

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

1. Introduction

1.1. This schedule sets out the Service Specification relating to the provision of Care and Support (Supported Living) for young people with disabilities and adults for Birmingham City Council and the NHS Clinical Commissioning Groups in Birmingham (the Commissioners). It describes the service aims, outcomes and standards the Commissioners expect from a service when a service is commissioned and one or both of the Commissioners pays towards that placement. This service specification should be read in conjunction with the Flexible Contracting Arrangement terms and conditions and the applicable Individual Service Agreement and Support Plan.

1.2. The provision of Care and Support (Supported Living) will be delivered in accordance with health and social care policy to all young people with disabilities and adults. This includes those with complex health needs, the presentation of behaviours that challenge services, mobility needs and physical disabilities; sensory impairment (including acquired brain injury); cognitive impairment; dementia, learning disabilities and/or autism; and mental health needs.

1.3 The Commissioners will expect the service to provide:

- care and support that enables the citizen to do as much as possible for themselves
- a personalised and responsive service (with all staff delivering care being aware of citizens' personal preferences & agreed outcomes)
- care and support that encourages autonomy and independence
- a range of stimulation to meet the citizens needs and wishes within their own community
- activities that are meaningful for citizens
- equality of opportunity
- choice and the fulfilment of personal ambitions
- protection, dignity and respect
- relationship maintenance and opportunities to develop new relationships
- the meeting of religious, cultural and spiritual needs and wishes
- prevention of hospital admission and / or facilitation of safe discharge
- tenure secured
- ownership of possessions
- to be involved with decision making over where and whom citizens live with

1.4 This will be achieved by enabling citizens to acquire, reacquire and maintain their own skills in line with their agreed outcomes so that they are able to achieve and maintain their potential in relation to physical, intellectual, emotional and social capacity. For the avoidance of doubt, the new 'principle of well-being' as defined within the Care Act 2014, recognises that everyone's needs are different and personal to them and assumes that the citizen is best

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

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

2. Service Aims

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

2.2 Service description

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

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

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

2.2.3 The objectives of the service will be achieved through:

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

- The provision of a waking-night staff member where assessed as being required, to address the planned needs of tenants and respond to emergencies;
- The provision of non-care and support related tasks;
- Positive working relationships and links with other professionals (including, for example, Social Care and Health professionals, specialist learning disability advocacy services and local community organisations) involved in the lives of the individuals supported by the service.

2.2.4 Model of Delivery

The type of service delivery model for citizens in supported living should be based on the principles of the REACH standards (REACH: Support for living an ordinary life: Service review – Pavilion Publishing and Media Ltd and its licensors 2013). It is considered that this is a statement of rights for a citizen, which is based on three main building blocks:

Self-determination: “I can say what matters to me and how I want to live”.

Inclusion: “I’m included in my community and benefit from services everyone uses”

Personalised Support: “I get the assistance I need to live as I want”.

The service should offer citizens the ability to be offered choice and control over their care and support and therefore Birmingham City Council would expect that the service model of delivery would be in line with the 11 REACH Standards which are detailed and enables the citizen to:

- Choose who they live with;
- Choose where they live;
- Choose who supports them;
- Choose how they are supported;
- Have their own home;
- Choose what happens in their own home;
- Make friendships and relationships with people on their terms;
- Supported to be healthy and safe on their terms;
- Have the same rights and responsibilities as other citizens;
- Get good support;
- Get help to make the changes in their lives.

The support for living an ordinary life for citizens should achieve the following:-

- Clarification of the standards of support for living to ensure that the “supported living” doesn’t become a model that people can simply tick as “achieved”.

- Commitment in current financial climate to quality support engaging a number of valuable resources e.g. community, family etc.
- Ensure that citizens can use direct payments or personal budgets to choose living an ordinary life.
- Quality of care and support is in line with expectations of the Human Rights legislation

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

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

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

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

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

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

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

Support Plan. The details of these tasks must be clearly recorded in a personal citizen plan and linked to the identified outcomes

2.2.7 The main components of Care and Support (Supported Living) Services are:

2.2.7.1 Care and Support

Personal Care includes assistance with:

- Support or prompting with personal washing, bathing/showering and maintaining good personal hygiene, toileting, shaving (use of cut throat razors prohibited), washing and trimming of hair, hand and finger nail care, foot care, (not toe nail care which requires a state registered chiropodist);
- Support or prompting citizens with getting up and going to bed;
- Transfers from or to bed/chair/toilet;
- Assisting, prompting and or administration of medication;
- Supporting elements of invasive care e.g. changing of catheter bags, stoma bags, peg feeding;

2.2.7.2 Support

Enhancing quality of life for people with care and support needs:

- Support Citizens to identify and manage risk within their environment;
- Promote safe risk taking with Citizens;
- Support Citizens to maintain social/community and family networks;
- Support Citizens to maintain the health and hygiene within their personal environment;
- Promote healthy eating with Citizens;
- Support or prompting with eating and drinking;
- Escorting to access community provision (e.g. shops, health appointments, leisure pursuits);
- Encouraging the continuation of hobbies and social activities.
- Assisting with the consequences of household emergencies.
- Support citizens to maximize their income to ensure they have access to all benefits they are entitled to.
- Payment of bills – in accordance with appropriate procedures;
- Maintain awareness of the safety of the home environment, alerting the appropriate person where risk is identified.
- Support Citizens to access dentists, opticians, chiropodists and other Providers of healthcare services;
- Support Citizens to take prescribed medication in accordance with Birmingham City Council's medication policy;

- Support Citizens to assist in writing/designing their support plan;
- Support Citizens to access local social/cultural and leisure activities;
- Support Citizens with specific issues relating to equality and diversity;
- Support Citizens to develop life skills;
- Assisting citizens in dealing with correspondence and handling their money
- Support Citizens to reduce debt;
- Support Citizens to achieve budgeting skills and enable appropriate expenditure;
- Support and encourage Citizens to be involved with local decision making
- Support Citizens in such a way as their dignity, privacy and respect is maintained at all times;
- Promote the individuality of Citizens;
- Support Citizens towards achieving employment.

Delaying and reducing the need for care and support.

- Support Citizens to maintain social/community and family networks;
- Support Citizens to identify and manage risk within their environment;
- Promote safe risk taking with Citizens;
- Support Citizens to maintain the health and hygiene within their personal environment;
- Promote healthy eating with Citizens;
- Support Citizens to access dentists, opticians, chiropodists and other Providers of healthcare services;
- Support Citizens to take prescribed medication in accordance with Birmingham City Council's medication policy;
- Support Citizens to develop life skills;
- Support Citizens in such a way as their dignity, privacy and respect is maintained at all times;
- Promote the individuality of Citizens;
- Support Citizens to achieve budgeting skills and enable appropriate expenditure;
- Support Citizens to access local social/cultural and leisure activities;
- Support Citizens to assist in writing/designing their support plan.

2.3 Service Flexibility

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

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

2.3.3 If it has been identified that some support hours can be shared between citizens the Council expects the Provider to have systems in place to clearly record this. The Council expects that care and support staff rotas clearly identify any support delivered using shared hours.

2.3.4 If it has been identified that some citizens hours will need to be banked the Council expects the Provider to have systems in place to clearly record this and to also to clearly evidence when banks hours have been used.

2.3.5 In the event that provision of care or support occasionally falls short of or exceeds the maximum agreed hours per week, the Provider and citizen may agree to log any surplus or deficit. Providers will thus need to ensure that they have recording systems to manage these eventualities.

2.3.6 Whilst flexibility in service provision is paramount, Providers and their staff must only provide services which are legal and meet the citizens stated.

3. Service Outcomes

3.1 This service specification demonstrates the commitment of the Commissioners to work in partnership with Providers to ensure a robust focus on service delivery that achieves optimum outcomes for the citizen, in line with the four quality statements (domains) in the Adult Social Care Outcomes Framework and the five NHS Domains.

3.2 The Service outcomes are:

- enhancing quality of life for citizens with care and support needs including people with long-term conditions to enable citizen to retain their independence, identity and sense of value
- ensuring that citizens have a positive experience of care and support including end of life care
- helping citizens to recover from episodes of ill-health or following injury
- treating and caring for citizens in a safe environment and protecting them from avoidable harm

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

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

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

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

This list is indicative and is not exhaustive.

3.5 Provider Support Plan

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

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

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

3.6 Service Delivery

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

4. Service Standards

4.1 The Provider will:

4.1.1 Undertake a pre-visit risk assessment.

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

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

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

Where applicable additional assessments include:

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

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

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

4.1.6 Meet the citizen's assessed mental and physical health, social, personal and cultural needs as detailed within their support/care plan. This may include supporting all aspects of personal care needs and to work in conjunction with multi agency care programme approach that acknowledges and respects citizens' gender, sexual orientation, age, ability, race, religion, culture and lifestyle.

4.1.7 With reference to the Care and Support Plan, produce a detailed plan in collaboration with the citizen and family, of how they will meet assessed needs. This will include details of ongoing reviews. The care and support plan should aim to maximise citizens' self-care abilities and independence by helping and encouraging people to do for themselves rather than having tasks done for them.

4.1.8 If outlined in the care and support plan, provide social, recreational and occupational activities which enhance the quality of life of citizens and encourage participation and maintain autonomy and relationships.

4.1.9 Promote service delivery by trained and competent staff that encourages a preventative approach and maintains health and well-being such as encouraging a healthy diet, participation, and daily communication using appropriate methods.

4.1.10 If outlined in the care and support plan, support all citizens to access primary care services to meet their health needs and ensure that citizens are offered the opportunity to access preventative medications such as the annual flu vaccination.

4.1.11 Ensure and evidence the citizen's satisfaction with the service provided and demonstrate that good practice is celebrated and any issues are acted upon with an agreed outcome reached.

4.1.12 Recognise the intrinsic value of citizens, regardless of circumstances, by recognising their uniqueness and their personal needs and treating them with respect.

4.1.13 Protect the citizen's legal rights, and that they have access to an advocate or other representatives if required. This includes applications for a deprivation of liberty (as defined within the Mental Capacity Act 2005 Code of Practice and the Deprivation of Liberty Safeguards Code of Practice.

4.1.14 Have a proactive approach to the changing needs of citizens due to deterioration in physical or mental health, challenging or forensic behaviour. The Provider, where possible, should be flexible enough to meet such need without the resident having to lose their Service. If agreed by the Budget Holder, this may involve increasing support to a citizen in periods of temporary variations or fluctuations in their lifestyle or circumstances.

4.1.15 Have a range of policies and procedures that comply with all national and local legislation and guidance and these are frequently reviewed. The Provider will make these available to staff through an on-going learning and development programme. The range of policies includes but is not limited to all aspects of support planning and risk assessment and should include a range of operational policies and procedures detailing how the Provider will deliver the service, comply with all legal duties and reporting requirements together with providing quality assurance to the Commissioners.

5. Staffing Arrangements

5.1 Providers are required to ensure that all care and support staff are trained and competent to ensure that service delivery remains effective and compliant with the level of service required. Providers should ensure that any training delivered by a suitably qualified external Provider can meet the standards required by the Commissioners. The Provider should maintain a log of all training received and to be received and one that is available for the Commissioners to view upon request.

5.2 The Provider will ensure that all care and support staff recruited from 1st April 2015 onwards have an induction together with on-going training and development in accordance with the Care Certificate¹. The Care Certificate is based on 15 Standards that health and social care workers should adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

5.3 For existing care and support staff recruited prior to this date, the Provider will ensure that all of the principles of the Care Certificate are reflected in their ongoing training and development and that the additional 3 Standards are completed as per the Core Standards in Appendix B.

5.4 The Provider will ensure that resources for training and development are made available. This will be through a planned approach and care and support staff have a learning and development plan in place from the point of

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

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

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

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

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

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

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

6. Staffing Requirements

6.1 The Provider will ensure that the requirements of this Service Specification and any associated terms are met at all times and that continuity of service is maintained for citizens.

6.2 The Provider will ensure that their service hours to care and support staff hour ratio supports service continuity taking into account staff leave and sickness levels. Service continuity and staffing levels will support current services as well as potential new services.

6.3 The Provider will ensure that the service is headed by a CQC registered manager, who provides a role model of best practice to ensure that care and support staff know what is expected of them and motivates them to deliver.

6.4 Additional guidance for a range of management skills can be found here: www.skillsforcare.org.uk/cqcgguide and here: <http://www.skillsforcare.org.uk/Leadership-management/Registered-managers/Your-induction-qualification-and-training.aspx>

6.5 The Provider is responsible for safeguarding the health, safety and welfare of citizens. They will take appropriate steps to ensure there are sufficient numbers of suitably qualified, skilled and experienced care and support staff appropriate to the needs of the citizens and the volume of services being commissioned. In addition, the Provider will ensure that those left in charge of the service have the appropriate knowledge, skills and experience.

6.6 Care and support staff will be supported through regular supervision, training, coaching and observation and competency checks. As part of the supervision process direct observations should be undertaken as well as an Annual Performance Appraisal (APR). The objectives identified in the care and support staff APR should be reflective of the aims and objectives of the service. All supervision and APR should be underpinned by the Care Commitment.

6.7 Through ongoing supervision, resident assessments and feedback, the Provider will ensure that:

- care and support staff competence is reviewed regularly
- care and support staff are encouraged to develop their skills, including any specific training necessary to meet the needs of the residents
- all care and support staff to demonstrate an understanding of and commitment to delivery of outcome focused care to each citizen

6.8 The Provider will ensure that care and support staff are able to manage risk, with confidence in their ability to strike a balance between protecting those in vulnerable situations and supporting citizens to determine and achieve identified outcomes.

7. Record keeping

7.1 The Provider will ensure that all care and support staff comply with all applicable statutory and legal obligations concerning information recorded in relation to citizens.

7.2 The Provider will have policies and procedures for making, maintaining and securing citizen records. The policies and procedures will detail the standards for recording citizen information, internal audit and quality monitoring, storage, archiving and destruction as in line with the General Data Protection Regulation (Regulation (EU) 2016/679).

7.3 The Provider will maintain in the home and or office as appropriate adequate records including, but not limited to:

- assessments, care needs support plan, risk assessment etc.
- citizen risk assessments on clinical conditions e.g. mobility and falls and a summary of key risks such as times when this may increase

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

Staffing

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

Complaints

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

All Citizens will be informed in an accessible way appropriate to their needs, of arrangements to make complaints, compliments and comments about the service. All Citizens will assisted by staff employed by any partner agency to make a complaint to the relevant body including the Landlord, care and support Provider, Birmingham City Council, the Care Quality Commission and the Local Government Ombudsman. The outcome of all complaints, compliments and comments will be reviewed in order to inform the future development of the service.

8. Finances

8.1 If you are a Provider involved in helping a citizen to manage their money, you should have clear guidelines either from the citizen you support, the Council or your organisation about being clear what this will involve. In order to ensure accountability, it is important to have a clear record which shows any financial transactions and the extent of staff involvement.

8.2 Banking and Bank Accounts

8.2.1 Citizens who manage their own financial affairs are likely to have bank accounts with a cheque book, card and PIN number. It is appropriate for care and support staff to provide support such as:

- reading and explaining information from the bank
- filling in forms
- making sure the citizen's signature is in the right place

8.2.2 It is not appropriate for care and support staff to undertake actual bank transactions such as:

- using a citizen's card to withdraw money from their account
- accessing a citizen's internet account
- writing a cheque for a citizen to sign
- knowing the citizen's pin number
- looking after bank cards or bank books for the citizen

8.2.3 Benefits are now paid into a bank account. The options for accessing this are:

- using a debit card to withdraw cash
- going into the bank to withdraw cash
- purchasing a pre-paid cash card and arrange for small amounts of cash to be regularly transferred to this by direct debit
- nominating a person to withdraw cash on their behalf (this should not be a care and support worker).

8.2.4 The best option will depend on what is going to work for the citizen concerned and the Provider will need to ask the citizen how they wish to be supported. One consideration may include whether the citizen has the ability to remember a PIN number or is able to get to the bank. Care and support workers should always check with their manager that the way in which the citizen they support accesses their money is the most appropriate and ensure that this is recorded in their care plan. Specific occasions where care and support staff provide support to a citizen such as going to the bank with them to withdraw cash should be recorded in their financial record and evidenced, for example by obtaining a mini-statement.

8.3 Budgeting (This may equally apply to people who have an appointee)

8.3.1 Many citizens will need support to plan the best way to manage their money, particularly if their resources are limited or their only income is benefits. Making a budget will help a citizen to understand how much they have coming in, how much they need for bills, and how much is left for them to spend.

8.3.2 Some ways to support citizens to manage their budget might include:

- giving the citizen the information they need in a format which helps them to understand the need to pay bills.

- explaining the options for paying regular bills (e.g. rent and utilities), such as setting up a direct debit
- encouraging the citizen to set aside money to cover the household budget and food
- talking through with the citizen the pros and cons of whether to save for something big such as a holiday
- working out a plan for special events such as outings or Christmas.

8.3.3 It is always important that the Provider ensures that the citizen is facilitated to make the decisions which are right for them, not making decisions for them, or that the citizen is just agreeing with suggestions.

8.4 Spending decisions

8.4.1 The third principle of the Mental Capacity Act states that citizens have the right to make what others might regard as an unwise decision. If a care and support worker is supporting a person who is making what they consider to be an unwise spending decision they should encourage the citizen to take a moment and help them think through what it will mean to make that decision. If the citizen understands these things and still wants to buy the product then they can do so; the same as anyone else. Care and support workers will always need to be sensitive to their potential power to persuade a citizen to take a particular course of action.

8.5 Shopping

8.5.1 Some citizens do have capacity to manage their money, but may receive support for shopping. If care and support workers are involved in supporting a citizen with their shopping, it is important to keep receipts for all items bought, and not to be drawn into taking personal advantage from special offers such as 'buy one get one free' items, loyalty points or money off vouchers, which is financial abuse.

8.5.2 Some citizens who need support may find the facility of online shopping useful. If care and support workers are asked for help from a citizen they support to do their shopping on the internet the same principles apply as if the citizen was at the shops. For example, the care and support worker should not access the citizen's bank details when it comes to payment. Care and support workers should record and evidence any transactions in the citizen's financial record.

8.6 Recognising financial abuse

8.6.1 Financial abuse can range from failure to access benefits, from opportunistic exploitation to deliberate and targeted abuse, often accompanied by threats and intimidation.

8.6.2 The risk of financial abuse is greater for those living alone, in receipt of services, in bad or very bad health, and those who are lonely where family members, or friends are most likely to be the abusers.

8.6.3 Signs of financial abuse include:

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

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

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

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

8.6.6 Providers along with care and support workers should not agree to hold bank cards, books, PIN numbers or keys which would allow access to the citizens's bank account or money without them.

8.6.7 If care and support workers see unusually valuable items or relatively large sums of money in the citizen's home or possession they must advise their manager of this to protect themselves from a possible accusation of stealing.

9. Medication

9.1 Policy For Administering Medication

9.1.1 All Provider medicine management policies and procedures should document the usual practice of the Provider (prescribed and PRN (as needed)). The following must be included but is not exhaustive:

9.1.2 Citizens receiving Care and Support (Supported Living) Services may be administering their own medications in many circumstances and where possible should be encouraged/prompted to retain their independence by doing so.

9.1.3 The citizen requires a Care and Support (Supported Living) Service for other tasks as well as medication and the citizen has no one else to administer medication.

9.1.4 The citizen cannot direct someone else to administer medication.

9.1.5 The Support Plan states the administration of medication is a requirement.

9.1.6 Compliance aids to self-administer medication have been explored.

9.1.7 The level of support must be documented and reviewed on an individual basis.

9.1.8 Citizens in receipt of care from multiple agencies have a written agreement in place to identify which Provider holds the responsibility for assistance with medication.

9.1.9 Care and Support Worker may administer medication only after they have received training in line with the Care Quality Commission's requirements and are following the procedure set out in this document.

9.2 Procedures and Requirements

9.2.1 Providers must ensure the following requirements are met and that care and support staff follow all the following procedures:

9.2.2 Read the medication agreement within the Care and Support Plan for each individual citizen which must be available in the citizen's home.

9.2.3 Follow strict hygiene rules in respect of thoroughly washing hands before and after assisting with medication.

9.2.4 Check all instruction thoroughly before administering medication.

9.2.5 Avoid handling medication directly and give to citizens in an appropriate medical container.

9.2.6 Check that the medication may have to be given before /with food. Follow instructions and give citizens water/drinks to be taken with medication where appropriate.

9.2.7 Record clearly any medication taken, refused, and spilt.

9.2.8 All care and support staff involved in assisting with medication must register and sign a sample signature for medication recording.

9.2.9 Only competent, fully trained and authorised care and support staff

should administer medication and record, sign and date the Medication Administration Record (MAR chart) directly following administration of medication.

9.2.10 Medication refused should be reported immediately to the Care Manager and recorded on MAR chart.

9.2.11 All medication records/MAR sheets must be clear and legible and include all Medication to be given, timing of medication, type of medicine given, storage details, dates and signatures.

9.2.12 Care and support staff must not leave medication out for citizens to take later.

9.2.13 The Medication agreement must state who has responsibility for ordering, collection and administration of Medication.

9.2.14 It should be clearly stated where the medication must be kept. If the medication has to be stored securely details must be available to all care and support staff responsible to assisting with medication.

9.2.15 Providers must ensure that safe return and disposal of medicines is recorded and incorporated within the policy.

9.2.16 In no circumstances should Providers remove or dispose of medication records.

9.2.17 Providers must ensure that senior staff review all citizens needing support with medication on a monthly basis to ensure staff are adhering to the policy, and that the MAR charts have been checked for accuracy (for action required where errors are identified, see Paragraph 9.5)

9.2.18 Changes and errors relating to medication must be reported to the Registered Manager or Senior Care or Care Co-ordinator.

9.2.19 The Care Manager must raise Statutory Notification to CQC and an alert using the Multi-agency Guidelines form.

9.2.20 Providers must attend safeguarding meetings in relation to medication issues.

9.2.21 Refresher training must be updated to maintain competencies.

9.3 General Guidance For All Providers

9.3.1 All medicines must be in a monitored dosage system or in the container issued by the dispensing Pharmacist and labelled with:

- the citizen's name;
- name of the medication;
- dosage and strength of medication;
- frequency and time to be given; and
- date issued by the dispensing Pharmacist

9.3.2 Liquid medication must only be administered using a measured galipot.

9.3.3 No 'over the counter' medicines e.g. cough medicine; paracetamol should be purchased or administered by the Care and Support Worker unless they are prescribed by a GP.

9.3.4 The Care and Support (Supported Living) Service will only administer medication obtained on a prescription and dispensed by a pharmacist into a tamper proof Monitored Dosage System and appropriately labelled.

9.3.5 The only exception to a monitored dosage system is when a short course of medication is prescribed, (10 days or less). Recording on MAR chart is required for the short course.

9.4 Hospital Discharge

9.4.1 Providers must ensure that a plan is in place to support Care and Support Workers to assist with medication on discharge from Hospital, if the medication required differs from the assessment prior to hospital admission.

9.5 Errors In Administration Of Medication

9.5.1 In the event that medication errors occur, missed doses, wrong medication given the Provider shall immediately:

9.5.2 Contact the citizen's GP to seek advice;

9.5.3 Follow policy and procedures;

9.5.4 Inform the family/relative;

9.5.5 Inform ACAP and/or the Emergency Duty Team (EDT);

9.5.6 Complete a multi-agency safeguarding alert and forward to ACAP and

complete a Standard Notification to CQC

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

9.6 Training Requirements For Care and Support Staff Administering Medication

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

9.6.2 Training must include as a minimum:

9.6.3 Preparing dosages if liquid medication is required.

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

9.6.5 Non prescribed or alternative medicines.

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

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

9.6.8 Checking the expiry date of medication has not exceeded.

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

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

9.6.11 Record all medication given.

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

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

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

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

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

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

10. Key information & Significant Events Reporting

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

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

The Commissioner should be notified of the following situations

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

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

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

10.3 In addition to the requirements of the Core Terms and Conditions in respect of Safeguarding, the Provider is required to note on their safeguarding log any organisational learning. The log should be kept up to date, and be made available to the Commissioner upon request.

11. Quality Assurance

11.1 Quality

(http://www.who.int/management/quality/assurance/QualityCare_B.Def.pdf) is looking at a whole-system perspective, and reflects a concern for the outcomes achieved for citizens and whole communities. The six areas or dimensions of quality assured are:

1. **effectiveness:** delivering care that is adherent to an evidence base and results in improved health outcomes for citizens and communities, based on need
2. **efficient:** delivering care in a manner which maximises resource use and avoids waste
3. **accessible:** delivering care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need
4. **acceptable/person-centered:** delivering care which takes into account the preferences and aspirations of individual citizens and the cultures of their communities
5. **equitable:** delivering care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status
6. **safe:** delivering care which minimises risks and harm to citizens

11.2 Some examples of quality care issues are (this list is not exhaustive):

- non person centered care
- care and support that is not enabling to the citizen
- no evidence of citizens spending personal monies
- falls
- medication errors
- concerns around nutrition and hydration
- poor personal care
- poor staff attitude

11.3 Birmingham City Council has devised an Assurance Statement that a provider is expected to complete six-monthly. The outcome of this process is then added to other information from:

- The Care Quality Commission (CQC)
- Performance data held by Birmingham City Council and the NHS
- Customer feedback from citizens using the services including feedback from Healthwatch Birmingham

11.4 The quality ratings help citizens to understand the quality of service provided and look at the following factors:

- Giving citizens a good quality of life
- Helping citizens to be as independent as possible
- Involving citizens in the way care their care is provided
- Keeping citizens safe

11.5 All quality concerns and incidents will require the Provider to undertake an internal investigation which will be reviewed by the respective Commissioner as part of the quality assurance process. During this process a report on themes and trends will be expected from the Provider, on a quarterly basis, with related actions taken. The Provider will be expected to learn from the investigations undertaken as part of their own internal incident and

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

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

12. Safeguarding, Serious Incidents and Never Events

12.1 The Commissioners will expect the Provider to understand the difference between quality concerns and safeguarding, serious incidents and never events and to follow the appropriate actions for each including reporting routes.

12.2 Safeguarding concerns include (this list is indicative and is not exhaustive):

- physical abuse / hitting of citizens by any party (including friends, family, visitors, staff)
- financial abuse or financial coercion of citizen by any party
- sexual abuse/exploitation of citizen by any party
- humiliation and degrading behaviour toward the citizen by any party

These safeguards remain reportable through safeguarding routes as per safeguarding guidance on BSAB website <https://www.bsab.org>

13. Serious Incidents

13.1 Serious incidents are acts and / or omissions to act that result in:

- unexpected or avoidable death of one or more citizens
- unexpected or avoidable injury to one or more citizens that has resulted in serious harm
- unexpected or avoidable injury to one or more citizen that requires further treatment by a healthcare professional in order to prevent death or serious harm
- actual or alleged abuse; sexual abuse, physical or psychological ill-treatment, or acts of omission which constitute neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery
- an incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services
- major loss of confidence in the service, including prolonged adverse media coverage or public concern about the quality of healthcare or an organisation
- an incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services

14. Never Events

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

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

14.2 Any serious incidents and / or never event relating to healthcare that has caused or is determined to have caused harm are reportable. Serious incidents and never events should be reported to the responsible CCGs inbox as listed below.

CCG	Inbox/Contact
Birmingham CrossCity CCG	bhamcrosscity.seriousincidents@nhs.net - SI inbox bccccg.qualitychc@nhs.net - Quality CHC inbox
Birmingham South Central CCG	Bscceg.seriousincidents@nhs.net
Sandwell CCG	sandwell.incidents@nhs.net
Solihull CCG	solihullccg.seriousincidents@nhs.net

14.3 Where there are any doubts about reporting an incident then guidance should be sought from the relevant Commissioner on a case-by-case basis.

15. Personal Budget

15.1 Following an assessment a personal budget is the amount of money determined as sufficient to meet the eligible care and support needs a citizen has. These are care and support needs not already being met in other ways (e.g. by a carer).

15.2 Once the amount is agreed the citizen may require support with planning what extra care and support needs can be purchased. The City Council will help by using experience to agree a plan which meets a citizen's care and support needs.

15.3 How can a personal budget be used?

15.3.1 There is the option to take a Personal Budget as a Direct Payment. This will give the best possible choice and control over how care and support is met. Support and guidance on direct payments will be provided by the Council and anyone can speak to a Social Worker about this option.

15.3.2 There are a number of ways a personal budget can be used to meet unmet eligible care needs.

- To employ a personal assistant

- To access appropriate and meaningful activities e.g. day centre, leisure centre, yoga

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

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

16. Policy and Procedures

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

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

- Medication Management including Medication Errors Records.
- Medications
- Mental Capacity Act
- Mental Health Act
- Missing Persons
- Moving and Handling Policy
- New workers – induction and training record
- Ordering Medication / MARS Sheets.
- Personal care
- Personalisation CQC inspections and standards
- Quality assurance
- Recording visits from health professionals
- Recruitment including volunteers
- Safeguarding Vulnerable Adults
- Serious untoward incidents
- Service user engagement / consultation
- Specialist long term condition management
- Tissue viability
- Tobacco and alcohol use
- Use of / Calling emergency services
- Use of IT and other electronic media
- Use of social media
- Violence against staff including behaviour that challenges
- When taking service users on outings
- Whistleblowing

16.2 Human Resources

- Annual leave / flexi / toil
- Care Certificate
- Consulting with staff
- Data protection and information governance
- DBS Policy/Risk Assessment
- DDA / Equality and diversity and inclusion
- Dress code
- Equal Opportunities /Race relations
- Induction Policy/Procedure
- Job Description
- Lone working
- Maternity /Paternity leave
- Out of hours emergencies
- Recruitment and Selection
- Sickness / absence
- Staff conduct
- Staff supervision and appraisals
- Staff Training Records
- Temporary agency or bank staff
- Training

- Use of mobile and company phones
- Working time directive

16.3 Equality and Diversity

- Equal Pay Act 1970
- Sex Discrimination Act 1975
- Race Relations Act 1976 (as amended 2000 and 2003)
- Disability Discrimination Act 1995 (as amended 2005)
- Human Rights Act 1998
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Equality (Religion or Belief) Regulations 2003
- Gender Recognition Act 2004
- Civil Partnerships Act 2004
- Employment Equality (Sex Discrimination) Regulations 2005
- Equality Act 2006
- Race and Religious Hatred Act 2006
- Employment Equality (Age) Regulations 2006
- Equality Act 2010

17. Behaviour that challenges

17.1 Behaviour that challenges must be considered in the context of the environment in which it occurs, the way the Service is organised and the needs of the citizen.

17.2 The Provider must have a policy to positively engage and support citizens who show behaviours that challenge. This policy will take account of all relevant legislation and guidance and good practice.

17.3 Continuing behaviours that challenge of a disruptive nature will require a consistent response by care and support staff. The Provider must be aware of and have plans for known behaviour that challenges in the citizen's Care Plan.

17.4 It is not acceptable to use any form of restraint (unless this has been agreed by a Multi-Disciplinary Team and it is clearly documented on the Positive Behavioural Support plan the conditions when restraint can be used), verbal abuse or isolation as punishment for behaviour that challenges.

18. End of Life Care

18.1 The Provider will ensure that if a citizen is on an end of life care pathway there are appropriate end of life care plans in place to which they have been consulted upon. This will include preferred place of death, Do Not Attempt Resuscitation (DNAR), nil by mouth medications and access to anticipatory medications.

18.2 The Provider will ensure that any end of life care plan includes:

- a record of who else to involve in the decision making (e.g. health professionals, next-of-kin, carer's)
- details of the citizen's condition and treatment

- instructions for the citizen's treatment in emergency situations
- confirmation if the citizen's has any 'do not resuscitate' instructions in place
- a record of the citizen's wishes with respect to place of care/death and decisions regarding their treatment
- confirmation that the citizen's wishes have been shared with external organisations with the citizen's consent (e.g. out of hours service, community nurses, secondary care consultants)
- preparation of carers and / or families end of life care expectations

18.3 The Provider will ensure that care and support staff are trained in end of life care and that they use an appropriate framework such as the Gold Standard to deliver end of life care.

18.4 The Provider will engage community based services, as appropriate.

18.5 The Provider will refer to CHC team if eligible for CHC fast track funding.

18.6 For the avoidance of doubt this service specification uses the Medical Association and the Royal College of Nursing point of view in that a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) should only be issued after discussion with patients or their family. In England and Wales, Attempt Cardio-Pulmonary Resuscitation (CPR) is presumed in the event of a cardiac arrest unless a DNACPR is in place. If a citizen has capacity as defined under the Mental Capacity Act 2005, that citizen may decline resuscitation. However any exploratory and or confirmation of choice discussion should not be in reference to the issue of consent to resuscitation but instead should be about eliciting an explanation.

18.7 A citizen may also specify their wishes and / or devolve their decision-making to a proxy using an advance directive, which is commonly referred to as a 'Living Will'.

19. End of Life Care UK Medical Profession Guidelines

19.1 The UK medical profession has quite wide guidelines for circumstances in which a DNACPR may be issued:

- if a citizen's condition is such that resuscitation is unlikely to succeed
- if a mentally competent citizen has consistently stated or recorded the fact that he or she does not want to be resuscitated
- if there is advanced notice or a living will which says the citizen does not want to be resuscitated
- if successful resuscitation would not be in the citizen's best interest because it would lead to a poor quality of life

In the UK, NHS Trusts must ensure:

- an agreed resuscitation policy that respects citizens' rights is in place
- a non-executive director is identified to oversee implementation of policy
- the policy is readily available to citizens, families and carers

- the policy is put under audit and regularly monitored

20. Business Continuity Management

20.1 Business Continuity Management (BCM) is about identifying those parts of an organisation that you can't afford to lose – such as information, premises, care and support staff, citizens – and planning how to maintain these, if an incident occurs. Any incident, large or small, whether it is natural, accidental or deliberate, can cause major disruption to an organisation.

20.2 BCM is an established part of the UK's preparations for managing risks faced by organisations, whether from internal system failures or external emergencies such as extreme weather, flooding, terrorism, or infectious diseases. The Civil Contingencies Act 2004 recognised its importance by requiring frontline responders to maintain internal BCM arrangements and local authorities to promote BCM to commercial and voluntary organisations.

20.3 A Business Continuity Plan is part of the management arrangements. A plan cannot be considered reliable until it has been tested and has demonstrated it can be effective. Exercising should involve validating the plan, rehearsing key staff and testing systems which are relied upon to deliver resilience.

The service should demonstrate all care and support staff have been directed and taken up the opportunity to have the flu vaccination to ensure business continuity is maintained in the provision of a 24 hour 7 day service.

Appendix A

ACCOMMODATION AND HOUSE IN MULTIPLE OCCUPANCY (HMO)

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

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

Accommodation

Where the package requires accommodation, the following process will apply:

Citizens' Rights

- a) Ensure rights of Citizens are in line with (7th) National Care Standard for Housing Support Services and the Service Users' right to privacy, as referred to in the (9th) National Care Standard, for Care at Home, are respected. This would mean that the Citizen would have exclusive access to his/her own bedroom (in the case of a house of multiple tenancy) for which he/she would have their own key.
- b) The Providers must at all times meet the standards detailed within the applicable National Care Standards which will be considered as a minimum standard for the combined service. The Provider must also adhere to the principles of dignity, privacy, choice, safety, realising potential and equality and diversity rights as an individual.
- c) The Provider will ensure Citizens are supported to have access to easy-read information on the standard of support they can expect to receive including clear and simple guidelines on how they can complain about the accommodation they are living in.
- d) All accommodation must be in line with Schedule 5 of the House in Multiple Occupancy (HMO) Regulations.
- e) Some types of HMO require the landlord to be licensed by the Council.
- f) All HMOs, whether the Landlord needs a license or not, are subject to Management Regulations and Inspections under the Housing Health and

Safety Rating System (HHSRS). This ensures that the property is managed properly and meets certain safety standards. The licence will be valid for up to three years, and will then have to be renewed.

- g)** The Housing Management of Houses in Multiple Occupation (England) Regulations 2006 regulations apply to all houses in multiple occupation (HMOs) other than converted blocks of flats to which section 257 of the Housing Act 2004 applies. Management regulations which cover Section 257 HMO's were introduced in October 2007.
- h)** The HMO management regulations place a number of duties upon the manager of a HMO. Both Landlords and managing agents should ensure they are compliant with these regulations on an ongoing basis. Failure to comply may result in prosecution and a fine of up to £5000 for each offence.

The elements below are a summary of the requirements:

- i. Duty to supply information - the name, address and a contact telephone number for the manager must be clearly displayed in a prominent position within the HMO
- ii. Duty to maintain fire safety measures – all escape routes must be kept safe and free from obstruction. Alarms, detection and extinguishers must be maintained and certificated. Appropriate fire escape signs must be displayed if occupancy exceeds four persons
- iii. Duty to protect occupiers from injury – appropriate safeguards must be maintained in relation to roofs, balconies and low windowsills
- iv. Duty to maintain water supply and drainage – all services and fittings shall be maintained in good, clean working order and free from frost damage
- v. Duty to supply and maintain gas and electricity – the fixed electrical installation must be inspected and tested at intervals not exceeding five years, certificates to be supplied to the local authority within seven days of a request. Neither gas nor electricity supplies should be unreasonably interrupted
- vi. Duty to maintain common parts, fixtures, fittings and appliances - should all be kept clean, in good repair and in good working order. These include gas, electric, lighting, heating, hot water, toilets, baths, wash-basins, sinks, cookers, fridges, food storage, windows, ventilation, yards, paths, gardens and so on
- vii. Living accommodation - each room must be kept in good repair and installations in good working order. Each room must be in a clean condition at the beginning of the Citizen's occupation
- viii. Disposal of refuse and litter - litter must not be allowed to accumulate and bins adequate to the requirements of the tenants should be provided
- ix. The Provider must ensure that the procedure on the event of an emergency is clearly displayed in the accommodation and that the Citizen understands his/her role in the event of an emergency occurring.

- i) The Provider must ensure that the tenancy agreement is clear on whether white goods are included as standard items on lease of the property or where they are to be charged as additional items, that this is made clear to both the social worker and the citizen/advocate **before** the tenancy agreement is signed. **Under no circumstances should the tenancy agreement be signed if the white goods have been purchased and added after the tenancy agreement charges have been agreed. This should be raised immediately with the City Council.**
- j) The Provider is responsible for agreeing with each Citizen, the weekly budget to cover his/her utilities and others costs payable to remain in the accommodation. **Any changes/uplift must be agreed with the City Council before commencement.**

Appendix B

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

Service Standards

Introduction

In line with the emphasis of the Care Act (2014) the Commissioning Centre of Excellence has continued to strengthen its approach to reviewing the quality of services which the council commissions. Part of this approach has been to develop clear service standards to improve the quality of home support provision provided to service users, and to give clarity to providers as to the standards we are expecting and will be monitoring against. The Commissioners believe that these principles are relevant whatever a service user's age or complexity of need.

What is a standard?

A standard is a level of quality against which performance can be measured. It can be described as 'essential' - the absolute minimum to ensure safe and effective practice, or 'developmental' - designed to encourage and support a move to better practice.

The core service standards for Home support providers (which are detailed in this document) are determined as essential. It is important that standards do not become outdated or serve to stifle innovation and improve the delivery of care in the home support market. To prevent this, standards will need to be regularly reviewed and updated or added to at least annually, drawing upon the best evidence available.

The seven service standards

There are currently seven core service standards which have been developed to improve and/or maintain the quality of the service within the home support market. The seven core service standards are:

1. RECRUITMENT & SELECTION
2. INDUCTION
3. RISK ASSESSMENTS
4. CARE PLANS
5. CALL SCHEDULING

6. POSITIVE BEHAVIOUR MANAGEMENT

7. CITIZEN VOICE

Why are Service Standards important?

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

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

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

SERVICE STANDARD – RECRUITMENT & SELECTION

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

	<p>Application forms must be signed and dated.</p> <p>(RS 1.031)</p>	<p>Date on application should be before care worker starts work.</p>	
Staff Recruitment - References	<p>The Provider should have a reference questionnaire/standard letter to request a reference.</p> <p>(RS 1.032)</p>	<p>A copy of each reference request sent out should be on the care and support worker file and should be addressed to the referees on the application form. (If the Provider uses a letter and a reference form than the referee's name should be on both.</p>	
	<p>There should be two references on each Care and Support Worker file.</p> <p>(RS 1.033)</p>	<p>References should link in with the work history on the application form.</p> <p>All returned references should be checked. The Provider can make a note on the returned reference as to when the reference was checked and by whom.</p> <p>All references must be returned before care and support worker's start date.</p> <p>One reference must be from the current/ most recent employer.</p> <p>Referees should put their company stamp on the questionnaire, attach a compliment slip or reply on letter headed paper.</p>	

		<p>If there is a telephone reference on file then the questions/responses should be fully recorded, dated and signed by Provider.</p> <p>If there is an e-mailed reference then all the correspondence should be printed off and kept in the file. E-mail should not be from a hotmail or gmail account unless the company name is within the e-mail address.</p> <p>If there is a character reference on file there should also be an explanation as to why.</p> <p>If no employment history, Provider should obtain professional reference i.e. tutor from college.</p>	
Staff Recruitment - DBS	<p>The Provider should have an Enhanced DBS matrix showing all employee names, dates Enhanced DBS applied for and dates returned.</p> <p>(RS 1.04)</p>	<p>Enhanced DBS checks should be renewed every 3 years (Clause 11.2.2).</p> <p>Enhanced DBS' should be requested and returned before employment commences although some Providers may allow the Care and Support Worker to commence employment under supervision i.e. double-up calls at long as they have obtained a first check against the safeguarding list and it is clear.</p>	
	The Provider may have accepted a DBS from the previous employer	The Provider can accept a DBS from the previous employer providing that it is not more than 3 months old and in the same sector. The Provider will also	

	(RS 1.041)	need to evidence that a new DBS has been applied for immediately and that a risk assessment has been put in place until the new DBS has been received. The electronic DBS transfer can also be accepted and evidence provided.	
	The Provider should have a risk assessment policy/procedure in place for dealing with Positive DBS Returns. (RS 1.042)	If there are any convictions on returned Enhanced DBS' or declared on application forms and the candidate is employed then the Provider should have undertaken a risk assessment which should be on Care and Support Worker file.	
Staff Recruitment – Right to Work Checks	The Provider should be able to evidence that appropriate right to work checks have been completed for staff from overseas. The Provider should be looking for documents issued by the Home Office, the Border and Immigration Agency or the UK Border Agency. The Provider must bear in mind that repeat checks may have to be carried	Providers should check Passports, National Identity Cards, Registration Certificates or Document Certifying Permanent Resident are acceptable for EEA (European Economic Area) nationals who may work without restriction. For non-EEA nationals checks should be undertaken on Passports (biometric from 6 April 2015), Residence Cards, Accession Residence Cards (for Croatian nationals), Residence Permits (Biometric from 6 April 2015), Permanent Residence Cards (Biometric from 6 April 2015).	

	<p>out to ensure people continue to have the right to work.</p> <p>(RS 1.05)</p>	<p>Students – some are not allowed to work and some are allowed to take limited employment. Endorsement can be found in Passports or Biometric Resident permits which states student is permitted to work and the number of hours of work allowed during term time. If this information is not set out in these documents the student does not have the right to work. Providers should also ask to see evidence of the course, the start/end date and a copy should be kept on the Care and Support Worker's file</p> <p>The Provider should take colour copies of the front cover of passports, copies of the pages providing the holder's personal details (nationality, photograph, date of birth, signature, expiry date) any pages containing UK Government endorsements' showing the person is allowed to work in the UK and carry out the work being offered. All other documents should be copied in full including both sides of any Biometric cards/permits. These documents to keep on Care and Support Workers' files. Copies should be stamped or handwritten, dated and signed to indicate the Provider has seen the original documents.</p>	
Staff Recruitment	The Provider has evidenced that other forms of identification has	The Provider can ask for current and valid Passports, current Driving Licence (photo-card or paper), Birth Certificates, Bank or Building Society statements,	

– Other ID	<p>been collected for British Nationals.</p> <p>(RS 1.06)</p>	<p>Credit card statements, P45 or P60, Council Tax statements, current utility bills (water, electricity, gas, (NOT ON-LINE)), letter from head teachers or college principles (this is not an exhaustive list).</p> <p>The Provider should take copies of the documents in full and there are copies on the Care and Support Workers' files. Copies should be stamped or handwritten, dated and signed to indicate the Provider has seen the original documents.</p>	
Staff Recruitment – Interview	<p>The Provider must formally invite candidates to an interview.</p> <p>(RS 1.071)</p>	<p>A dated copy of the letter/e-mail inviting the candidate to an interview should be on the successful care and support worker's file.</p>	
	<p>The Provider's recruitment policy should state that two members of staff undertake interviews and the position within the organisation of the interviewers.</p> <p>(RS 1.072)</p>	<p>Minimum of two staff members should be undertaking the interviews. Each interviewer should complete an interview question form. These should show the interviewers' names, the candidate's name, the job role and the date.</p>	
	<p>The Provider should be using an interview</p>	<p>The interview questions should be appropriate to the care industry and job requirement including the</p>	

	<p>question form pre-populated with set questions and space for the candidate's responses to be recorded.</p> <p>(RS 1.073)</p>	<p>number of questions asked. Comments should also be recorded regarding the interpersonal skills of the candidate.</p>	
	<p>Candidate responses should be recorded.</p> <p>(RS 1.074)</p>	<p>The interviewers should each fully record the candidate's responses on each of the interview question forms and score each response.</p>	
	<p>Scoring matrix should be clear and transparent.</p> <p>(RS 1.075)</p>	<p>The scoring matrix should be clear detailing the minimum/maximum points that can be awarded for each answer. The scoring matrix should also be clear regarding the overall score required to be offered employment.</p>	
	<p>Citizens are involved in the recruitment process.</p> <p>(RS 1.076)</p>	<p>This is good practice when possible. This could be a question set by a citizen and asked by the interviewer, or evidence that the citizen has come to the office to meet the candidate who will be providing their care and support to personally ask a question.</p> <p>Provider can demonstrate that consideration has been taken into account as to whether or not citizens will be part of the recruitment process.</p> <p>Where a citizen has been invited to take part in the recruitment process information has been made</p>	

		available to them in easy-read or an appropriate format.	
Staff Recruitment – Practical Tests	Literacy tests are used as part of recruitment process (RS 1.08)	The Provider should use practical tests for English and Mathematics There should be copies on the Care and Support Worker's file and evidence that the tests have been scored by the Provider.	
Staff Recruitment - Appointment	The Provider should formally give the successful candidate an offer of employment with a start date (RS 1.09)	A dated copy of the letter offering employment with a start date should be on the Care and Support Worker's file.	
Contract of Employment	Contract of Employment on file. (RS 1.10)	There should be a copy of the Contract of Employment on the Care and Support Worker's file that has been signed and dated by the Care and Support Worker and the Provider.	
	Date of Contract of Employment. (RS 1.11)	The date on the Contract of Employment can be on the day the care worker started working or it could be after a probationary period i.e. 3 months.	

		(Cross-check the employment start date)	
Staff Recruitment	<p>Policies and Procedures as part of induction.</p> <p>(RS 1.12)</p>	<p>There should be a record in the Care and Support Worker's file along with a signature and date to evidence that the Care and Support Worker has read the Provider's policies and procedures.</p> <p>Some of the main policies are: Safeguarding, Mental Capacity Act, Deprivation of Liberty Safeguardings, Medication, Equality and Diversity, Privacy and Dignity, Health & Safety, Manual Handling, Handling Citizen's Monies. This is good practice. This record may also be kept with any training records.</p>	
	<p>Ongoing regular supervision</p> <p>(RS 1.13)</p>	<p>Staff should have a minimum of at least six supervision sessions a year of which at least four must be one-to-one supervisions. These sessions should be clearly recorded.</p>	
Staff Recruitment	<p>Copies of Qualifications on file.</p> <p>(RS 1.14)</p>	<p>There should be copies of all relevant qualifications on the Care and Support Worker's file as mentioned in the application form e.g. degrees, NVQ/QFC etc. The copies should be stamped or handwritten, dated and signed to indicate the Provider has seen the original certificates.</p>	

Car Drivers	Current Insurance, MOT and Driving Licence	<p>Provider should check that all car drivers documentation is checked and is current. This should include insurance for business use, current MOT, full driving licence and copies on file.</p> <p>Provider must have a policy in place regarding the use of their own vehicles e.g. minibus where Care and Support Workers driver or accompany citizens.</p>	
	Citizens with vehicles via Mobility	Providers must have a policy where citizens have a Motability vehicle. Checks to be carried out regarding legibility regarding the use of the vehicle, insurance, etc.	

SERVICE STANDARD - INDUCTION

Area	Standard	Checklist	Evidence
Induction Standards	<p>The Provider should have an Induction Policy which states the aims of induction for the organisation and roles within the organisation.</p> <p>(IS 2.01)</p>	<p>The policy should be accessible and written in plain English so that it is understandable to all staff.</p> <p>There should be clear explanation of why the policy is required.</p> <p>The policy should provide information on who's who within the organisation and state their contact numbers</p> <p>The policy should cover all aspects necessary to help new staff members settle into their role. The policy should aid those responsible for the induction of new staff and existing members of staff who are changing roles.</p>	
	<p>The Provider should be aware of the new Care Certificate standards and have implemented them into their policy.</p> <p>IS (2.02)</p>	<p>The policy should include ALL the requirements of the Care Certificate into their induction policy or in the process of updating their policy.</p>	
Duration of Induction	<p>The induction policy should clearly state how</p>	<p>Best practice induction training should be broken down into manageable elements i.e. what the first day</p>	

	<p>long induction will last.</p> <p>(IS 2.03)</p>	<p>covers, what the second day covers etc.</p> <p>There should be written guidance for staff on organisational procedures – code of conduct etc. - this may be in the form of an employee handbook.</p> <p>Training for overarching policies and procedures should be phased over 14 working days.</p>	
Induction Checklist	<p>The Provider should have an induction checklist within the Care and Support Worker(s) file listing all the elements of the induction process.</p> <p>(IS 2.04)</p>	<p>To ensure best practice in service delivery from a new Care and Support Worker's first day, there should be a checklist to ensure all aspects of the induction process is completed. The checklist should show dates/names when the various stages have been completed i.e. date started, areas covered, and confirmation of understanding, date completed and space for signatures.</p> <p>Both the Care and Support Worker and trainer should sign the induction checklist as and when each element is completed.</p>	
Staff Induction Plan	<p>The Provider should have a Care and Support Worker Plan, which incorporates all elements of the Care Certificate.</p> <p>(IS 2.05)</p>	<p>The induction programme should ensure that all Care and Support Workers have undertaken the mandatory training required for their role. The programme should cover all requirements aligned to the Care Certificate and Care Act 2015:</p> <p>Care Certificate</p>	

		<ul style="list-style-type: none"> • Understanding your role • Your personal development • Duty of care • Equality and diversity • Working in a person centred way • Communication • Privacy and dignity • Fluids and nutrition • Awareness of Mental Health conditions, Dementia and Learning Disability • Safeguarding Adults • Safeguarding Children • Basic life support • Health and Safety • Handling information/ • Infection and Prevention Control <p>Addition Requirements by BCC</p> <ul style="list-style-type: none"> • Risk assessments • Manual handling (theory and practice) • Food hygiene/basic food preparation • First Aid • Medication (including completion of MAR charts) • Support Planning 	
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		<ul style="list-style-type: none"> • Professional boundaries • Mental Capacity Act • Deprivation of Liberties • Social Care Passport <p>Evidence of training including workbooks and assessments should be in Care and Support Worker files along with final certificates.</p> <p>There must be evidence that the assessor(s) is competent in the standard they are assessing. Check a file for staff member in an assessor role to ensure they have knowledge and understanding.</p>	
	Direct Observations (IS 2.051)	There should be evidence of specific observations/assessment of Care and Support Workers in order to comply with the Care Certificate. Assessor evidence captures learning being put into practice within the required 12 week period.	
	Induction training should be specialised and condition specific (IS 2.06)	There should be condition specific specialised training for healthcare needs in addition to the mandatory elements of the Care Certificate	
	Where Care and Support Workers have completed the Common Induction Standards, they will need to complete the extra	<p>There should be evidence that the extra modules have been completed.</p> <p>Best practice would be that ALL Care and Support</p>	

	modules contained in the Care Certificate. (IS 2.07)	Workers complete the Care Certificate.	
Method of Induction Training	The Provider should have tools and systems in place to deliver the induction programme. This should include tools for assessing the effectiveness of the employees learning. (IS 2.08)	<p>The provider should demonstrate various methods of training e.g. in-house, external trainer, DVD's etc.</p> <p>The training methods are appropriate for the training area undertaken.</p> <p>All work books used are assessed and marked to see if the learning methods are effective and fit for purpose. Feedback to Care and Support Worker is given where necessary.</p> <p>If other methods are being followed then this must be sufficiently evidenced as per the Care Certificate requirements.</p> <p>Provider can evidence that appropriate measures have been taken where the Care and Support Worker has not fully understood the training.</p>	
	Care and Support Worker should have a period of shadowing with an experienced member of staff.	<p>Care and Support Workers have a period of shadowing with Senior Care and Support Workers prior to induction sign off. The induction policy should state what the shadowing period is.</p> <p>Best practice is more than two days during</p>	

	(IS 2.09)	<p>induction and experiencing care and support delivered to a number of different citizens.</p> <p>Shadowing should cover a range of service needs e.g. moving and handling, dementia, autism etc. documentation should be completed for each shadowing and evidenced on the type of task undertaken and competence of the Care and support Worker performing the task should be recorded.</p>	
	<p>The Provider should ensure that Care and support Workers read and understand support plans and risk assessment before providing care to the citizen.</p> <p>(IS 2.10)</p>	<p>There should be a form for the Care and Support Worker to sign to evidence that they have read and understood the citizen's support plan and any associated risk assessment. Evidence of signed forms should be in the citizen's file at the organisation's head office.</p>	
	<p>The Provider should have specific induction training for Care and Support Workers around completion and understanding of care documentation.</p> <p>(IS 2.11)</p>	<p>There should be guidance on how to understand and complete care documentation e.g. MAR charts, care notes, compiling and interpreting care plans, risk assessments and safe system of work etc.</p>	

	<p>The Provider should undertake routine observations on all Care and Support Workers.</p> <p>(IS 2.12)</p>	<p>There should be clear evidence that the provider is undertaking routine observations/spot checks. Observations should cover how the Care and Support Worker interacts with the citizen, that the service is delivered with dignity and in a timely manner. Observations should also include quality of daily recordings, arrival times and leaving times and clear signatures.</p>	
	<p>The Provider must undertake regular supervision and meetings during the induction process</p> <p>(IS 2.13)</p>	<p>The induction policy should state the frequency of supervision meetings during the induction process.</p> <p>Evidence that supervisions have taken place in line with induction policy.</p>	
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Ending the Induction Process	<p>The Provider has a process in place to sign off induction for new Care and Support Workers.</p> <p>(IS 2.14)</p>	<p>There should be a form/ certificate of successful completion demonstrating that the Care and Support Worker has successfully met all the outcomes in the Induction standards. This should include:</p> <ul style="list-style-type: none"> • An induction plan which was agreed and has been followed through to completion. • The Provider has directly assessed the individuals knowledge, skills and understanding and is satisfied that they meet 	

		<p>or exceed the required standards.</p> <ul style="list-style-type: none"> • The Provider has reviewed any written evidence provided, witnessed or signed off by others and it satisfied with its authenticity and adequacy. • A continuing personal development plan has been agreed as part of the induction process and there is a written commitment to implement this. • Any role/condition specific induction requirements identified through recruitment and not covered by the Care Certificate have been addressed i.e. recruited to provide care and support to a citizen with a forensic background. <p>Best practice is to have a form/certificate to demonstrate Induction has been completed and a separate certificate for the completion of the Care Certificate.</p>	
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SERVICE STANDARD – RISK ASSESSMENT

Area	Standard	Checklist	Evidence
Pre-package risk assessment	<p>Risk assessments should take account of the Health and Safety (HSE) 5 steps to risk assessment guidance.</p> <p>The risk assessment must clearly identify:-</p> <p>Hazards (potential to cause harm);</p> <p>Risk (the chance of likelihood of harm occurring) using either a low/medium/ high, or red amber/ green of a risk matrix</p> <p>Control measures (actions taken to reduce risk)</p> <p>Residual Risk : needs to be adequately addressed if other than low</p>	<p>Environment (inside home and outside) e.g. risk of trips, access, kitchen appliances, pets, cleanliness, furniture, smoking etc</p> <p>Risk to lone Care and Support Worker(s)</p> <p>Care needs - do any of the care needs have associated risks e.g. partially sighted or providing personal needs in bed, personal needs (dressing, showering, changing incontinence pads etc.)</p> <p>Personality of individual or family members e.g. the citizen may choose to make unwise choices, may be uncooperative, are families acting in best interest of citizen.</p> <p>Capacity - is the citizen able to make informed decisions/choices.</p> <p>Eating & drinking – is the citizen able to eat and drink without support, do they require a special diet, is there a risk of choking, do they need their food need to be cut up, is there a need to monitor intake.</p> <p>Medication - can the citizen self-medicate, do they need prompting, what are the consequences of not taking /missing meds, how are medications stored.</p>	

	<p>(RA 3.01)</p> <p>Mobility – is the citizen able to walk/stand unaided, do they need to use aids? Do aids need to be accessible? Is there a history of falls? Does the citizen require a raised bed or raised chair?</p> <p>Manual handling - do staff have to provide any support which involves manual handling? including lifting, transferring, aided standing and supporting mobility.</p> <p>Behaviours that challenge - is there a history of violence/aggression/verbal abuse to staff, self or others.</p> <p>Health needs - does the citizen have health requirements e.g. use of catheters, tissue viability issues, mental health issues, physical disabilities, significant weight loss or gain, dementia, diabetes, stroke etc.</p> <p>Finance - does the citizen manage their own money, do they need support when shopping. Do they need to give money to carer for shopping? Who has control of their monies/bank accounts, bank cards? Is citizen vulnerable to financial abuse?</p> <p>Access to the community - does the citizen require additional support whilst out in the community. If the citizen goes out independently is there a danger linked to crossing roads, getting lost, are they vulnerable to the actions of members of the public.</p>	
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Individual risk assessments	<p>The risks identified on the pre start assessment. Risks should be identified as low, medium or high (green, amber, red or a scoring matrix). Where any risk has been identified as medium or high control measure need to be in place to reduce the associated risk. The risk control measure should be part of the care plan but must be identified that this is a measure to reduce risks.</p> <p>(RA 3.02)</p>	<p>Identification of risk - including how it fits into care plan probability and consequences of risk.</p> <p>Risk control measure(s) to reduce risk to include: - environmental factors, equipment needed, training needed, person centred care.</p> <p>Clear instruction for staff around what to do if risk(s) materialise.</p> <p>Residual Risk : needs to be adequately addressed if other than low</p> <p>Safe system of work - this should detail step-by-step guidance for Care and support Workers to be able to carry out activities/tasks in a safe and dignified manner. The safe system of work can be incorporated into the Support Plan or be a separate guidance document. The safe system of work should clearly identify safety critical aspects of any activity undertaken by the citizen with support from the Care and Support Worker.</p> <p>Agreement - the risk assessment needs to be agreed with citizen or their nominated representative.</p> <p>Reviews - the risk assessment should always be updated/re-written when needs change or annually. The risk assessment should indicate when reviews of any identified risks should be undertaken. This can vary</p>	

		<p>depending on the risk but it is good practice to review monthly.</p> <p>There needs to be evidence that reviews have been taken place in line with prescribed timescales.</p> <p>Accessible - risk assessments should be in a format which is easy to understand for Care and Support Workers and accessible to read within care planning.</p> <p>Where risks are low this should be stated, if certain areas of risk are not relevant this should be clearly stated.</p> <p>Health needs – The Provider should ensure that each citizen has a Hospital Passport that is regularly updated to reflect any change i.e. medication.</p> <p>The Provider should demonstrate that citizens have access to health screenings and health checks e.g. flu jabs, dentist visits</p> <p>The Provider should ensure that Care and Support Workers have access to the organisation's policies and protocols regarding health specific conditions e.g. dysphasia, epilepsy etc.</p> <p>Care and Support Worker risks – Care and Support Workers must be protected and suitable risk assessments for them must be included e.g. lone working, pets, environment within the home and</p>	
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		<p>outside, manual handling, threat of violence, handling money.</p> <p>Best practice - all Care and Support Workers involved in the care of citizens sign to indicate that they have read and understood the Support Plan and any associated risk assessments.</p>	
	<p>A separate Manual Handling risk assessment needs to be in place where there are any risks identified.</p> <p>(RA 3.04)</p>	<p>Identification of risk, including how it fits into care plan probability and consequences of risk.</p> <p>Risk control measure to reduce risk to include: environmental factors, equipment needed, training requirements, person centred planning.</p> <p>Specific details of use of hoist should be included specifying type of sling i.e. full or access, bathing or on site slings, sling use i.e. loop configurations to be used for task i.e. sitting or lying transfer. Sling maintenance and storage, and infection control procedures.</p> <p>Specific instructions needed for use of other equipment should be included e.g. use of slides, walking aids.</p> <p>Clear instruction for staff indicating what they need to do if risks materialise.</p> <p>Safe system of work - - this should detail step-by-step guidance for Care and support Workers to be able to carry out activities/tasks in a safe and dignified manner.</p>	

		<p>The safe system of work can be incorporated into the Support Plan or be a separate guidance document. The safe system of work should clearly identify safety critical aspects of any activity undertaken by the citizen with support from the Care and Support Worker..</p> <p>Reviews - the risk assessment should always be updated/re-written when needs change or annually. The risk assessment should indicate when reviews of any identified risks should be undertaken. This can vary depending on the risk but it is good practice to review monthly.</p>	
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SERVICE STANDARD – CARE AND SUPPORT PLAN

Area	Standard	Checklist	Evidence
Care and Support Plans – consent	<p>Care and Support Plans should demonstrate that appropriate <u>consent</u> was gained.</p> <p>(CP 4.01)</p>	<p>The Care and Support plan is signed and dated by all parties including the Citizen or family / Care and Support Worker (If the citizen is unable to sign this is clearly documented)</p> <p>The Provider has evidenced that the Citizen's capacity to consent to all aspects of the Care and Support plan been considered.</p> <p>EVIDENCE:</p> <ul style="list-style-type: none"> • Evidence that a pre-assessment visit has taken place prior to the commencement of care. • Accurately reflects Social Worker Support Plan • Start date should be documented • Evidence of participation by the citizen and/or their family – recorded in pre-assessment documentation. • Evidence of citizen's preferences taken into account e.g. gender of Care and Support Worker, language of Care and Support Worker times of care and support to be delivered etc. • Evidence of consent from citizen 	

Care and Support Plan format	<p>The format should be <u>accessible</u>; easily understood by all who use it including the citizen and the Care and Support Worker (and any agency staff).</p> <p>(The Care Act 2014, 4 (4). Care and Support Statutory Guidance, Issued under the Care Act 2014, 2.52)</p> <p>(CP 4.02)</p>	<p>The Care and Support Plans clearly structured and includes an index The Care and Support Plans are in an accessible format e.g. large print / pictures / alternative language, information should be divided up into short sentences, paragraphs / bullets / numbers etc.</p> <p>The Support Plan include sections for:</p> <ul style="list-style-type: none"> • Personal details • Personal history • Contact information for: next of kin, family, friends, GP and other professionals involved with the citizen's care. • Medical conditions and allergies • Additional section(s) within the Support Plan (where relevant) detailing: <ul style="list-style-type: none"> - Manual handling - Skin integrity - MCA / DoLS 	

		<ul style="list-style-type: none"> - Weight Loss - Nutrition 	
Care and Support plan details	<p>Care and Support plans should be <u>personalised</u> – it should be centred on the individual, their circumstances and needs and demonstrate their <u>desired outcomes</u></p> <p>(CP 4.03)</p> <p>(The Care Act 2014, 1 (3) (a), (b), (e). Care and Support Statutory Guidance, Issued under the Care Act 2014, 1.13, 1.14 (a), (b), (d), (e), 10.10).</p>	<p>Care and Support plans are written collaboratively with the citizen / their Care and Support Worker(s).</p> <p>The Care and Support plan reflects the package of care identified in the Social Work support plan. All relevant information from the Social Worker's Care and Support plan including details of physical and mental health; well-being; (including attitudes towards any disability) and lifestyle (including how the day is spent) is captured; along with the contribution of informal Care and Support Workers</p> <p>The Care and Support plan is written in the first person or from the person's perspective (This may be using the citizen's own words and phrases)</p> <p>The citizen's personal details are clearly recorded. (This could also include an individual's 'preferred name' and preferred communication method).</p> <p>A personal history (in addition to that provided by the Social Worker) has been obtained - including likes and dislikes.</p> <p>The Care and Support plan reflect the citizen's</p>	

	<p>Important information Inc. medical conditions& emergency contacts etc. should be clearly indicated.</p> <p>(CP 4.031)</p> <p>There is guidance for care and support staff on the matters that need to be reported to the registered manager.</p> <p>Care information including care and support to be provided should be clear and concise and this should be both accurate and current.</p> <p>Care and Support plans should be <u>instructional</u> e.g. contain information</p>	<p>cultural and ethnic background as well as their gender and sexuality.</p> <p>Outcomes relate directly to the individual's needs and goals.</p> <p>All medical conditions including any allergies are clearly documented.</p> <p>Crisis and contingency arrangements have been included.</p> <p>There is clear direction on procedures for reporting any concerns, responding to incidents and seeking guidance.</p> <p>The care plan clearly states the times and duration of care and support to be delivered</p> <p>The Care and Support plan is explicit and instructional i.e. the Care and Support plan includes relevant details about how to appropriately deliver care and support. This is clearly recorded in plain English and includes enough information for</p>	
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<p>on how to carry out personal care / activities in a person centred way.</p> <p>(CP 4.032)</p> <p>There should be an emphasis on <u>delaying</u> the development of needs for care and support and the importance of <u>reducing needs</u> that already exist.</p> <p>Care and Support plans should demonstrate that a citizen's <u>independence and choice</u> are being promoted; their <u>dignity and respect</u> are valued</p>	<p>someone else to implement the plan. (Would it make sense to a Care and Support Worker unfamiliar with the individual?) If there is a lot of information to be detailed it is broken down to make it easier to comprehend e.g. short sentences / bullet points or numbers / small blocks of text / appropriate font size.</p> <p>There is evidence of an enablement process taking place. The care plan identifies:</p> <ul style="list-style-type: none"> • A citizen's strengths and identify what they are able to do for themselves • How the citizen is being supported to stay healthy and safe and how it contributes to their wellbeing • The citizen has as much control as possible whilst being protected against unreasonable risks. The relevant risk assessments should be referenced. <p>The Care and Support plan should contain " I " statements with the citizen's voice being loud and clear regarding their likes, dislikes and how they want support with daily living tasks.</p> <p>The Care and Support plan should demonstrate that</p>	
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<p>and their <u>right to privacy</u> is always observed. Care and Support plans should demonstrate that care and support is provided in the least intrusive way at all times with tasks being carried out <i>with the citizen, not for them</i>, minimising intervention and supporting service users to take risks, as set out in their care plan. (The Care Act 2014, 2 (1) (a), (c). Care and Support Statutory Guidance, Issued under the Care Act 2014, 1.5, 1.14 (c), (h))</p> <p>CP (4.033)</p> <p>Safe working practices are promoted: Care and Support plans should also include instructions on how to safely complete any care and support</p>	<p>all care and support is delivered in a way that respects any choices made by the citizen and their right to exercise those choices.</p> <p>The Care and Support plan should detail the citizen's preference for specific explanations / statements (possibly about the process) to inform and / or provide reassurance during care and support tasks.</p> <p>The Care and Support plan should offer an opportunity for the citizen to make ongoing choices about their care and support on a daily basis.</p> <p>The Care and Support plan should evidence that citizens are supported to take risks in-line with the risk assessments undertaken.</p> <p>The Provider can evidence that meetings are regularly held with citizens to review their care and support.</p> <p>There are clear instructions regarding safe systems of work. There are clear step-by-step instructions which demonstrate what is expected of the Care and Support Worker to safely complete each task (these could be listed separately). There are clear safe systems of work/ instructions on behaviours that</p>	
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	<p>activity.</p> <p>(CP 4.034)</p>	<p>challenge or on the safe use of any assistive technology. These should reference the risk assessment.</p> <p>The Care and Support plan is up-to-date. All the information is current and relevant (there should be no evidence that information has been cut and pasted from previous care plans, there should be no contradictory information).</p>	
Care and Support plans and medications	<p>The support needed to prompt / assist or administer medication as required is detailed in the Care and Support plan.</p> <p>(CP 4.04)</p>	<p>The nature and extent of help required with medications administration is clearly detailed within the Care and Support plan e.g. direct support with administering medication by selecting and preparing medication for immediate administration, applying creams, inserting drops etc. There is detail about safe storage of medication</p> <p>And if the individual is confused or likely to mistake their doses any level of assistance must be recorded by the Care and Support Worker on the medication comments/recording sheet on all occasions. The date, time of day and signature must be clearly</p>	

		<p>written – a colour coding system may be used to identify medications taken at different times of the day.</p> <p>There is a current list of prescriptions detailed within the Care and Support plan including:</p> <ul style="list-style-type: none"> • Name of medication • Dose • Time of administration • Frequency of administration • Method of assistance • Arrangement for the management of any medicines to be administered on an “as required” (PRN) basis e.g. pain relieving medication. There is a PRN protocol in place advising when to give medications (time and / or circumstance). The PRN protocol should include: <ul style="list-style-type: none"> - What the medication is for - What side effects to look out for and what to do if they are present 	
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		<ul style="list-style-type: none"> - The dose should be specific not a range especially for pain medication. - Any special information such as giving medication before / after food. For topical medicines; the site of administration should be recorded e.g. right shin. <p>There are instructions included within the Care and Support plan regarding the administering of medication (including safe system of work) e.g. asking the individual and checking the record sheet to confirm that they have not already had their medication. Instructions to Care and Support Worker to only dispense from original containers or sealed monitored dosage systems dispensed and labelled by the pharmacist. There is a safety checklist for the Home Care Worker to follow:-</p> <ul style="list-style-type: none"> - Right Patient - Right Drug/Medicine - Right Time - Right Dose - Right Route 	
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		<p>The Care and Support plan provides information on reporting refusals and medication errors including if the wrong medication is given.</p> <p>There are instructions regarding changes to medications e.g. instructions not to give any medications not recorded within the care plan (Any medications review should be documented and this section of the care plan should be amended).</p> <p>There are MAR charts in place.</p>	
Personal Development of Care and Support Workers	<p>Provider delivering care to citizens with complex needs must demonstrate adequate training has been undertaken by Care and Support Workers</p> <p>(CP 4.05)</p>	<p>Care and Support Workers delivering care to citizens with complex needs must have undertaken additional training to meet the particular specialist requirements of the citizen and must be evidenced that the care and support worker is competent. Examples could include working with citizens who may have the following:</p> <ul style="list-style-type: none"> • Learning Disability • Autism • Citizens who are non-verbal • Complex behaviour • Dementia • Diabetes • Catheter • Stoma bag 	

		<ul style="list-style-type: none"> • Peg feed • COPD 	
Care and Support plan review	<p>As a minimum, formal review of the Care and Support plan should take place once a year following an initial 28 day review. The review is completed by an appropriately qualified and experienced person. Review and revision of the Care and Support plan should take place at times or intervals dictated by changes in the need or circumstances of the citizen e.g. hospital discharges and/or the request of their carer/representative.</p> <p>(The Care Act 2014, 27 (1), (b). Care and Support Statutory Guidance, Issued under</p>	<p>There is a date for the next planned review recorded on the Care and Support plan (this should be within 1 year).</p> <p>Care plans should be reviewed at all times if the citizens has had a hospital admission or change in condition</p> <p>There is a record that identifies outcomes of the review and any amendments to the citizen's Care and Support plan.</p> <p>There is clear evidence of progress made with the enablement process. The Care and Support plan has been amended to reflect this. The Care and support plan evidences a focus on what the citizen is able to do for themselves.</p> <p>There should be no evidence of information having been 'cut and pasted' from elsewhere.</p>	

	the Care Act 2014, 13.10) (CP 4.06)		
Audit	MAR charts and Care and Support notes should be audited on a monthly basis (CP 4.07)	<p>The Provider can evidence auditing of MAR sheets and Care and Support notes ideally with a front sheet which has been signed and dated.</p> <p>The Provider can evidence that any issues have been followed up and addressed e.g. evidence of timeline of reporting lines and action taken.</p>	
Care and Support plan extras	<p>Additional health plans should be linked to third parties e.g. GP or other Health Professional – Care and Support plans should correspond to these.</p> <p>(CP 4.08)</p>	<p>For citizens requiring additional monitoring, there should be detailed sections of the Care and Support plan covering:</p> <ul style="list-style-type: none"> • Skin integrity • Fluid charts • Weight monitoring <p>The above should refer to the risk assessment.</p> <p>The Care and Support plan include:</p> <ul style="list-style-type: none"> • A health action plan for service user's with LD 	

		<ul style="list-style-type: none"> • Palliative (where relevant) • End of life plan • A Health Passport (where relevant) 	
Care and Support Notes / Daily records	<p>Each entry in the daily records should clearly detail what the citizen has done on the day.</p> <p>(CP 4.09)</p>	<ul style="list-style-type: none"> • All manual Care and Support notes must be written in black ink and clearly legible • Dated • Arrival and departure time (these should correspond to the Care and Support plan, rota and any monitoring system) • Any reasons for variation of care and support delivered should be recorded • Mood of the citizen on Care and Support Worker's arrival and departure • All activities and tasks undertaken during the care and support delivered – these should relate back to the Care and Support plan. If any activities or tasks within the Care and Support plan are not carried out / completed as specified, this should be recorded with the 	

		<p>reason e.g. citizen refusal</p> <ul style="list-style-type: none"> • Identifiable name of Care and Support Worker delivering the care and support • Signature of the carer • If concerns have been highlighted in the previous recording, evidence that these have these been followed through / acted upon 	
Care and Support plan activities	<p>Activity plans should be personalised to match the skills, abilities, and interests/preferences of each citizen, helping the citizen to reach his or her goals and where appropriate, to improve the citizen's overall wellbeing.</p> <p>(CP 4.10)</p>	<p>There is a range of activities identified (as appropriate) e.g. leisure, therapeutic, skills based. The activities help with cognition, mobility, socialisation, skills development.</p> <p>The activities incorporate the citizen's current interests, abilities to pursue these interests, adaptations needed to help the citizen to pursue these interests, the citizen's strengths and the goals to help the individual to reach his or her highest practicable level of well-being..</p> <p>The activity plan clearly details any activities based in the community (if appropriate) along with any safe systems of work and associated risk assessments.</p> <p>The Provider can evidence that activities encourage</p>	

		<p>the citizen to share the skills and abilities they already have e.g. citizens are encouraged to share their skills such as knitting / crochet / gardening / music / cooking/ baking / explaining the rules of various sports.</p> <p>The Provider can evidence that activities encourage the development of new hobbies, interests or skills.</p> <p>The Provider can evidence that activities are goals specific and measurable. The Provider has a method of recording a citizen's engagement with the activity. The citizen's progress notes reflect progress or lack of progress the citizen makes towards activity based goals.</p> <p>For citizens with no discernible response, care and support provision is still expected and may include activities such as talking or reading to the citizen about prior interests or tactile stimulation etc.</p> <p>All activity plans should reference the relevant risk assessment where needed.</p>	
Care and Support Plan – accessing the	The Care and Support plan should clearly state how support is to be delivered at all times	<p>The Care and Support plan should clearly detail:</p> <ul style="list-style-type: none"> • Level of support required e.g. 1:1, 2:1 • Safe systems of work for behaviours that might challenge whilst in the community 	

community (CP 4.11)	whilst in the community	<ul style="list-style-type: none"> • Use of assistive equipment (and any maintenance of this) e.g. walking frame, wheelchair etc. • Accessibility of transport (where required) • Accessibility of a building(s) • Support with accessing and managing money whilst in the community • Emergency procedures should be clearly stated e.g. epilepsy, diabetes <p>All of the above should reference the appropriate risk assessments</p>	
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SERVICE STANDARD – CALL SCHEDULING

Area	Standard	Checklist	Evidence
Call Scheduling	<p>Provider should have a call scheduling system in place as appropriate to the number of citizens being supported (this can either be electronic or manual).</p> <p>(CS 5.01)</p> <p>Rota should clearly show the time to be spent with the citizen(s)</p> <p>All care and support should be scheduled at least one week in advance</p> <p>(CS 5.02)</p>	<p>Care and support should be scheduled on a rostering system, including</p> <ul style="list-style-type: none"> • Name of citizen • Location of the care and support to be delivered • Name of Care and Support Worker • Time and date(s) of care and support to be delivered • Duration of care and support to be delivered <p>Rota should detail who is to provide the care and support and when the care and support is to be delivered e.g. times should reflex in a scheme whether 1:1 , 2:1 or more care and support is being provided</p> <p>Rostering system should be populated at least a week in advance, stating dates / times and name of Care and support Worker(s).</p>	
Care and Support Worker	<p>All Care and Support Worker rotas should clearly show any breaks</p>	<p>Care and Support Worker rotas should show lunch breaks.</p>	

breaks	in line with Working Time Directive (CS 5.03)		
Care and Support Time Variations	<p>Any changes from the original Social Worker Support Plan should be agreed by the citizen.</p> <p>(CS 5.04)</p> <p>Any single variations to the care and support time or duration should be recorded with a reason.</p> <p>(CS 5.05)</p>	<p>Any variation to change in times stated in care and support plan should have a local based agreement that indicates the following</p> <ul style="list-style-type: none"> • Reason for change • Previous time of care and support being delivered • New time of care and support to be delivered • Signature of citizen (if appropriate) • Copy sent to ACAP / Social Worker <p>The Provider can evidence that the Social Worker has been notified of any changes in the care and support being delivered.</p> <p>The Provider can evidence the auditing of timesheets/electronic records against scheduled care and support times and recording reasons for variations.</p>	

		Reasons for variations should also be recorded by the Care and Support Worker in the daily communication log.	
Out-of-Hours	<p>Provider must have an operational out-of-hours /on call process in place during non-office hours</p> <p>(CS 5.06)</p>	<p>The Provider must have a designated out of hours process, this should be evidenced as follows</p> <ul style="list-style-type: none"> • Staff are aware of out-of-hours number and any process to follow • Evidence that any out-of-hours contact has been documented and the follow up of any concerns • Out-of-hours policy/procedure is available to staff • Citizen/Next of Kin are also aware of out-of-hours number 	
Verification of care and support being delivered	<p>The Provider must have a system in place to audit delivery of care and support at least on a monthly basis</p> <p>(CS 5.06)</p>	<p>The Provider is routinely checking to ensure care and support has been delivered to citizens.</p> <p>The Provider should :</p> <ul style="list-style-type: none"> • Have an audit process in place • Demonstrate any action undertaken for any variations to care and support being delivered • Follow up on citizens' concerns • Evidence Citizen signature on communication / care and support notes (or UTS if citizen is 	

	<p>Providers should formally record on the citizens file if they are unable to sign .</p> <p>(CS 5.07)</p>	<p>unable to sign)</p> <ul style="list-style-type: none"> • All communication logs / care and support notes have time and duration of care and support being delivered and signature of care and support worker • Follow up on support worker concerns/performance <p>‘Unable to Sign’ (UTS) recordings should correspond to the documentation on the citizen’s file.</p>	
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SERVICE STANDARD – POSITIVE BEHAVIORAL MANAGEMENT

Area	Standard	Checklist	Evidence
Care and Support Plan and accessing the community	<p>All citizens will have a positive behaviour support plan</p> <p>Why do they need one? To help effectively respond to challenging behaviour a good Behaviour Support Plan is vital. A Behaviour</p>	<ul style="list-style-type: none"> • Multi-disciplinary approach – advice will be sought from psychologist and or other clinicians • complete ABC charts • record four things about the behaviour that challenges: “Appearance” – what the behaviour looks like “Rate” - how often it occurs “Severity” - how severe the behaviour is “Duration” - how long it lasts. 	

	<p>Support Plan aims to reduce the likelihood of challenging behaviour happening and if used consistently is very successful in supporting the person to find other ways to communicate their needs.</p> <p>(PBM 6.01)</p> <p>Incident recording and reporting</p> <p>(PBM 6.02)</p>	<p>Red, amber, green, blue (or other appropriate) status to be used.</p> <p>Stages of behaviour : Green = calm & relaxed Amber = anxious, aroused or distressed Red = incident Blue = calming down</p> <p>Review and evaluate as necessary.</p> <p>Positive Behavioural Support is person centred Risk assessments completed and followed.</p> <p>If physical restraint is used a protocol must be followed and staff trained and competent in restraint techniques which comply with NICE guidelines.</p> <p>It is not acceptable to use any form of restraint (unless this has been agreed by a MDT and it is clearly documented on the Positive Behavioural Support plan the conditions when restraint can be used), verbal abuse or isolation as punishment for behaviour that challenges.</p> <p>Violence and aggression: short-term management in mental health, health and community settings</p>	
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		<p>NICE guidelines [NG10] Published date: May 2015.</p> <ul style="list-style-type: none"> • Incidents are recorded on incident sheets • Any incident is fully documented see PBS • Incidents are evaluated and lessons learnt • CQC, Care manager, safeguarding are notified. • Incident is also recorded on daily record sheets to ensure efficient cross referencing • If PRN medication is given this is noted on MARs and on incident sheet. <p>Any changes in frequency of incidents are referred for specialist MDT support.</p>		
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SERVICE STANDARD – CITIZEN VOICE

Area	Standard	Checklist	Evidence
Citizen Voice	Involvement and engagement of citizens (CV 7.01)	<p>All service users and their families/advocates are made aware, at the start of any service, that their comments and views (whether positive or negative) are welcomed.</p> <p>All service users and their families/advocates are given contact details of a manager they can talk to about their service and they are given information about how to make a complaint</p> <p>A record is kept of all complaints received, what action was taken in response, by whom, and what the outcome was. Every efforts is made to resolve the complaint to the satisfaction of the complainant, and as quickly as possible</p> <p>A record of all feedback received from service users, family members & advocates, and there is evidence of how this has been used to improve the quality of services</p> <p>Evidence of Citizen Involvement / Choice in:</p> <ul style="list-style-type: none"> • Care and support planning • Management of risk 	

		<ul style="list-style-type: none"> • Positive Behavioural Support • Communication strategies in partnership with speech and language therapist • Recruitment <p>Person Centred Planning and accessible information utilised in the following areas</p> <ul style="list-style-type: none"> • Citizen Guide • Complaints • Advocacy • Care Plans • Reviews • Hospital Passports 	
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