bristol and/or another relevant local authority. The service improvement plan will be shared with the Commissioning Organisation.
6	The Provider will facilitate unannounced quality assurance visits from the Commissioning Organisation. The Commissioning Organisation will issue a draft report to the Provider within 10 working days of the completion of the visit. The Provider is given 10 working days to respond to the report, providing additional evidence as required where there are challenges to information within the report. The final report will be issued by the Commissioning Organisation within 5 working days.
7	The quality assurance staff from the Commissioning Organisation will feedback to the home manager on the day of visit where practicable and will ensure Providers have the opportunity to feedback on any quality assurance report prior to the reports final sign-off.
8	The Commissioning Organisation will deal with any outstanding compliance actions as per section 10.3 Performance Management.
9	The Provider will utilise forums such as the Care Home Provider Forum to develop their quality assurance process and service delivery through sharing of best practice with peers.

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Quality Assurance policy ✓ Service improvement plan ✓ Internal audit process and log ✓ Staff meeting minutes ✓ Resident annual survey / audit ✓ Support network annual survey / audit ✓ Engagement with Commissioning Organisation on service improvement ✓ Complaints / compliments audit ✓ Risk assessments 	<ul style="list-style-type: none"> ✓ Person centred care ✓ Good governance ✓ Staffing ✓ Duty of candour 	<ul style="list-style-type: none"> ✓ Person centred care and personalised support ✓ Partnership

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| <ul style="list-style-type: none">✓ Accident / Incident audits✓ Commissioning Organisation audit of quality assurance report timescales✓ Management interviews✓ Staff interviews✓ Resident feedback / interviews✓ Support network feedback / interviews | | |
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Wellbeing

7.1 Respite and short breaks	
Resident Outcome: Residents and carers receive a break, which benefits their health and wellbeing.	
Service Outcome: Respite care is a positive experience for both the Resident and their carer.	
No	Standard
1	Residents receiving respite care receive the same high quality service as permanent Residents.
2	Residents and their support networks receive all the necessary information about the service in order to jointly make an informed choice about receiving respite care in the setting.
3	Residents' right to privacy and dignity is maintained during their respite break. Residents' preferences are documented in their records and are taken account of by all staff.
4	With the Resident's consent, carers will be kept informed of the Resident's wellbeing and progress during their respite break. The Provider will work with carers in advance of the respite stay to decide and agree on the level of communication the carer would like during the stay.
5	<p>The Provider will draw up an initial Care and Support plan on the first day of admission. A person-centred Care and Support Plan, proportionate to the length of stay and needs of the individual, will be drawn up by the Provider not more than two days after their admission with the following requirements:</p> <ul style="list-style-type: none"> • The plan will be drawn up with the Resident and their support network so they are encouraged to determine their own needs. • The Plan will include the outcomes from the Commissioning Organisation's SDS Plan / CHC Care Plan and will describe in detail the way they are to be achieved with the Resident. • Attention will be given by the Provider to ensure the plan is person-centred on the needs of the Resident, reflecting their background, qualities, abilities, interests and preferences. • The plan will also include risk assessments, risk management plans and mental capacity assessments as required.
6	The Provider ensures that Residents staying for a time-limited period have the same opportunities as permanent Residents to inform and influence service design and delivery.
7	Residents continue to be registered with their usual GP during the period of their respite stay. Where this is not possible, the home has an agreement in place with the local GP surgery to provide GP care for respite Residents.

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Welcome pack / brochure / website ✓ Pre-admission assessment ✓ Resident Care and Support plan ✓ Daily record of Care and Support plan ✓ Communication plan between Resident's Support Network and Provider ✓ Risk assessments ✓ Mental Capacity Act assessments ✓ Best interest assessments ✓ LPS paperwork ✓ Staff interviews ✓ Management interviews ✓ Resident feedback / interviews (where possible) ✓ Support network feedback / interviews 	<ul style="list-style-type: none"> ✓ Person centred care ✓ Dignity and respect ✓ Consent ✓ Staffing 	<ul style="list-style-type: none"> ✓ Promotion of independence ✓ Person centred care and personalised support ✓ Dignity and respect ✓ Social inclusion ✓ Wellbeing

7.2 Assistive technology and equipment

Resident Outcome: Residents are able to use assistive technology and equipment to maintain independence and maximise the choices available to them within the home.

Service Outcome: Staff understands the use and benefit of assistive technology and equipment provision and how to enable and support Residents in their use.

No	Standard
1	The Provider will ensure that staff receives training in the use of assistive technology and equipment in order that they can advise and support Residents to use them appropriately, safely, comfortably and energy efficiently.

2	The Provider will make sure that aids, adaptations and equipment are suitable, available and properly maintained and will ensure that appropriate care is given safely, according to the individually assessed needs of each Resident in order to maintain and promote Residents' independence.
3	The Provider will carry out pre-admission assessments in order to identify potential Residents' current and likely future need for equipment which will be met by the Provider and may include equipment not normally provided by the home. The Provider will not accept potential Residents whose assessed needs they are unable to meet.
4	The Provider will ensure that they comply with the provisions set out in the Bristol Community Equipment Service Policy for the Provision of Equipment in Care Homes (13.2). This policy explains the circumstances under which equipment may be loaned to a Provider.

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Resident Care and Support Plan ✓ Pre-admission assessment ✓ Equipment maintenance log ✓ Staff training matrix ✓ Staff interviews ✓ Management interviews ✓ Resident interviews / feedback ✓ Support network interviews / feedback 	<ul style="list-style-type: none"> ✓ Person centred care ✓ Dignity and respect ✓ Premises and equipment ✓ Staffing 	<ul style="list-style-type: none"> ✓ Promotion of independence ✓ Person centred care and personalised support ✓ Dignity and respect ✓ Flexible, creative and innovative ✓ Environment ✓ Wellbeing

7.3 Moving on

Resident Outcome: Residents will feel moving on is a positive experience, meaning they are able to exercise choice where they move to, feel supported before and after the move and are confident to use the knowledge and independent living skills developed whilst living in the home. Each individual has the potential for greater independence, for some Residents, the home may be a stepping stone to enable greater independent living skills and to move on to a new supported living based environment or to their own home. In some cases, where the level of need changes, the home may not feel able to provide the appropriate level of care and support to meet the individuals need.

Service Outcome: The Provider will ensure that moving on is a positive experience, involving the Resident, their support network and social worker / nurse assessor in planning and discussion on the best way to prepare for the move. The planning and discussion also involves staff at the home. Risk is minimised through careful person-centred planning and risk assessment.

No	Standard
1	The Provider will ensure that staff supports the Resident in planning for their future from the time they start using the service. This will form part of the Provider Care and Support plan and CHC Care Plan. In doing so, the Provider will ensure the Resident is involved in all meetings to discuss their future move. The Resident is encouraged by the staff to use all the experience and daily living skills they have gained while using the service in deciding on their next move.
2	Residents can visit the place they are moving to and keep their current accommodation while they make a decision about moving. The Provider will facilitate this process to ensure it happens smoothly.
3	Residents who move on must have the opportunity to keep up friendships made during their time at the home. The Provider will support Residents in keeping in touch where practicable.
4	Residents are involved in assessing the possible risk for them or others if they move.
5	Where the move is because the home can no longer meet the Resident's needs or has to close, the Provider will ensure the move will involve the least amount of risk and disruption to the Resident and will involve the Resident's Support Network at the earliest possible opportunity.
6	The Provider will ensure the Resident's records are passed on to their new home promptly. The records will be complete and up-to-date, and will have been put together with the involvement and agreement of the Resident.
7	The Provider will ensure Residents have a representative and someone from their support network to help the Resident make the transition to their new home, providing social and emotional support during this period. For those without capacity, the Provider will ensure that an Independent Mental Health act Advocate (IMCA) is appointed.

8	The Provider will arrange a discharge meeting with the Resident and their support network, the social worker and other agencies involved, at least seven days before the planned move date, to ensure that all arrangements are in place.
9	The Provider will ensure that within two days of the planned move, staff send a discharge summary letter and progress report to the Residents allocated social worker and other key agencies involved in the Residents care and support package.
	Unplanned move on
10	The Provider will ensure that in the event of a move in an emergency or in an unplanned way, the move will be with the minimum of risk to the Resident or others. The reasons will be consistent with the Providers clear written policy on moving on. The policy will clearly outline the circumstances in which a Resident may be asked to leave and the circumstances in which they may be eligible to re-apply for admission.
11	The Provider will ensure that key professional staff, including the social worker, GP and Commissioning Organisation will be notified within 24 hours of any emergency or unplanned discharge. The Provider will ensure professionals are provided with the reason for the notice given, any potential risks identified, medication records and the progress of the Resident during their stay.
12	<p>Any unplanned move on must comply with the notice periods outlined in the Contract:</p> <ul style="list-style-type: none"> - 1 week notice: By either the Commissioning Organisation or the Provider for placements which have been made for a trial period. - 28 days' notice: If the commissioning authority considers there to be serious risk to life, health or wellbeing of a Resident, either because of the Resident's circumstances or because of any issues relating to the running of the home. In exceptional circumstances, the Commissioning Organisation may take action with immediate effect. If the Provider is unable to provide the service as a result of changes to the Resident's circumstances, i.e. a significant change in their level of need. - 3 months' notice: In the event of closure of the home or a change in registration status which would result in any existing Resident's falling outside of the category of person who may be accommodated within the home - 6 months' notice: If the Provider forms the view that because of personal incompatibility it is no longer willing to accommodate an individual Resident. In such event the Commissioning Organisation will aim to try and find alternative accommodation before the 6-month period ends.

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Resident Care and Support plan ✓ Daily recording in Care and Support plan ✓ Reviews of Care and Support plan ✓ Risk assessments ✓ Audit of unplanned move-ons ✓ Resident exit questionnaire ✓ Discharge meeting minutes ✓ Referral records for advocacy and other agencies ✓ Move on notifications to Commissioning Organisation ✓ Management interviews ✓ Resident interviews and feedback ✓ Support network interviews and feedback 	<ul style="list-style-type: none"> ✓ Person centred care ✓ Good governance ✓ Staffing 	<ul style="list-style-type: none"> ✓ Promotion of independence ✓ Person centred care and personalised support ✓ Partnership ✓ Flexible, creative and innovative ✓ Wellbeing

7.4 Working with the local community and the Resident's support network

Resident Outcome: Residents are able to maintain relationships with families, friends, carers and advocates (support network) and are supported in a way that allows these relationships to enhance the Residents' quality of life.

Residents are able to access and feel part of the local community, in an inclusive way that recognises their individual needs and preferences.

Service Outcome: The service will actively work with Residents' families, friends, carers and advocates (support network) so they are seen as partners in care.

The service will establish and continually seek to build links with the local community, promoting social inclusion and placing the care home as an active part of the community, utilising local services to enhance Residents' quality of life.

No	Standard
1	The Provider will work with local advocacy groups to provide access to independent advocates or 'voice of the resident' for Residents and their support network.
2	The Provider will be knowledgeable of the services available in the local community and where identified in the SDS Support plan / CHC Care plan will ensure the Resident is enabled to access these services. The Provider will make use of relevant community groups and services to ensure that Residents enjoy a good quality of life, a range of activities and achieve a sense of belonging in their local community.
3	Residents are given the opportunity and support they may need to practise their beliefs, including keeping in touch with their faith community.
4	The Provider will work with Residents and their support networks in recognising any barriers, which may have a detrimental effect on the quality of life of the Resident and take action to address these.
5	The Provider will work with the Residents and their support network, which may include volunteers, in developing a life story for the Resident including relevant background, preferences, habits and routines which will form part of the planning and delivery of their care. Residents' life stories will be known by staff to enable them to develop meaningful relationships with Residents.
6	The Provider will ensure Residents can maintain relationships with their support network and links with their own community.
7	The Provider will facilitate regular pro-active engagement with Residents and their support networks to talk through concerns and generate new ideas for service improvement.
8	The Provider will support education and employment opportunities within the parameters of the assessed band of hours.
9	The Provider will cooperate and facilitate aspects of continuing care by an unpaid carer if that is part of the Resident's identified wishes.

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Resident Care and Support plan ✓ Resident Life Story / Map of Life ✓ Leaflet / information on advocacy services ✓ Resident / Relatives newsletters / notice boards ✓ Evidence of community engagement, i.e. community groups providing in-reach / out-reach to care home. ✓ Support network meeting minutes ✓ Resident meeting minutes ✓ Staff interviews ✓ Management interviews ✓ Resident feedback / interviews ✓ Support network feedback / interviews 	<ul style="list-style-type: none"> ✓ Person centred care ✓ Staffing 	<ul style="list-style-type: none"> ✓ Promotion of independence ✓ Person centred care and personalised support ✓ Partnership ✓ Flexible, creative and innovative ✓ Social inclusion ✓ Wellbeing ✓ Sustainable community

7.5 The provision environment

Resident Outcome: Residents' daily life and overall quality of life is enhanced by an environment that supports greater independence, promotes a feeling of safety and calm, minimises confusion and complies with health and safety and environmental legislation.

Service Outcome: The service carefully considers the personal space for individuals and also the overall environment to ensure it is conducive to the care being provided. The service provides a safe, therapeutic and psychologically informed environment allowing for individuals to navigate their home environment safely. The service complies with health and safety legislation.

No	Standard
1	The Provider will ensure Residents are able to move around easily in the home and its grounds regardless of any physical, sensory or cognitive impairment. The Provider will routinely review best-practice in care home layout and implement environmental cues specific to the Resident group the Care Home supports. For example, this may include coloured signage to ensure people with

	learning disabilities able to find their way around the home independently.
2	The Provider will ensure the home is run in a way that protects Residents from any avoidable risk or harm, including physical harm and infection.
3	The Provider will ensure the home is kept clean, hygienic and free from offensive odours and intrusive sounds throughout and ensures use of appropriate waste management and recycling facilities.
4	There are systems in place to control the spread of infection, in line with relevant regulation and published professional guidance.
5	The design and layout of the residential provision including all Residents' bedrooms and public rooms must comply with CQC Fundamental Standards.
6	The Provider will ensure access to communal rooms that are of sufficient size, and that provide opportunities to comfortably participate in social, therapeutic, cultural, daily living or educational activities either individually or with others.
7	Residents must be given the ability to personalise their rooms and contribute to the design of communal areas, e.g. possessions, photos and other objects that give a sense of identity for each Resident.
8	The Provider will encourage the interaction of Residents through careful design and layout of the home. Communal areas will be carefully designed to promote spaces and ways for Residents to have meaningful interaction with each other (if they choose to) on a daily basis. Residents' interaction with each other in terms of companionship and meaningful dialogue and relationships is recognised by the Provider as a key component of quality of life.
9	Residents who wish to smoke must be able to do so in a designated smoking area that will be easily accessible from the home. The designated area must be outdoors in order to protect other Residents and staff from the dangerous effects of second-hand smoke.
10	The Provider will comply with all Environmental regulations and legislation and make policy and procedures available to the Commissioning Organisation upon request.
11	For new buildings care homes should be built to the highest environmental standard possible with refurbishments/new builds conforming to BCC Sustainability Requirements and Guidance for New Build and Refurbished Facilities for Adult Social Care. Buildings should be resilient to climate change such as more frequent flooding or extended heat waves. Residents will be living in a safer & more adaptable home that is fit for their lifelong needs, minimising the risk associated with further moves.

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Resident Care and Support plan ✓ Risk assessments ✓ Incident / accident forms / audits ✓ Handover / staff communication book 	<ul style="list-style-type: none"> ✓ Person centred care ✓ Safety ✓ Premises and equipment 	<ul style="list-style-type: none"> ✓ Promotion of independence ✓ Person centred care and personalised support ✓ Safe

<ul style="list-style-type: none"> ✓ Home environment improvement plan ✓ Health and safety policy / log ✓ Audit of home environment (Provider) ✓ Audit of home environment (Commissioning Organisation) ✓ Staff interviews ✓ Management interviews ✓ Resident feedback / interviews ✓ Support network feedback / interviews 		<ul style="list-style-type: none"> ✓ Social inclusion ✓ Environment ✓ Wellbeing
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7.6 Better lives	
Resident Outcome: Residents lead active and fulfilled lives that reflect their level of capability and ability.	
Service Outcome: The Provider provides reasonable opportunities for the Resident to lead active and fulfilled lives.	
No	Standard
1	The Resident is able to express their interests and enthusiasms.
2	The Resident is able to maintain continuity between their life prior to entering the Care Home and their life in the Care Home – for example pursuing a hobby, friendships or leisure activities such as cultural pursuits.
3	The Provider should engage with Residents to promote, encourage and facilitate the Resident to engage in education, employment or training.

<p>Examples of Evidence</p> <ul style="list-style-type: none"> ✓ Resident Care and Support plan ✓ Support network meeting minutes ✓ Resident meeting minutes ✓ Staff interviews ✓ Management interviews ✓ Resident feedback / interviews ✓ Support network feedback / interviews ✓ Daily recording in Care and Support 	<p>Related CQC Fundamental Standards</p> <ul style="list-style-type: none"> ✓ Person centred care ✓ Staffing 	<p>Key Outcomes</p> <ul style="list-style-type: none"> ✓ Promotion of independence ✓ Person centred care and personalised support ✓ Flexible, creative and innovative ✓ Social inclusion ✓ Wellbeing
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<ul style="list-style-type: none"> plan ✓ Resident Life Story / Map of Life ✓ Observation of practice (internal Provider quality assurance) ✓ Handover / staff communication records ✓ Activities timetable / Specific rota 		
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7.7 Mental Wellbeing	
Resident Outcome: Residents are able to maintain an acceptable level of mental wellbeing.	
Service Outcome: The Provider maintains an environment which promotes mental wellbeing and provides opportunities for Residents to meet their mental health needs as appropriate.	
No	Standard
1	The Provider implements a managed transition for the Resident moving into the care home, which recognises that moving into a care home is an enormous upheaval in the Resident's life and may have a negative impact on their mental health.
2	The Provider will identify and understand Residents' mental health needs and meet those needs as appropriate and reasonable.
3	The Provider should work with other relevant services to ensure that the Resident's mental health needs are met.
4	The Provider should promote personal development, health and social recovery.
5	The Provider will support the Resident to develop emotional, psychological, and practical skills needed to enjoy/enhance their quality of life.

<p>Examples of Evidence</p> <ul style="list-style-type: none"> ✓ Resident Care and Support plan ✓ Reviews of Resident Care & Support Plan ✓ Risk Assessments ✓ Staff training log ✓ Staff interviews 	<p>Related CQC Fundamental Standards</p> <ul style="list-style-type: none"> ✓ Person centred care ✓ Staffing 	<p>Key Outcomes</p> <ul style="list-style-type: none"> ✓ Person centred care and personalised support ✓ Partnership ✓ Wellbeing
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<ul style="list-style-type: none"> ✓ Management interviews ✓ Resident interviews and feedback ✓ Support network interviews and feedback ✓ Daily recording in Care and Support plan ✓ Resident Life Story / Map of Life ✓ Support network interviews and feedback 		
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7.8 Communication	
Resident Outcome: The Resident is able to use appropriate methods of communication and can compensate for any restriction or impairment in communication skills.	
Service Outcome: The Provider will facilitate the communication skills of the Resident and will provide assistance with alternative means of communication where necessary.	
No	Standard
1	The Provider should maintain and promote effective communication skills between Residents and staff and vice versa.
2	The Provider should maintain and promote effective communication skills between Residents, relatives, friends, visitors and any others providing input to the Resident's care.
3	The Provider will, where necessary, make available alternative communication methods – for example, when there is cognitive or sensory impairment, or when an interpreter is required.

Examples of Evidence <ul style="list-style-type: none"> ✓ Resident Care and Support plan ✓ Daily recording in Care and Support plan ✓ Resident Life Story / Map of Life ✓ Key Worker allocation 	Related CQC Fundamental Standards <ul style="list-style-type: none"> ✓ Person centred care ✓ Good governance ✓ Staffing 	Key Outcomes <ul style="list-style-type: none"> ✓ Person centred care and personalised support ✓ Flexible, creative and innovative ✓ Social inclusion ✓ Wellbeing
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- | | | |
|---|--|--|
| <ul style="list-style-type: none">✓ Activities timetable / log / record of involvement✓ Resident meeting minutes✓ Support network meeting minutes✓ Handover / staff communication records✓ Staff interviews✓ Management interviews✓ Resident interviews and feedback✓ Support network interviews and feedback✓ Risk assessments | | |
|---|--|--|

7.9 Homely Environment

Resident Outcome: Residents enjoy living in an environment which feels comfortable and homely to them.

Service Outcome: The Provider will maintain a recognisably domestic environment in both the shared areas of the Care Home and especially in the Resident's own room.

No	Standard
1	The Provider will install furnishings, fittings and decorations of a domestic design appearance manufactured to a suitable standard consistent with the Residents' needs and the relevant applicable regulations.
2	The Provider will facilitate and support Residents to decorate and furnish their room to their taste, within reason.
3	Where Residents, or their relatives or friends are unable to decorate and furnish their own room the Provider will do this for them in a manner which reflects their interests and enthusiasms.
4	Residents are given the opportunity to keep personal items/furniture that they owned prior to their admission (where appropriate) in their rooms.
5	The Provider will facilitate the Resident to engage in activities that reflect their interests and enthusiasms.
6	Where appropriate, Residents should be supported to look after domestic pets within their own agreed personal space.

Examples of Evidence	Related CQC Fundamental Standards	Key Outcomes
<ul style="list-style-type: none"> ✓ Resident Care and Support plan ✓ Home environment improvement plan ✓ Audit of home environment (Provider) ✓ Audit of home environment (Commissioning Organisation) ✓ Staff interviews ✓ Management interviews ✓ Resident feedback / interviews ✓ Support network feedback / interviews 	<ul style="list-style-type: none"> ✓ Person centred care ✓ Dignity and respect ✓ Premises and equipment ✓ Staffing 	<ul style="list-style-type: none"> ✓ Promotion of independence ✓ Person centred care and personalised support ✓ Dignity and respect ✓ Social inclusion ✓ Environment ✓ Wellbeing

Section 5 – Contract Information

8. Service Variation

8.1 Variations to the Agreement

The Parties may agree to vary the provisions of this Agreement and Appendices.

Sections may be varied at any time by agreement between Commissioner and Provider.

Either of the Parties may propose a variation to this agreement. The proposing Party shall set out the reasons for the variation request for the other Party to consider.

The variation proposal response shall be made within 20 business days of receipt or if it is agreed as “urgent” within a timescale appropriate to the level of urgency.

Where the variation is agreed the Parties shall sign the variation request including the date of the application of the variation.

All variations shall be agreed in writing and shall be recorded in 13.3.

8.2 Variations in Service Provision

Either of the Parties may propose a variation in services provided.

Either party will make the other aware of the need or desire for any forthcoming changes to the scope of services at the earliest opportunity.

Both Parties should where possible seek to identify innovations in service delivery and different ways of working particularly where this enhances service productivity, efficiency, customer experience and better outcomes.

Any significant changes to the services made will be documented and communicated to all Parties.

Prior agreement by the Commissioner should be sought for any strategic variation in the scope of service proposed by the Provider.

A strategic variation in scope of service is defined as ‘Ceasing to deliver a particular service, commissioning from another source or intention to deliver a new area of service’ or a significant change in service levels or standards’ as outlined in section 2 of this document.

The Party proposing a strategic variation in the scope of service will provide reasonable notice (not less than 6 months). In practice, particularly where proposed changes affect employees' terms and conditions, the timescale for commissioning or de-commissioning is likely to be dictated by service specific issues including any contract terms and sufficient notice shall be provided to undertake the processes required for the circumstances.

Each Party when considering a service variation, shall have due regard to the potential impact of that variation on all other services provided.

Where the Commissioner requests or proposes a variation that would have a cost implication requiring additional Local Authority budget, then a decision regarding additional budget provision will be taken under the scheme of delegation and the Council's usual financial management arrangements.

In exceptional circumstances where there is a need for an urgent service variation; there may not be time available to follow the process set above. In these cases, the Provider will notify the Commissioner of the situation and action being taken. Any required service variations or budget requirements will subsequently be agreed by appropriate officers or members according to the Council's scheme of delegation under the usual financial management processes.

9. Finance

9.1. Proposed guide prices for residential and nursing placements.

Based on the work set out in the attached Methodology report the Council estimates that the indicative costs of care for each of the four categories of need per week in the financial year 2019/20 are as set out in the table below:

	12 bed home High	12 bed home Low	6 bed home High	6 bed home Low
Guide price per Bed	1,350.76	1,136.75	1,360.33	1,146.32

9.2. Core hours and additional 1:1 support

Other than where commissioners have sought specified specialist interventions to meet a Resident's needs and deliver specific outcomes, any 1:1 specifically purchased from an agency by a Provider will only be paid for through the Provider. In such cases outcomes and specified time frames for the delivery of such provision

will be agreed in addition to the core provision. At the need of such a time frame/ delivery of the outcomes the commission/ payment will reduce to the core unless specifically agreed by Senior Managers. As part of implementation planning BCC will look to develop a standardised pricing tool which will follow the methodology used to arrive at costs. This will allow both the Local Authority (and it's Practioner Employees), as well as Providers to have transparency in pricing in a way that is consistent with all packages of care. This approach will be delivered to all new and reviewed packages of care following sign off. BCC recognises the degree of variation in business models and will work with all providers to make any changes in a sustainable fashion.

9.3. Payment Schedule

The Support Plan recorded on Liquidlogic Adults System (LAS) generates payments on Controcc and are entered by the Social Work Teams and Support Brokerage. Once completed, authorised and activated Controcc will calculate the payments and payment will be made in the next available payment run.

Payments for Residential placements are processed from Controcc every two weeks, the run is processed on a Thursday and payments are made into the providers bank accounts on the following Tuesday. A file is transferred into ABW from Controcc and the payments are actually sent from the corporate system, the remittances are e-mailed directly to the providers by Accounts Payable.

9.4. Third party/Sub contracting contracts

Where the Provider sub contracts to a third party, (Or the Resident using an ISF). BCC accepts no liability for work that is done outside of this agreed framework and quality assurance processes.

10. Quality Assurance

There is a shared responsibility for ensuring that vulnerable people receive high quality care and support, as set out in the Aims, Vision and Principles of this document. It is important to know that these services are delivered with dignity and respect, and uphold the diversity, values and human rights of the people using the service. BCC and BNSSG CCG will check that this happens by means of a Quality Assurance (QA) Framework. In addition, BCC require Providers to take responsibility for the quality, and quality assurance, for all aspects of their services.

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. They inspect the Care Home services that are commissioned by BCC and BNSSG CCG. In addition to the CQC, Healthwatch have the power to enter and view provision so that their authorised representatives can observe matters relating to health and social care services.

The Commissioners relationship with the Provider is separate to the role of the regulator (CQC). The Commissioners responsibility is for monitoring how the Provider is performing under the BCC commissioner / provider contract. Commissioners also expect Providers to play a key role in their own quality assurance and performance management.

Under this service specification, Commissioner/s will:

- Monitor Providers in accordance with the BCC – Health & Social Care Quality Assurance Framework (QAF). BCC and BNSSG CCG will work together and

share intelligence in order to assure the quality of the Providers that are jointly commissioned.

- Performance manages Providers in accordance with the Care Home Services Performance Management Framework (PMF).
- Require all Providers to report against Key Performance Indicators (see below) on a bi-annual basis.
- Complement the inspection process used by the CQC and avoiding duplication where possible.
- Use intelligence gathered from CQC inspections to inform areas for further monitoring under the QAF.
- Use performance data reported to CQC where possible and sharing the same definition as the data requested on the Provider Information Collection (PIC).

Under this service specification, Providers will:

- Be CQC registered and compliant with all aspects of their registration.
- Be subject to joint performance and quality meeting arrangements from Commissioners.
- Undertake satisfaction surveys, which include Residents, Family Members, Professionals and Staff, at regular intervals. The results and findings will be shared with key stakeholders (internal and external) and used to inform service delivery / improvement plan(s).
- Implement and proactively manage their own quality assurance processes (audit) that identify any failures in service delivery (in accordance with outcome 7.14 – “Service / Resident Outcomes”). Providers will be able to demonstrate that they are actively involved in their own internal audit and will be able to share the findings of any internal audit reports and resulting action plans.
- Report serious and untoward incidents and statutory notifications to Commissioners at the same time as they are reported to the CQC.
- Share information with Commissioners on the number of Provision closed due to Safeguarding.
- Be required to complete and return a bi-annual performance template and an annual Quality Assurance Self-Assessment Survey on behalf of their service to Commissioners.
- Notify Commissioners within 24 hours if a CQC investigation takes place and;
 - a) Report whether the investigation was routine or reactive.
 - b) Relay the verbal feedback.

10.1. Reporting

- Reporting Period 1, April to September
- Reporting Period 2, October to March

Providers should submit their workbook to the BCC Contracts Team for each reporting period within the first month following the period.

10.2. Monitoring

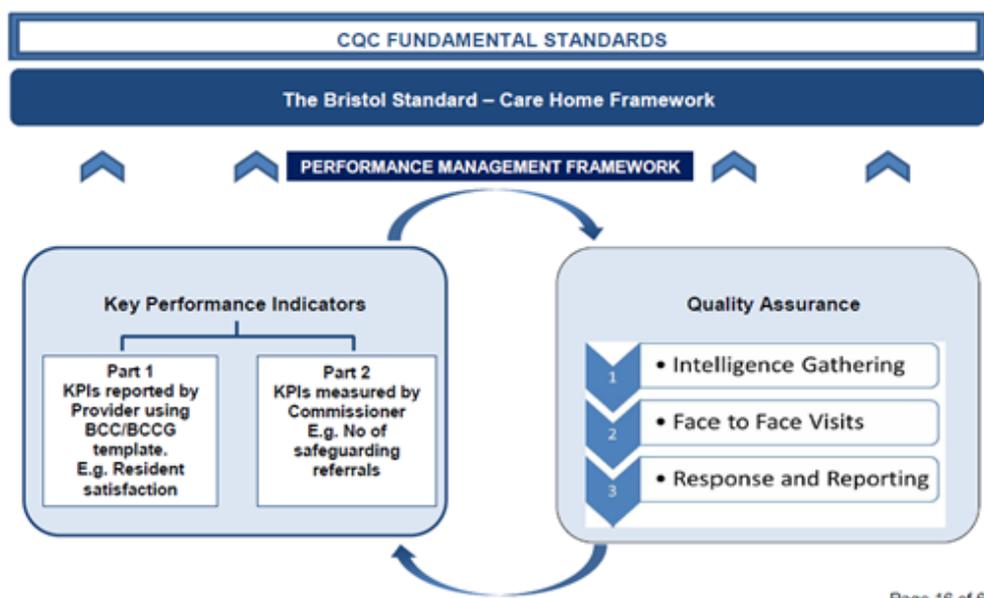


Figure 1: Monitoring Quality and Performance in Care Homes in Bristol

10.3. Performance Management

BCC has designed a PMF for all services. This will apply to all social care services that are commissioned for adults in Bristol. The PMF will be used by commissioners to monitor and review services being delivered under this contract. The PMF will set out the methods that Commissioners will use to assess quality and the steps that will be taken when services do not meet the required standards.

The PMF will complement the inspection process used by the CQC; use intelligence gathered from CQC inspections to inform areas for further monitoring under the PMF; and avoids duplication with CQC and Healthwatch 'Enter and View' by making an informed judgement where independent evidence is sufficient to satisfy outcomes under the PMF.

The PMF is underpinned by a cyclical 3 stage process:

Stage 1: Intelligence Gathering – To include a requirement for Providers to complete an annual Self-Assessment Survey

Stage 2: Face to face visits

Stage 3: Response and Reporting

The PMF will be used to monitor and address performance issues and failures that are integral to the ongoing delivery of Adults under 65 Residential Provision.

Key Performance Indicators are linked to Key Outcome areas and are to be delivered in accordance with the requirements of the PMF. Where possible, monitoring

information will either be collected from the CQC PIC or use the same descriptions and definitions as the PIC.

11. Review

The Commissioner is responsible for facilitating reviews of this Service Specification. The contents of this document may be amended as required, provided agreement is obtained from both Parties. The Commissioner will incorporate all subsequent revisions and obtain mutual agreements / approvals as required.

When reviewing the agreement, the Commissioner shall plan and agree realistic requirements under this agreement, considering any or all of the following;

- The available budget.
- The performance in the year preceding the review.
- Any service variations agreed or required.
- The assessment by all Parties of the service needs (including any demographic or service volume trends), availability of alternative providers and the demand for those services.
- The likely impact of any modernisation and/or reconfiguration that may affect the services.
- The service specification(s).
- Any service development plans.
- Implementation of changes agreed because of changes to the Medium Term Financial Plan or service reviews.
- Providers' capacity to maintain effective provision of the services.

Each review shall be completed by the Parties agreeing a written review record containing a summary of all the matters raised during the review, actions taken and the outcome of any such referrals and any variations (including Service Variations) agreed.

The review of this Service Specification is an important management checkpoint and will need to take place at specified intervals for the duration of the agreement. The on-going review is meant to ensure that the Commissioner and Provider have an opportunity to assess performance against the objectives and to review the operation. The Provider and Commissioner both agree to be collaborative, responsive and transparent within the review process.

The Service Specification review should involve all key Parties thereby ensuring all are involved in all future decisions regarding the delivery of the service.

Whilst the Service Specification is subject to review at the end of the contract term individual components of it can be reviewed at the discretion of the Commissioner and Provider as required. It is recommended that all reviews, wherever possible, include relevant members of the Provider Forum, and takes the form of a 'themed' review.

12. Status of Agreement

This agreement is intended to be legally binding. The Parties enter into the agreement intending to honour all their obligations.

SIGNED ON BEHALF OF:
(THE PROVIDER)

Signature _____

Name _____

Position _____

Date _____

SIGNED ON BEHALF OF BRISTOL CITY COUNCIL:

Signature _____

Name _____

Position _____

Date _____

13. Appendix

No	Title	Description	Embedded doc
13.1	Performance Management Framework	Standardised process for managing underperformance	 Performance Management Framew
13.2	Bristol Community Equipment Service Policy for the Provision of Equipment in Care Homes	Policy Guidance	 Bristol Care Home Equipment Policy 201.
13.3	Variation and Dispute resolution	Record of agreed changes	 Variations and Dispute Resolution.dc
13.4	Definitions	Glossary of terms	 Definitions.docx
13.5	Methodology report	Cost of care assumptions	