Ref: FOI/00007/CMICB
06 September 2022

Your Request:

1. Commissioning & Contracting

1.1 In relation to the following client groups, are you the sole commissioner?		
Transforming Care - LDA	Yes ☐	No ☐
Learning Disabilities	Yes ☐	No ☐
Responsible Commissioner	Yes ☐	No ☐
Mental Health	Yes ☐	No ☐
S117	Yes ☐	No ☐

***For LD and MH these will be your ICB area clients whereas responsible commissioner clients are those placed into your area by another local authority to which you are funding under the Who Pays guidance.**

1.1. 2. For Transforming Care – LDA - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☐
Other (please elaborate) …	☐

1.1.3. For Responsible Commissioner - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☐
Other (please elaborate) …	☐

1.1.4. For Mental Health - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐

Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☐
Other (please elaborate) …	☐

1.1.5. For S117 - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☐
Other (please elaborate) …	☐

1.2. Would you be happy to share your specification if you have one in place	
Yes ☐ **No** ☐ **Do not have a specification** ☐	**Please embed here:**

1.3. If not the sole commissioner, what are your commissioning arrangements, i.e. joint with local authorities, provider trusts etc.	
Transforming Care – LDA	
Learning Disabilities	
Responsible Commissioner	
Mental Health	
S117	

Our Response:

1) Please find listed below the data held by each of the former CCGs that now make up NHS Cheshire & Merseyside ICB in relation to the commissioning and contracting for the client groups listed:

Cheshire

1.1 In relation to the following client groups, are you the sole commissioner?		
Transforming Care – LDA	Yes	No
Learning Disabilities	Yes	No
Responsible Commissioner	Yes	No
Mental Health	Yes	No
S117	Yes	No

Case dependant for all client groups listed above - some cases Cheshire are sole commissioner and some cases Cheshire is a joint commissioner.

1.1.1. For Transforming Care – LDA - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☒
Framework contract agreement with the LA (LA lead commissioner)	☒
Framework contract agreement with the LA (ICB lead commissioner)	☒
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.2. For Learning Disabilities - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☒
Framework contract agreement with the LA (LA lead commissioner)	☒
Framework contract agreement with the LA (ICB lead commissioner)	☒
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.3. For Responsible Commissioner - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☒
Framework contract agreement with the LA (LA lead commissioner)	☒
Framework contract agreement with the LA (ICB lead commissioner)	☒
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.4. For Mental Health - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☒
Framework contract agreement with the LA (LA lead commissioner)	☒
Framework contract agreement with the LA (ICB lead commissioner)	☒
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.5. For S117 - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☒
Framework contract agreement with the LA (LA lead commissioner)	☒
Framework contract agreement with the LA (ICB lead commissioner)	☒
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.2. Would you be happy to share your specification if you have one in place	
Yes ☒ **No** ☐ **Do not have a specification** ☐	**Please embed here:** Please find enclosed 'Independent Sector Mental Health Hospital Recovery and Rehabilitation and Long-Term Care' Service Specification

1.3. If not the sole commissioner, what are your commissioning arrangements, i.e. joint with local authorities, provider trusts etc.	
Transforming Care – LDA	Joint with LA
Learning Disabilities	Joint with LA
Responsible Commissioner	Joint with LA
Mental Health	Joint with LA
S117	Joint with LA

Halton

1.1 In relation to the following client groups, are you the sole commissioner?		
Transforming Care - LDA	Yes ☐	No ☒
Learning Disabilities	Yes ☐	No ☒
Responsible Commissioner	Yes ☐	No ☒
Mental Health	Yes ☐	No ☒
S117	Yes ☐	No ☒

1.1.1. For Transforming Care – LDA - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐

A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.2. For Learning Disabilities - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.3. For Responsible Commissioner - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.4. For Mental Health - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.5. For S117 - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.2. Would you be happy to share your specification if you have one in place	
Yes ☐ No ☐ **Do not have a specification ☒**	**Please embed here:**

1.3. If not the sole commissioner, what are your commissioning arrangements, i.e. joint with local authorities, provider trusts etc.	
Transforming Care – LDA	joint with local authorities
Learning Disabilities	joint with local authorities
Responsible Commissioner	joint with local authorities
Mental Health	joint with local authorities
S117	joint with local authorities

Knowsley

1.1 In relation to the following client groups, are you the sole commissioner?		
Transforming Care - LDA	Yes ☐	No ☒
Learning Disabilities	Yes ☐	No ☒
Responsible Commissioner	Yes ☐	No ☒
Mental Health	Yes ☐	No ☒
S117	Yes ☐	No ☒

1.1.1. For Transforming Care – LDA – please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☐
Other (please elaborate) … Spot purchase with an individual service user proforma. In Knowsley LDA placements with the 3rd sector are commissioned by Knowsley Council*.	☒

1.1.2. For Learning Disabilities – please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☐
Other (please elaborate) … Spot purchase with an individual service user proforma and some with spot purchase, specification and contract in place. In Knowsley Learning Disability placements with the 3rd sector are commissioned by Knowsley Council*.	☒

1.1.3. For Responsible Commissioner – please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☐
Other (please elaborate) … Spot purchase with an individual service user proforma. There have been no clients that fall into this category.	☒

1.1.4. For Mental Health – please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☒
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☐
Other (please elaborate) … Spot purchase with an individual service user proforma. Please note this response relation to in-patient services. For non-inpatient Mental Health placements please refer to Knowsley Council*.	☒

1.1.5. For S117 – please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☐
Other (please elaborate) … Spot purchase with an individual service user proforma. Please also refer to Knowsley Council*.	☒

1.2. Would you be happy to share your specification if you have one in place	
Yes ☐ **No** ☐ **Do not have a specification** ☒	**Please embed here:**

1.3. If not the sole commissioner, what are your commissioning arrangements, i.e. joint with local authorities, provider trusts etc.	
Transforming Care – LDA	Knowsley Council
Learning Disabilities	Knowsley Council
Responsible Commissioner	Knowsley Council

Mental Health	Knowsley Council
S117	Knowsley Council

Liverpool

1.1 In relation to the following client groups, are you the sole commissioner?		
Transforming Care - LDA	Yes ☒	No ☐
Learning Disabilities	Yes ☐	No ☒
Responsible Commissioner	Yes ☐	No ☐
Mental Health	Yes ☐	No ☒
S117	Yes ☐	No ☒

1.1.1. For Transforming Care – LDA - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☐
Other (please elaborate) … Spot purchase with an individual service user proforma	☒

1.1.2. For Learning Disabilities - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☒
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☐
Other (please elaborate) … Spot purchase with an individual service user proforma and some with spot purchase, spec and contract in place	☒

1.1.3. For Responsible Commissioner - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☐
Other (please elaborate) … Spot purchase with an individual service user proforma	☒

1.1.4. For Mental Health - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☐
Other (please elaborate) … Spot purchase with an individual service user proforma	☒

1.1.5. For S117 - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☐
Other (please elaborate) … Spot purchase with an individual service user proforma	☒

1.2. Would you be happy to share your specification if you have one in place	
Yes ☒ **No** ☐ **Do not have a specification** ☐	Please find enclosed 'The Provision of Social, Personal & Nursing Care for Adults within a Specialist Hospital Setting (Complex Care) – Mental Health and / or Learning Disabilities'

1.3. If not the sole commissioner, what are your commissioning arrangements, i.e. joint with local authorities, provider trusts etc.	
Transforming Care – LDA	N/A
Learning Disabilities	N/A
Responsible Commissioner	N/A
Mental Health	Health and Local Authority commissioning but not part of a joint arrangement. Mental Health Provider Collaboratives also now developing.
S117	Joint with Local Authority

Sefton

1.1 In relation to the following client groups, are you the sole commissioner?		
Transforming Care - LDA	Yes ☐	No ☒
Learning Disabilities	Yes ☐	No ☒
Responsible Commissioner	Yes ☐	No ☒

Mental Health	Yes ☐	No ☒
S117	Yes ☐	No ☒

1.1.1. For Transforming Care – LDA - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.2. For Learning Disabilities - please tick the relevant box	
Spot Purchase only (no service specification)	☒
Spot Purchase only (service specification and contract in place)	☒
Framework contract agreement with the LA (LA lead commissioner)	☒
Framework contract agreement with the LA (ICB lead commissioner)	☒
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☐
Other (please elaborate) …	☐

1.1.3. For Responsible Commissioner - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.4. For Mental Health - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.5. For S117 - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.2 Would you be happy to share your specification if you have one in place	
Yes No **Do not have a specification** ☒ Information not held - You may wish to redirect your request for this information to MLCSU and Sefton Council****	**Please embed here:**

1.3. If not the sole commissioner, what are your commissioning arrangements, i.e. joint with local authorities, provider trusts etc.	
Transforming Care – LDA	Joint with Local Authority.
Learning Disabilities	
Responsible Commissioner	
Mental Health	
S117	

St Helens

1.1 In relation to the following client groups, are you the sole commissioner?		
Transforming Care - LDA	Yes ☐	No ☒
Learning Disabilities	Yes ☐	No ☒
Responsible Commissioner	Yes ☐	No ☒
Mental Health	Yes ☐	No ☒
S117	Yes ☐	No ☒

1.1.1. For Transforming Care – LDA - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate)	☐

1.1.2. For Learning Disabilities - please tick the relevant box

Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate)	☐

1.1.3. For Responsible Commissioner - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate)	☐

1.1.4. For Mental Health - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate)	☐

1.1.5. For S117 - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate)	☐

1.2. Would you be happy to share your specification if you have one in place	
Yes ☐ **No** ☐	**Please embed here:**

Do not have a specification ☒	

1.3. If not the sole commissioner, what are your commissioning arrangements, i.e. joint with local authorities, provider trusts etc.	
Transforming Care – LDA	Joint with LA
Learning Disabilities	
Responsible Commissioner	
Mental Health	
S117	

Warrington

1.1 In relation to the following client groups, are you the sole commissioner?		
Transforming Care - LDA	Yes ☐	No ☒
Learning Disabilities	Yes ☐	No ☒
Responsible Commissioner	Yes ☐	No ☒
Mental Health	Yes ☐	No ☒
S117	Yes ☐	No ☒

1.1.1. For Transforming Care – LDA - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.2. For Learning Disabilities - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.3. For Responsible Commissioner - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐

Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.4. For Mental Health - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.5. For S117 - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.2. Would you be happy to share your specification if you have one in place	
Yes ☐ **No** ☐ **Do not have a specification** ☒	**Please embed here:**

1.3. If not the sole commissioner, what are your commissioning arrangements, i.e. joint with local authorities, provider trusts etc.	
Transforming Care – LDA	joint with local authorities
Learning Disabilities	joint with local authorities
Responsible Commissioner	joint with local authorities
Mental Health	joint with local authorities
S117	joint with local authorities

Wirral

1.1 In relation to the following client groups, are you the sole commissioner?		
Transforming Care - LDA	Yes ☐	No ☒
Learning Disabilities	Yes ☐	No ☒
Responsible Commissioner	Yes ☒	No ☐
Mental Health	Yes ☐	No ☒
S117	Yes ☐	No ☒

1.1.1. For Transforming Care – LDA - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.2. For Learning Disabilities - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.3. For Responsible Commissioner - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.4. For Mental Health - please tick the relevant box	
Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.1.5. For S117 - please tick the relevant box

Spot Purchase only (no service specification)	☐
Spot Purchase only (service specification and contract in place)	☐
Framework contract agreement with the LA (LA lead commissioner)	☐
Framework contract agreement with the LA (ICB lead commissioner)	☐
Prime provider model – ICB lead commissioner	☐
Prime provider model – LA lead commissioner	☐
A mixture of Framework and Spot purchase	☒
Other (please elaborate) …	☐

1.2. Would you be happy to share your specification if you have one in place	
Yes ☐ **No** ☒ **Do not have a specification** ☐	**Please embed here:**

1.4. If not the sole commissioner, what are your commissioning arrangements, i.e. joint with local authorities, provider trusts etc.	
Transforming Care – LDA	Multiple arrangements with NHS Trusts / Private Providers and Local Authority
Learning Disabilities	
Responsible Commissioner	
Mental Health	Joint with local authority
S117	Joint with local authority

Your Request:

2. Client Numbers

As at 31st March 2022, what were your client numbers for each of the following client groups:	
Transforming Care – LDA	
Learning Disabilities	
Responsible Commissioner	
Mental Health	
S117	

Our Response:

2) Please find listed below the data held by each of the former CCGs that now make up NHS Cheshire & Merseyside ICB in relation to the client numbers as of 31 March 2022 for the client groups listed:

Cheshire

As at 31st March 2022, what were your client numbers for each of the following client groups:	
Transforming Care – LDA	Unable to split as not a database reporting category
Learning Disabilities	101
Responsible Commissioner	Unable to split as not a database reporting category
Mental Health	157
S117	549

Halton

As at 31st March 2022, what were your client numbers for each of the following client groups:	
Transforming Care – LDA	Unable to split as not a database reporting category
Learning Disabilities	37
Responsible Commissioner	Unable to split as not a database reporting category
Mental Health	27
S117	113

Knowsley

As at 31st March 2022, what were your client numbers for each of the following client groups:	
Transforming Care – LDA	In Knowsley LDA placements with the 3rd sector are commissioned by Knowsley Council* and we do not hold client numbers.
Learning Disabilities	In Knowsley we operate within a block contract with Mersey Care NHS Foundation Trust** for these services and pooled budget arrangements with Knowsley Council*. We do not hold client numbers.
Responsible Commissioner	0
Mental Health	33
S117	In Knowsley S117 placements with the 3rd sector are commissioned by Knowsley Council* and we do not hold client numbers.

Liverpool

As at 31st March 2022, what were your client numbers for each of the following client groups:	
Transforming Care – LDA	8
Learning Disabilities	Liverpool operates within a block contract with Mersey Care NHS Foundation Trust** for these services and we do not hold client numbers. However, 3,296 members of the Liverpool population have a Learning Disability, though these will not all be treated by our services
Responsible Commissioner	This is covered within the response for the other client groups.
Mental Health	Liverpool operates within a block contract with Mersey Care NHS Foundation Trust** for these services and community-based mental health placements with the 3rd sector are commissioned by Liverpool City Council** and we do no hold client numbers. However, 7,575 of members of the Liverpool population have a Serious Mental Illness, though these will not all be treated by our services

S117	In Liverpool S117 placements with the 3rd sector are commissioned by Liverpool City Council*** and we do not hold client numbers.

Sefton

As at 31st March 2022, what were your client numbers for each of the following client groups:	
Transforming Care – LDA	3
Learning Disabilities	Information not held - You may wish to redirect your request for this information to MLCSU and Sefton Council****
Responsible Commissioner	
Mental Health	
S117	

St Helens

As at 31st March 2022, what were your client numbers for each of the following client groups:	
Transforming Care – LDA	LDA placements with the 3rd sector are commissioned by St Helens Council and we do not hold client numbers******.
Learning Disabilities	We have a block contract with Mersey Care NHS Foundation Trust and do not hold these numbers**.
Responsible Commissioner	Unable to split as not a database reporting category
Mental Health	We have a block contract with Mersey Care NHS Foundation Trust and do not hold these numbers**.
S117	We have pooled budget arrangements with St Helens Council and do not hold client numbers******. S117 placements with the 3rd sector are commissioned by St Helens Council and we do not hold client numbers******.

Warrington

As at 31st March 2022, what were your client numbers for each of the following client groups:	
Transforming Care – LDA	Unable to split as not a database reporting category
Learning Disabilities	29
Responsible Commissioner	Unable to split as not a database reporting category
Mental Health	47
S117	214

Wirral

As at 31st March 2022, what were your client numbers for each of the following client groups:	
Transforming Care – LDA	Information not held – refer to Wirral Council*****
Learning Disabilities	178 (The figure includes S117)

Responsible Commissioner	Information not held – refer to Wirral Council*****
Mental Health	482 (The figure includes S117)
S117	337

Your Request:

3. Pricing

3.1. Can you please provide information on the pricing structure for each of the following client groups?			
Service	**Lowest Weekly fee**	**Average Weekly fee**	**Highest Weekly fee**
Transforming Care - LDA	£	£	£
Learning Disabilities	£	£	£
Responsible Commissioner	£	£	£
Mental Health	£	£	£
S117	£	£	£

3.2. Please state the set hourly rate for additional one to one support		
Service	**Lowest Hourly rate**	**Highest Hourly rate**
Transforming Care - LDA	£	£
Learning Disabilities	£	£
Responsible Commissioner	£	£
Mental Health	£	£
S117	£	£

3.3. If you operate a tiered pricing model on a framework can you please provide details	
Transforming Care – LDA	
Learning Disabilities	
Responsible Commissioner	
Mental Health	
S117	

Our Response:

3) Please find listed below the data held by each of the former CCGs that now make up NHS Cheshire & Merseyside ICB in relation to the pricing structure for the client groups listed:

Cheshire

3.1. Can you please provide information on the pricing structure for each of the following client groups?			
Service	**Lowest Weekly fee**	**Average Weekly fee**	**Highest Weekly fee**

Transforming Care – LDA	Unable to split as not a database reporting category		
Learning Disabilities	£187.56	£2,821	£8,508
Responsible Commissioner	Unable to split as not a database reporting category		
Mental Health	£34.50	£1,579	£6,615
S117	£7.56	£667	£6,617

3.2. Please state the set hourly rate for additional one to one support		
Service	**Lowest Hourly rate**	**Highest Hourly rate**
Transforming Care - LDA	£19.50	£25.00
Learning Disabilities	£19.50	£25.00
Responsible Commissioner	£19.50	£25.00
Mental Health	£19.50	£25.00
S117	£19.50	£25.00

3.3. If you operate a tiered pricing model on a framework can you please provide details	
Transforming Care – LDA	No tiered pricing model on a framework in place
Learning Disabilities	
Responsible Commissioner	
Mental Health	
S117	

Halton

3.1. Can you please provide information on the pricing structure for each of the following client groups?			
Service	**Lowest Weekly fee**	**Average Weekly fee**	**Highest Weekly fee**
Transforming Care – LDA	Unable to split as not a database reporting category		
Learning Disabilities	£86.70	£2001.32	£10375.30
Responsible Commissioner	Unable to split as not a database reporting category		
Mental Health	£20.35	£2586.12	£15541.10
S117	£15.50	£643.62	£6115.18

3.2. Please state the set hourly rate for additional one to one support		
Service	**Lowest Hourly rate**	**Highest Hourly rate**
Transforming Care – LDA	No set hourly rate in place.	
Learning Disabilities		
Responsible Commissioner		
Mental Health		
S117		

3.3. If you operate a tiered pricing model on a framework can you please provide details	
Transforming Care – LDA	No tiered pricing model on a framework in place.
Learning Disabilities	
Responsible Commissioner	
Mental Health	
S117	

Knowsley

3.1. Can you please provide information on the pricing structure for each of the following client groups?			
Service	**Lowest Weekly fee**	**Average Weekly fee**	**Highest Weekly fee**
Transforming Care - LDA	In Knowsley LDA placements with the 3rd sector are commissioned by Knowsley Council* and we do not hold pricing structure information.		
Learning Disabilities	In Knowsley we operate within a block contract with Mersey Care NHS Foundation Trust** for these services and pooled budget arrangements with Knowsley Council*. We do not hold pricing structure information.		
Responsible Commissioner	0		
Mental Health	£1,618	£4,621	£5,943
S117	In Knowsley S117 placements with the 3rd sector are commissioned by Knowsley Council* and we do not hold pricing structure information.		

3.2. Please state the set hourly rate for additional one to one support		
Service	**Lowest Hourly rate**	**Highest Hourly rate**
Transforming Care - LDA	In Knowsley LDA placements with the 3rd sector are commissioned by Knowsley Council* and we do not hold set hourly rate information.	
Learning Disabilities	In Knowsley we operate within a block contract with Mersey Care NHS Foundation Trust** for these services and pooled budget arrangements with Knowsley Council*. We do not hold set hourly rate information.	
Responsible Commissioner	0	
Mental Health	We do not hold any information on set hourly rates for additional one to one support.	
S117	In Knowsley S117 placements with the 3rd sector are commissioned by Knowsley Council* and we do not hold set hourly rate information.	

3.3. If you operate a tiered pricing model on a framework can you please provide details	
Transforming Care – LDA	No tiered pricing model on a framework in place
Learning Disabilities	
Responsible Commissioner	
Mental Health	
S117	

Liverpool

3.1. Can you please provide information on the pricing structure for each of the following client groups?			
Service	**Lowest Weekly fee**	**Average Weekly fee**	**Highest Weekly fee**
Transforming Care – LDA	£3,101.63	£8,707.35	£20,032.95
Learning Disabilities	Liverpool operates within a block contract with Mersey Care NHS Foundation Trust** for these services and we do not hold pricing structure information.		
Responsible Commissioner	This is covered within the response for the other client groups.		
Mental Health	Liverpool operates within a block contract with Mersey Care NHS Foundation Trust** for these services and community-based mental health placements with the 3rd sector are commissioned by Liverpool City Council***. We do not hold pricing structure information.		
S117	In Liverpool S117 placements with the 3rd sector are commissioned by Liverpool City Council*** and we do not hold pricing structure information.		

3.2. Please state the set hourly rate for additional one to one support		
Service	**Lowest Hourly rate**	**Highest Hourly rate**
Transforming Care – LDA	No set hourly rate in place.	
Learning Disabilities	Liverpool operates within a block contract with Mersey Care NHS Foundation Trust** for these services and we do not hold set hourly rate information.	
Responsible Commissioner	This is covered within the response for the other client groups	
Mental Health	Liverpool operates within a block contract with Mersey Care NHS Foundation Trust** for these services and community-based mental health placements with the 3rd sector are commissioned by Liverpool City Council***. We do not hold set hourly rate information.	
S117	In Liverpool S117 placements with the 3rd sector are commissioned by Liverpool City Council*** and we do not hold set hourly rate information.	

3.3. If you operate a tiered pricing model on a framework can you please provide details	
Transforming Care – LDA	No tiered pricing model on a framework in place
Learning Disabilities	
Responsible Commissioner	
Mental Health	
S117	

Sefton

3.1. Can you please provide information on the pricing structure for each of the following client groups?			
Service	**Lowest Weekly fee**	**Average Weekly fee**	**Highest Weekly fee**
Transforming Care - LDA	Information not held - You may wish to redirect your request for this information to MLCSU and Sefton Council****		
Learning Disabilities			
Responsible Commissioner			
Mental Health			
S117			

3.2. Please state the set hourly rate for additional one to one support		
Service	**Lowest Hourly rate**	**Highest Hourly rate**
Transforming Care - LDA	Information not held - You may wish to redirect your request for this information to MLCSU and Sefton Council****	
Learning Disabilities		
Responsible Commissioner		
Mental Health		
S117		

3.3. If you operate a tiered pricing model on a framework can you please provide details	
Transforming Care – LDA	Information not held - You may wish to redirect your request for this information to MLCSU and Sefton Council****
Learning Disabilities	
Responsible Commissioner	
Mental Health	
S117	

St Helens

3.1. Can you please provide information on the pricing structure for each of the following client groups?			
Service	**Lowest Weekly fee**	**Average Weekly fee**	**Highest Weekly fee**
Transforming Care – LDA	LDA placements with the 3rd sector are commissioned by Council and we do not hold pricing structure information*****.		

Learning Disabilities	We operate within a block contract with Mersey Care NHS Foundation Trust** for these services and pooled budget arrangements with the Council*****. We do not hold pricing structure information.
Responsible Commissioner	Category not recorded
Mental Health	We operate within a block contract with Mersey Care NHS Foundation Trust** for these services and pooled budget arrangements with the Council******. We do not hold pricing structure information.
S117	S117 placements with the 3rd sector are commissioned by the Council***** and we do not hold pricing structure information.

3.2. Please state the set hourly rate for additional one to one support	
Service	No set hourly rate in place.
Transforming Care - LDA	
Learning Disabilities	
Responsible Commissioner	
Mental Health	
S117	

3.3. If you operate a tiered pricing model on a framework can you please provide details	
Transforming Care – LDA	No tiered pricing model on a framework in place.
Learning Disabilities	
Responsible Commissioner	
Mental Health	
S117	

Warrington

3.1 Can you please provide information on the pricing structure for each of the following client groups?			
Service	**Lowest Weekly fee**	**Average Weekly fee**	**Highest Weekly fee**
Transforming Care – LDA	Unable to split as not a database reporting category		
Learning Disabilities	£311.64	£2457.93	£7571.97
Responsible Commissioner	Unable to split as not a database reporting category		
Mental Health	£159.28	£1850.93	£6090
S117	£16.47	£694.46	£3797.50

3.2. Please state the set hourly rate for additional one to one support		
Service	**Lowest Hourly rate**	**Highest Hourly rate**
Transforming Care – LDA	No set hourly rate in place.	
Learning Disabilities		
Responsible Commissioner		
Mental Health		
S117		

3.3. If you operate a tiered pricing model on a framework can you please provide details	
Transforming Care – LDA	No tiered pricing model on a framework in place.
Learning Disabilities	
Responsible Commissioner	
Mental Health	
S117	

Wirral

3.1. Can you please provide information on the pricing structure for each of the following client groups?			
Service	**Lowest Weekly fee**	**Average Weekly fee**	**Highest Weekly fee**
Transforming Care - LDA	Information not held		
Learning Disabilities	£100.50	£1,470.71	£8,948.74
Responsible Commissioner	Information not held		
Mental Health	£113.48	£1,716.22	£10,500.00
S117	£100.40	£623.14	£4,333.27

3.2. Please state the set hourly rate for additional one to one support -		
Service	**Lowest Hourly rate**	**Highest Hourly rate**
Transforming Care - LDA	No hourly rate set for additional 1:1 support.	
Learning Disabilities		
Responsible Commissioner		
Mental Health		
S117		

3.3. If you operate a tiered pricing model on a framework can you please provide details -	
Transforming Care – LDA	Tiered pricing model not in operation.
Learning Disabilities	
Responsible Commissioner	
Mental Health	
S117	

Your Request:

4. Brokerage

4.1. In relation to the following services, do you have a brokerage function?		
Transforming Care - LDA	Yes ☐	No ☒
Learning Disabilities	Yes ☐	No ☒
Responsible Commissioner	Yes ☐	No ☒
Mental Health	Yes ☐	No ☒
S117	Yes ☐	No ☒

Our Response:

4) Please find listed below the data held by each of the former CCGs that now make up NHS Cheshire & Merseyside ICB in relation to brokerage functions for the client groups listed:

Cheshire

4.1. In relation to the following services, do you have a brokerage function?		
Transforming Care - LDA	Yes ☐	No ☒
Learning Disabilities	Yes ☐	No ☒
Responsible Commissioner	Yes ☐	No ☒
Mental Health	Yes ☐	No ☒
S117	Yes ☐	No ☒

Halton

4.1. In relation to the following services, do you have a brokerage function?		
Transforming Care - LDA	Yes ☐	No ☒
Learning Disabilities	Yes ☐	No ☒
Responsible Commissioner	Yes ☐	No ☒
Mental Health	Yes ☐	No ☒
S117	Yes ☐	No ☒

Knowsley

4.1 In relation to the following services, do you have a brokerage function?		
Transforming Care - LDA	Yes ☐	No ☒
Learning Disabilities	Yes ☐	No ☒
Responsible Commissioner	Yes ☐	No ☒
Mental Health	Yes ☐	No ☒
S117	Yes ☐	No ☒

Liverpool

4.1. In relation to the following services, do you have a brokerage function?		
Transforming Care - LDA	Yes ☐	No ☒
Learning Disabilities	Yes ☐	No ☒
Responsible Commissioner	Yes ☐	No ☒
Mental Health	Yes ☐	No ☒

S117	Yes ☐	No ☒

Sefton

4.1. In relation to the following services, do you have a brokerage function?		
Transforming Care - LDA	Yes ☐	No ☒
Learning Disabilities	Yes ☐	No ☒
Responsible Commissioner	Yes ☐	No ☒
Mental Health	Yes ☐	No ☒
S117	Yes ☐	No ☒

St Helens

4.1. In relation to the following services, do you have a brokerage function?		
Transforming Care - LDA	Yes ☐	No ☒
Learning Disabilities	Yes ☐	No ☒
Responsible Commissioner	Yes ☐	No ☒
Mental Health	Yes ☐	No ☒
S117	Yes ☐	No ☒

Warrington

4.1. In relation to the following services, do you have a brokerage function?		
Transforming Care - LDA	Yes ☐	No ☒
Learning Disabilities	Yes ☐	No ☒
Responsible Commissioner	Yes ☐	No ☒
Mental Health	Yes ☐	No ☒
S117	Yes ☐	No ☒

Wirral

4.1. In relation to the following services, do you have a brokerage function? -		
Transforming Care - LDA	Yes ☐	No ☒
Learning Disabilities	Yes ☐	No ☒
Responsible Commissioner	Yes ☐	No ☒
Mental Health	Yes ☐	No ☒
S117	Yes ☐	No ☒

Your Request:

5. Please add anything else which you feel has a profound effect on the commissioning of placements and the impact on pricing?

Our Response:

5) NHS Cheshire & Merseyside ICB does not hold any information detailing profound effects on the commissioning of placements and the impact on pricing.

** You may wish to redirect your request for this information to Knowsley Council, who can be contacted for Freedom of Information requests via the following email address:* foi@knowsley.gov.uk

*** You may wish to redirect your request for this information to Mersey Care NHS Foundation Trust, who can be contacted for Freedom of Information requests via the following email address:* FOI@merseycare.nhs.uk

**** You may wish to redirect your request for this information to Liverpool City Council, who can be contacted for Freedom of Information requests via the following email address*: informationrequests@liverpool.gov.uk

***** You may wish to redirect your request for this information to Midlands & Lancashire Commissioning Support Unit (MLCSU) and Sefton Council whose contact details for Freedom of Information requests are listed below:*
MLCSU: england.contactus@nhs.net
Sefton Council: ino.information@sefton.gov.uk

****** You may wish to redirect your request for this information to Wirral Council, who can be contacted from Freedom of Information requests via the following email address:* informationmanager@wirral.gov.uk

******* You may wish to redirect your request for this information to St Helens Borough Council, who can be contacted from Freedom of Information requests via the following link:* https://www.sthelens.gov.uk/article/6525/Raise-a-Freedom-of-Information-request

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	**ISMH – 001 - 2021**
Service	**Independent Sector Mental Health Hospital Recovery and Rehabilitation and Long Term Care**
Commissioner Lead	**Cheshire CCG**
Provider Lead	**As stated in contract Particulars**
Period	**12 Months from 1st April 2021 to 31st March 2022**
Date of Review	**12 months**

1. Population Needs

1.1 Cheshire CCG commissions services to provide mental health recovery and rehabilitation from Independent Sector Mental Health Hospitals (ISMHs). The services are provided for age 18 with no upper limit for a projected registered population of 767,637 for NHS Cheshire CCG 2020 rising to a projected population of 776,175 by 2022/23. Eastern Cheshire is anticipated to effect the largest growth of 0.29% closely followed by West Cheshire 0.28%. South and Vale areas have a projected growth of 0.21%.

1.2 This service provision is predominantly provided for individuals detained under the Mental Health Act 1983 (MHA), and should ideally form the higher needs part of a wider MH recovery pathway encompassing services designed to enable an individual to safely step down into the least restrictive and most independent setting as possible. The service will also be available to those people who require the care and support of a suitable mental health hospital even though they are not in a position to benefit from a mental health recovery and rehabilitation package.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	**X**
Domain 2	**Enhancing quality of life for people with long-term conditions**	**X**
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**X**
Domain 4	**Ensuring people have a positive experience of care**	**X**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**X**

2.2 Local Defined Outcomes to be measured and delivered

Provide specialist, hospital based, time limited support to deliver effective rehabilitation and recovery. The focus of the service must be firmly on addressing clinical need, promoting rehabilitation and recovery, choice, control, independent living as part of a recovery/ rehabilitation pathway.

To achieve the service outcomes the Provider will at all times;

- Provide a high quality recovery and rehabilitation support service in a therapeutic environment where the service user feels safe, respected and is treated with dignity.
- Ensure a comprehensive Multi-Disciplinary Team (MDT) is in place and available at all times when required with a core team of expert psychiatry, psychology and nursing professionals.
- Ensure there is access to other necessary disciplines (such as core NHS services speech and language therapy (SALT) before any other service provision is procured).
- Promote the recovery and wellbeing of the person by providing a rehabilitation support service, which encompasses treatment for the identified mental health conditions, improving activities of daily living, occupational therapy (OT) and speech therapist (SALT) etc. in a way which promotes the person's health; choice; control; independence; self-reliance and supports an individual to prepare for a return to independent living wherever appropriate.
- Ensure the team has underpinning knowledge and expertise in the use of psycho-pharmacology in severe mental illness, including local protocol for PRN and Rapid Tranquilisation Policies and that staff have evidenced understanding of these requirements.
- Ensure the service offered is appropriate to meet the needs of those individuals presenting with severe and enduring mental health difficulties and associated clinical risks around their diagnosis.
- Ensure a therapeutic response that places primary importance on behavioural approaches de-escalation and the psycho-pharma logical treatment of mental illness and agitated behaviour in the context of the psychiatric disorder. The therapeutic regime must also be able to deliver effectively a variety of other interventions addressing interpersonal.
- The service must provide a culture which meets best practice for safety, welfare and security and demonstrates a robust approach to risk assessment and management.
- Deliver care in line with the principles of Transforming Care including the facilitation and proactive use of Care Treatment Reviews (CTR process) and service provision must be able to deliver care for individuals with a learning disability and/or autism. The unit must participate in the Care Treatment Review (CTR process) and must ensure that the recommendations are acted on.
- All providers should be able to evidence incorporation of a thorough system for the identification and vetting of all agency staff, holding documentation to evidence the fact (including mandatory training).
- Staff should be fully trained in all relevant areas of support practice in line with the existing hospital staff. This is especially pertinent in the use of physical intervention techniques. (Use of differing techniques during a crisis/incidence is dangerous practice). This should include Active Support Training; all staff should understand the high risks of remiss observations and the importance of documented evidence that observation levels have been adhered to including any activity during the period of observations. CCG will require evidence to underpin this.
- There should be a thorough induction and relevant information made available for agency staff, i.e. Pen Picture with simple guidelines on the care of the patient to assist agency staff on handover of care.
- It must be understood by the provider that the use of agency staff is a final and last resort but unfortunately, in rural areas especially, cannot be avoided but consistency in care and support is crucial in the treatment and recovery pathway and wellbeing of the patients.

- Evidence that the Care Programme Approach (CPA) must follow a recovery and outcome process, and form the delivery of an effective care pathway through intensive support. The CPA should evidence patient and family engagement and indicate reasons if not applicable.
- Assist and cooperate with discharge planning for patients with the CCG and its agents, and have a policy on the use of MHA section 17 leave to facilitate a safe planned step down to a less restrictive environment.
- The service will be delivered within an independent sector mental hospital setting, able to meet the assessed social, personal, and healthcare needs of an individual, such needs being detailed within an agreed Care Plan and Risk Assessment. Personalisation and patient/family involvement should be evidenced for each Individual Service User Placement.

The CCG anticipates that service providers will adhere to the Royal College of Psychiatry peer review network by applying for membership if not already in place. The service provider should actively participate in peer review and associated networks such as the Royal College of Psychiatry hospital peer review network. This will support and maintain service provider standards and support alignment to inspectorate standards, this network also considers and supports the creative aspects of care for the patients benefit.

Promote the independence of Service Users through an enabling approach

- Support patients/ service users to self-manage their own condition and medication regime safely, to regain skills associated with daily living, and gain confidence to return to a community setting.
- Work to maintain Service Users resilience and prevent the need for more intensive care and support in secure services.
- Ensure that a range of Easy Read Materials are available for individuals at all times.
- Ensure availability and links to Interpretation and Translation Services when identified as a requirement for individuals.
- Support programmes of recovery, rehabilitation and re-ablement.
- Providers will support flexible innovative individualised solutions for people especially important for those with dual diagnosis – this often is mental health and substance misuse either drugs or alcohol.
- To have an agreed pathway for treatment and management of individuals with Dual Diagnosis in line with NICE guidelines and recommendations.
- Develop a transparent and practical treatment, care and recovery plan in conjunction with the patient/ service user, ensuring that the agreed aims and milestones are leading towards a reduction in the support required from staff at the same time as increasing the level of self- care.
- The service provider will work with individuals and their care coordinator/social worker to develop and implement longer term care and support plans that help and support the patient /service user through the inpatient episode, and on through the transition to the step down to independent living, or a transfer to another service provider for long term treatment.
- Service Providers will ensure people with Mental Health issues access all screening and Annual Health Check appointments as applicable and identify (and notarise) all barriers that make access to health services difficult, including the availability of staff/family who know the person well, specific phobias e.g. needles, waiting rooms etc. and set out actions that need to be taken to overcome these barriers and record in the person's care/support plan. The Mental Health Framework should be used accordingly where applicable, as well as an integrated working approach to patient care.
- The service provider must use an appropriate and accepted tool (such as Recovery Star or CANSAS Camberwell Assessment of Need Assessment) as a framework (or other appropriate alternative) for recording the progress of a strengths based approach to supporting positive change around Service User led outcomes and priorities. Evaluation, review and patient engagement should be evidenced.

- The service provider must work with all appropriate community and acute service staff to ensure that patients/ service users are supported to remain independent when stepping down to their own homes/ tenancies.

Work with Service Users to achieve the outcomes in their care and support plans and to maximise independence

- Support Service Users to achieve the outcomes identified within their Care and Support Plan.
- Continuously review the achievement of, and progress towards agreed recovery outcomes, enabling service users to move towards the preparation for stepping down into less restrictive accommodation or home.
- Working with families and other services so that they understand the approach to enabling the service user to work towards maximising independence.

Support Patients/ Service Users to engage with treatment and therapy:

- Support patients/ service users to engage with group and individual counselling/ therapy sessions where possible and appropriate.
- Encourage and support patients/ service users to engage in the care planning approach (CPA) process (including meetings) to ensure that they can exercise an appropriate measure of choice and control over the treatment and support they are offered. Ensure family involvement.
- Support patients /service users to develop confidence in their own ability to engage with professional support staff as well as carers and volunteers to communicate and engage positively with others in a way which is appropriate to their personal preference and lifestyles.
- The service is expected to ensure that robust systems are put in place to gather patient, family and stakeholder feedback. A variety of means should be used to gather information including but not limited to social groups, advocacy support groups, discharge questionnaires, discussion with families and consultation with referrers, commissioners and other stakeholders.

Support Service Users to improve their mental health and wellbeing:

The service provider will be required to recognise the specific mental health needs including those associated with dual diagnosis and to develop approaches to respond to these and provide:

- A flexible, person centred, empathetic, and non- judgemental approach which is important for maintaining an appropriate intervention programme
- Trusting supportive relationships with medical, clinical and social work professionals
- A shared understanding of the patients' /service users' needs and rehabilitation potential
- Support that will provide strategies, techniques and the building of motivation to better understand and deal with substance problems and associated difficulties
- Problem solving techniques to manage issues and build coping strategies to manage known risks
- A harm reduction approach to substance misuse in the first instance, including use of evidence based tools to assess/identify alcohol use, such as AUDIT.
- Advice and information about the impact of substance use and support access to specialist services
- Support to enable patients/ service users to maintain their health and personal hygiene
- Enable patients /service users to sustain improvements to their health
- Supports which promotes healthy eating and hydration with patients/ service users
- Support and re-establish routines to access primary care, dentists, opticians, chiropodists and other healthcare services
- Support to understand the need for and to comply with medication regimes including supporting self-administration

- Support to develop and to use self-care programmes for long term health conditions with patients/ service users support to develop and implement a health action plan with patients/ service users (where required).
- Support which enables Service Users to make informed decisions about the management of their recovery and rehabilitation plan, using appropriate information including risks and benefits
- Support to minimise the impact of loneliness, isolation and estrangement.

Support the ongoing improvement for the Service user's Environment

- Ensure Bedroom and bathroom areas are gender-segregated at all times
- Ensure there is an identified area /room that can be used as a multi faith room?
- Ensure that environmental checks/assessments are in place and reviewed appropriately.

3. Scope

3.1 Aims and objectives of service

The aim of the service is to provide hospital based recovery focused treatment and support for citizens of Cheshire with mental health needs appropriate to the services offered. The main objective is to ensure that the individual patient placed within the service can benefit from a period of recovery and rehabilitation to ensure they can be stepped down to the least restrictive environment possible to meet their needs.

The service will also cater to those patients not currently on a recovery/ rehab pathway that require the services of a MH hospital environment.

3.2 Service description/care pathway

Service availability and flexibility

The Provider must be able to meet the needs of the Service Specification 7 days a week, 365 days a year (366 days during leap years), and will not operate on a reduced basis over periods of public holidays or festivities. The services will be required to provide the following:

- Admissions and discharges at least 6 days a week
- Support over a 24hr period
- Liaison with other services when required
- All referrals must be supported by the Individual Commissioning Nurse covering the area from where the individual originates.

NHS funded Therapeutic interventions

Provide therapeutic support on a sessional basis if specified in the assessment of need by the clinical team (this list is not exhaustive):

- occupational therapy using evidence based model
- psychological input using evidence based interventions
- psychiatric assessment and interventions as required
- group therapy using accepted evidence based practice

The Service must be provided in a flexible manner to ensure that wherever possible the patient service user's identified needs and outcomes are met within 2 years. It is understood that not every case will need the full 2 year placement, if the agreed recovery goals are met earlier. Or in exceptional cases the package may be extended longer than 24 months.

The Provider must:

- Be in a position to assess the suitability for the recovery & rehabilitation packages for all those referrals that are initially deemed appropriate and the provider has capacity to accept.

- Work with the Clinical Commissioning Group (CCG), Care Coordinators as well as the original referrer to ensure suitability of patient/ service user for the service available with the provider, as well as ensuring the provider can produce appropriate care and support plan that identifies risk(s) and how to address and ameliorate the identified risk(s), whilst ensuring a recovery based approach.
- Provide a response to a request for recovery and rehabilitation places within 2 working days for all planned POC requests. It is expected that urgent cases would be prioritised by the provider to the best of their ability when required.
- Responses to requests will be evaluated via Mini competitions based around the ability of the provider to meet the individual's identified needs as well as quality of service provision, cost and location of the facility.
- Encourage timely discharge, step down to less restrictive services and/ or reductions in care and support needs where safe to do so and/or where the patients' needs and independence permits.
- Ensure that there is a suitable correlation between patients' / service users' needs and the qualifications, skill sets, knowledge and competency of clinical, therapy and care staff.
- Undertake risk assessments prior to admission and produce an action plan on how best to manage these, (this includes positive risk taking where this would benefit the patient).
- Ensure the service is delivered in accordance with the patients'/ service user's care and support plan and personalised outcomes, as well as ensuring compliance with all appropriate regulation and guidance from DH, CQC and relevant professional bodies.
- Work towards reducing the inputs at the same time as increasing self-care.

The Provider will be flexible and responsive in:

- It's approach to service provision;
- Interaction and support to the family and carers of the patient/service user
- dealing with a patients' / service user's fluctuating needs; and
- supporting the individual outcomes of the patient/ service user

Keeping Service Users informed and in control

The Provider must supply patients/ service users with access to reliable and timely information when admitted and update as required to ensure they are kept informed and involved. The information should include (but not be limited to):

- Statement of purpose of the ward or unit
- The ward/ unit layout & facilities and any restrictions around their use.
- Service provision details
- Any CPA details
- Name of nominated key worker/ Care Coordinator
- A copy of any appropriate legal documents such as MHA rulings
- Safeguarding information
- Complaints procedure
- Information on access to an advocate

The provider will ensure that every patient is engaged in meaningful conversation with staff members at least twice daily.

The Provider must keep patients/ service users informed in advance and involved in decisions about any planned changes to their service, including changes to the patients/ service user's care coordinator, support worker and/or changes to the recovery and rehabilitation care and support plan.

Data Collection & Recording

With the patient /service user's knowledge, the provider must ensure that staffs complete appropriate records ensuring that the collection of data is carried out according to the regulations and principles of the Data Protection Act 1998 and the Caldecott Principles. The records must include (but are not limited to).

- Appropriate treatment, recovery/ rehabilitation plan
- Any medication regime prescribed by qualified professional and the compliance with this.
- Copies of either consent to treatment or appropriate legal framework (MHA 1983) regarding the treatment and potential detention of patient/ service user.
- Appropriate recording of routine daily activities.
- Any appropriate nutrition and hydration details, prescription and consumption.
- Details of any change in the patient/ service user's circumstances, health, physical condition or care and support needs
- Details of the psychological and medical treatments and any progress (or lack of progress) made against the treatment and recovery/ rehabilitation plan.
- Any incidence of restraint being used.
- Any incidence of compulsory treatments, especially rapid tranquilisation agents, along with the rationale for their use.
- Any discharge planning, to include a timely note of who is taking responsibility to carry out each required task to support discharge such as completing Court of Protection applications, arranging section 17 leave, sourcing suitable step down placements/ accommodation etc.
- Any accident or incident, however minor, involving the patient / service user, other patients/ service users and/or staff
- Any other untoward or serious incidents (e.g. emergencies or safeguarding issues).
- The individual service is expected to review all serious incidents (SI) and carry out root cause analysis of serious incidents and near misses so that learning can be disseminated through review. Please refer to the NHS Standard Contract for the definition of a serious incident.

Recovery and Rehabilitation - Care and support planning

When allocating a key worker to a patient/ service user, the provider will endeavor to appropriately match the person with the key worker best qualified to help meet the patient/ service user's needs, and every effort should be made to maintain continuity of staff.

The Provider must manage appropriate changes to the recovery and rehabilitation care and support plan on an ongoing basis to suit the patient/ service user's individual and changing needs.

Recovery and Rehabilitation Care and support must be provided in a way that reflects the patient service users' level of engagement, strengths, abilities and interests and enables them to meet their needs, and prepare to maximise their independence. Recovery and rehabilitation plans should:

- Not be written in the third person
- Include the mental health diagnosis; symptoms; how does the patient/ service user understand their condition; what help do they need to stay well and progress along the recovery pathway.
- Identify what support the patient needs from staff to help manage their mental health
- Any restrictions on the Service User in relation to their mental health, e.g. sectioned under MHA, (in legal restrictions)
- When completing the recovery and rehabilitation plan, all goals should be **SMART**; (**S**pecific – the goal should specify what the service user wants to achieve; **M**easurable – it should be possible to measure if the goal has been achieved or not; **A**chievable – ensure the goal is achievable; Realistic – is the goal realistic and relevant for the person; Timed – when will the goal be achieved or reviewed?)
- When medication is prescribed, specific treatment targets are to be set for the patient, the risks and benefits are reviewed, a timescale for response is set and patient consent is recorded.
- All actions should clearly state a named individual responsible for each specific activity.
- All recovery and rehabilitation plans should be reviewed regularly, dependant on individual need (but at least three monthly) and should clearly indicate the review date.

- Include if the service user has insight, cognitive aspects, stress vulnerability, psychological needs e.g. anxiety, coping strategies, cognition, protective factors, risk issues (in risk management plan and staying safe section, concordance with medication),
- All service users will have a separate crisis and contingency plan which includes relapse signatures, known triggers for mental health deterioration and relapse prevention, management plan and useful contacts.
- Other interventions – e.g. need for 1:1 support, monitoring mood, motivational interventions, any specialist mental health interventions would be recorded in this part of the plan.
- Identify the recovery and rehabilitation milestones
- The expected outcome, it will be clear that the recovery and rehabilitation plan is working with progress measured against milestones with the abilities and feelings of the service user will be reflected
- The plan will also identify if the recovery and rehabilitation plan is not working with the patient/ service users' behaviours and feelings being identified and suitably recorded

The patient/ service user will be informed of the purpose of the recovery and rehabilitation care and support plan, and the provider will involve the patient/ service user and/or family/carer/ next of kin where appropriate in the review of their care plan, taking into account any cultural needs and reasonable adjustment requirements.

The provider will have in place a mechanism that assists the patient/ service user and the nominated care coordinator to view and monitor progress against the outcomes, as set out in their recovery and rehabilitation care and support plan.

The provider will monitor, with the patient/ service user, that their individual outcomes are being achieved. Records should be maintained to evidence progress and provision over time.

The provider will notify the appropriate commissioning body and / or the nominated care co-ordinator when the patient/ service user has achieved or optimised their recovery and rehabilitation potential. Equally if a patient/ service user will not cooperate or can no longer follow their recovery and rehabilitation plan, the Provider is required to notify the commissioner and/ or the appropriate care co-ordinator in order to initiate an appropriate review of the person's needs and how best to address the issues and agree a way forward in line with the stated aims and outcomes for the patient/ service user.

The provider will facilitate the timely move on from hospital based recovery and rehabilitation services to their own home or other less restrictive environment for people who have progressed and optimised their recovery and rehabilitation.

Support service users to stay safe and take a positive approach to risk, rights and responsibilities:

- Ensure any risks to the patient / service user or others (e.g. self-harm, harm from others, intimidation) are appropriately and effectively identified and managed through the regular review and updating of risk assessments.
- Enable patients/ service users to exercise their franchise (voting rights) wherever possible.
- Ensure that the patient/ service user is supported where possible to understand that positive risks can be advantageous to the overall recovery and rehabilitation process if identified and managed well.

Schedule of Charges:

The provider will provide the commissioner with a breakdown of charges for the provision of services commensurate with the care plan. The costs should be broken down into:

- Accommodation and hotel costs (to include bed, food, laundry etc.)
- Sessional costs for psychiatry, psychology and other therapy interventions
- Other costs associated with the care plan

Business Transition

The Provider must have and maintain an implementation and mobilisation plan for the first year of the framework contract as a minimum during the transition phase. This will cover any expansion in the number of recovery/ rehabilitation packages undertaken and the key activities required to achieve the volume in a planned way. It will include details such as:

- Recruitment of new staff
- A more robust approach to delivering time limited recovery packages, allowing an increased flow through the system.
- Any management restructure required

The Provider must cooperate with the commissioning body and /or its partners & agents to work with incumbent service providers and take a lead and proactive role to service transfer, including but not limited to:

- Ensuring service continuity for current patients/ service users and the new arrangements are established in a safe, timely and sensitive manner
- Managing any workforce transfers as required under TUPE legislation and ensuring the approaches to recruitment, retention and training are robust during the transition
- Working with the Commissioning body /named partners and service providers to develop and implement a clear and effective communication strategy
- Ensuring information, finance, premises, management and other systems are in place and scaled up to deal with the new or increased levels of activity
- Appointing a designated lead contract manager to provide a readily available contact point for the Commissioning body/named partners throughout this phase.

Referrals and commencement of service

The Provider will accept referrals from the CSU IPA team, & other community based MH teams if appropriate, and must keep a record of any referrals received outside of this process e.g. direct from staff in an acute ward, care coordinators and social work staff.

Transition pathway

The Provider will comply with the requirements of the Children and Families Act 2014. Part 3 of the Children and Families Act places a duty on the CCG Associates to this framework to develop for children and young people with more complex needs, a coordinated assessment of needs and a new 0 - 25 Education, Health and Care plan (EHC plan).

The Provider must ensure that all services provided meet these requirements where appropriate and comply with the following main principles**:**

- High expectations and aspirations for what children and young people with SEN and disabilities can achieve, including paid employment, living independently with choice and control over their lives and support and participating in society
- Education, health and social care partners collaborate so that a coordinated and tailored support can be provided to children, young people and families.
- Clarity of roles and responsibilities to ensure that collaboration goes hand in hand with accountability to fulfil duties.

Risk assessment and management

The Provider must have a Risk Management Policy, and must operate systems to ensure it can complete an assessment of risk and provide a risk management plan where necessary on all aspects of tasks carried out by its workers. A copy of the policy must be available to the Commissioning body on request.

The Provider will maintain clear policies, procedures and guidance for all workers on safety precautions that must be taken relating to risk, including lone working, and will ensure that Workers are familiar with the guidelines and their application in the work situation. The policy

must be comprehensive and include care tasks, moving and handling, use of equipment and environmental hazards. The Provider will ensure clear monitoring procedures to ensure its workers work to these standards.

Responsible risk taking is a normal part of living. Patients and service users must not be discouraged from participating in activities solely on the grounds that there is an element of personal risk. Individuals must be encouraged to identify, discuss and judge risk for themselves and make their own decisions where the safety of others is not unreasonably threatened and where the individual has the mental capacity to do so. A risk assessment must be undertaken in all circumstances where a risk has been identified, and maintained on the patient/service user's file for staff reference, and for inspection by the commissioning body if required. Risk assessments must be reviewed as changes arise, and in line with good practice guidance. All staff working with individual and groups of patients must have access to the risk assessment and have read and understood its content prior to undertaking any work. All staff should ensure that care plans are in place to support positive risk management.

Health/medical care

The Provider is required to ensure that workers have access to the contact details of the GP with whom the patient/ service user is registered. The appropriate medical staff (GP, in house physician etc.) must be contacted without delay whenever a patient /service user requests or is judged by staff to need medical attention, or appears unwell and unable to make such a request.

The Provider must ensure that workers who are required to assist patients / service users to take prescribed medication are suitably qualified and or receive appropriate instruction and written guidance in accordance with its policies and procedures and are supported by appropriate training and assessment of staff competency.

The Provider must ensure that whenever a patient/ service user is found by workers to be in need of emergency medical care, that the accident and emergency services are contacted immediately, and the patients'/ service user's next of kin (or nominated person) are informed as soon as possible.

Preventing emergency admissions

Providers must contribute to prevention strategies which are aimed at:

- Reducing numbers of unplanned admissions to acute hospitals and secure services
- Developing integrated care pathways
- Identifying and meeting the needs of vulnerable patients/service users at the earliest possible stage
- Reporting any observed poor and/or unsafe care.

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

The Provider will be required to assist when physical and/or mental healthcare and support is coordinated by a health professional. As such, the Provider will liaise with the social services, community mental health and therapy teams, voluntary agencies, acute trusts and other professionals and agencies to ensure seamless nursing and personal care provision to patients/ service users.

The Provider will maintain the recovery and rehabilitation care & support plan, including recovery and rehabilitation strategies/techniques under the instruction of an appropriately qualified professional.

Health and Safety

To ensure staff are informed and deal confidently with accidents, injuries and emergencies, the

Provider is required to ensure that:

- A comprehensive health and safety policy with clear written procedures for the management of health and safety, defining individual and organisational responsibilities is in place and that it complies with all current Health and Safety legislation
- There is a detailed policy covering the risks and support for all workers
- Infection control procedures are in place when a member of staff or patient/ service user has a known transmittable disease or infection
- The provision and wearing of protective clothing where appropriate
- Procedures for managing violence and aggression to staff and or other patients/ service users are in place
- One or more competent persons, depending on the Service provided, are nominated to assist in complying with health and safety duties and responsibilities, including:
  - Identifying hazards and assessing risks
  - Preparing health and safety policy statements
  - Introducing risk control measures
  - Providing adequate training and refresher training
  - Ensuring all records relating to health and safety are accurate and kept up to date
- Any accidents or injuries to a patient/ service user that require acute hospital treatment or GP attendance are reported to the provider Service Manager and noted on the patient/ service user's records
- All staff know the providers procedures for dealing with emergencies
- All staff have first aid training and manual handling training where appropriate
- They promote an understanding of the risk of fire and other hazards among their staff and the patients/ service users. This will particularly apply to those whose behaviour or environment may pose particular fire risks e.g. smoking or open fires. This will include taking account of advice and agreements reached with Cheshire and Wirral Fire and Rescue Service (or other appropriate local Fire and Rescue Service) to ensure risk assessments are completed and advice is followed.

3.2 Population covered

The Service will be provided to the following:

- any service user with a diagnosis of enduring or severe mental illness which may include; schizophrenia and schizoaffective disorder, bipolar disorder, depression or other mood disorders. Please note that this list is not exhaustive and service users should be considered in terms of need rather than their diagnoses
- any service users whose clinical needs in connection with the mental health diagnosis are complex and who may experience continuing difficulties and disability in relation to personal functioning, mental health symptoms and relating to others
- any service user who presents with significant risk to self and/or others and will be detained under the Mental Health Act 1983
- due to the clinical risks, the service user would be deemed to be unsuitable for a package of care in the community
- recovery for the service user has been slow and problematic and often requiring repeated admissions to mental health services
- Patients registered with a GP belonging to Cheshire CCG.

The Service is available for people aged 18 or over. Patients service users on a transition pathway from Children and Adolescents Mental Health Services will be accommodated if required, once they have reached 18 years.

The service will be capable of accommodating and appropriately meeting the needs and requirements of patients/ service users detained under the Mental Health Act 1983, although the service must also be suitable for patients/ services with appropriate needs that have not been detained under the Act and enter the placement voluntarily (informally).

The Service will be commissioned by the Clinical Commissioning Group of Cheshire (or agreed partners to the contracts) or any organisation acting as agents on their behalf under the CCGs' power to delegate its functions and authority.

The Service shall be available to all eligible & appropriate Patients/ Service Users irrespective of gender, religion or belief, marital or civil partnership status, ethnicity or race, culture, sexuality, disability, age, class or socio-economic status.

The Service shall be delivered within Cheshire boundaries. However, there may be occasions when it is required to provide services outside of these boundaries due to lack of appropriate capacity for placements within Cheshire.

The scope of the service may be expanded or reduced in future during the lifetime of the contract to reflect, changing national or local policies and priorities may also necessitate changes to the specification. Any proposed changes will be discussed with the Provider including the ways they may be implemented.

Any acceptance and exclusion criteria and thresholds

3.3 Interdependence with other services/providers

Partnership working

Partnership working is at the heart of successful delivery of the service. This applies to the relationship between the Commissioners and the Provider, but also with other significant agencies supporting patients/ service users. The provider must work in partnership with other services (including, but not limited to those listed below) to provide a seamless service to patients/ service users and their carers/ families. These partnerships need to be driven by active and meaningful collaboration:

- Care Quality Commission (CQC)
- General Practitioner (GP) Practices
- Community Mental Health Teams / Services
- NHS Trusts
- Clinical Commissioning Groups (CCGs)
- Voluntary, community and faith sector organisations
- Providers of appropriate step down and supported accommodation
- District councils
- Local Authorities

The Provider must make appropriate use of local networks for information, advice and advocacy to ensure that a patient/ service user's needs are met holistically and resources are used effectively, especially whilst in the discharge/ follow on service planning phase.

4. Applicable Service Standards

4.1 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

Regulatory and legal

The Provider must be registered with the Care Quality Commission and will maintain registration appropriate to the residential and clinical services being offered throughout the duration of this contract. Therefore, the regulations required for registration (and their associated standards), and the monitoring of the achievement of those regulations and standards are not duplicated in this Service Specification. The Provider must comply with all relevant legislation that relates to the operation of their business.

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

- Mental Health Act 1983
- Royal College of Psychiatrists Standards for Inpatient Mental Health Services 2015
- DH, (2009) New Horizons: towards a shared vision for mental health.
- DH, (2009) Living Well with Dementia.
- DH, (1999) National Service Framework (NSF) for Mental Health: Modern Standards and Service Models.
- HM Gov & DH (2011), No Health without Mental Health.
- The Care Quality Commission, registration & inspection regimes.
- The standards and service specification and this contract
- Mental Capacity Act 2005 (Deprivation of Liberty Safeguards)
- Equality Act 2010
- Human Rights Act 1998
- The Autism Act 2009
- NICE-Care Pathways; Clinical Guidelines CG 123, CG38, CG 136, CG178. Quality Standards, QS50 and Technical Appraisals TA97 for mental health.
- Service Users' individual assessed needs and outcomes and any subsequent assessment, care and support plan or review documentation
- Any future legislative changes or changes to National Minimum Standards that determine the standard of care to be delivered.
- NICE- Medicines Optimisation

4.2 Applicable local standards

Key principles

This set of principles must apply to all of the providers' dealings with patients, service users and their Carers:

- Treat people as individuals and promote each person's dignity, privacy and independence
- Recovery and rehabilitation support will be time limited – typically up to 2 years
- Acknowledge and respect people's gender, sexual orientation, age, ability, race, religion, culture, marital or civil partnership status and lifestyle
- Recognise people's individuality and personal preferences
- Provide support for carers, whether relatives or friends, and recognise the rights of other family members
- Consistency in providing a high quality service which is person-centered, flexible, reliable and responsive.
- Comply with the requirements of the Mental Capacity Act 2005 and corresponding case law.
- Communicate effectively and work in collaboration with other internal and external professionals/agencies appropriate to patient's care.
- Comply with Commissioner's request to undertake reviews or requests for evidence of specific documentation, and effectively communicate any issues of concern pertaining to individual patient and or environment.

The code of practice and associated guiding principles aligned with this legislation is to provide the least restrictive care regime and the views of the Service User are taken into account ensuring access to advocacy service for those who may require this which includes:

- A presumption of capacity
- Individuals being supported to make their own decisions
- Unwise decisions do not mean a lack of capacity
- All Best Interest decisions are taken in good faith
- Least restrictive option. Services must adhere to any conditions of discharge imposed by a Mental Health Review Tribunal and seek authority from the Secretary of State if a condition of discharge is to be varied.

- Provide a suitable and safe environment that meets the needs of the patient/ service user;
- Ensure that the nutritional and hydration needs and preferences of the patient/ service user are met;
- Support the patient/ service user towards a life lived as healthily and independently as possible irrespective of their condition;
- Meet all identified needs within the patient/ service user's individualised Recovery and Rehabilitation Care & Support Plan;
- Deliver evidence and outcome based care;
- Enable the patient /service user to exercise personal choice and control over their life;
- Enhance the quality of life of the patient/ service user;
- Assist and enable the patient/ service user to access other services as required; both as part of the inpatient care episode, and as part of planning for the future care and support of the individual whether community or inpatient based.
- Provide the service within an appropriately registered independent mental health hospital setting, able to meet the assessed clinical, social, personal, nursing and healthcare needs of an individual, such needs being detailed within an agreed care plan for each Individual patient/ service user placement;
- To support patients/ service users, many of whom will demonstrate high levels of need following multiple acute admissions, poor engagement with services, limited responses to treatment and increased vulnerability or risk due to MH symptoms or neglect.
- To support the CPA process where required. Ensuring that worthwhile CPA meetings are held at least 6 monthly, led by nominated care coordinators. If the care coordinators do not instigate regular and timely CPA reviews, the provider should notify the commission body and / CSU IPA team.
- To adopt a recovery approach including individualised care and support planning to enhance coping strategies and build on strengths and potential, with promotion of choice and focus on working towards independence for all patients/ service users.
- To offer quality assured nursing and clinical care and wellbeing support, meeting a wide range of needs whilst working towards stepping down into community placement and a move on to less support as independence increases.

Appendix One

BI Schedule

This is a brief indication of MI required – this is expected to change in line with partnership working.

ORIGINAL ADMISSION DATA	Patient Pseudo ID
	Admission date
	Admitted under legislation e.g. MHA
	State legislation
	Admission assessment date
	Original MH cluster assessment date
	MH cluster originally assigned to patient
	Care plan agreed with pat/care date
CURRENT MONTH DATA	During month patient required restraint
	During month patient required seclusion
	During month patient required tranquilisation
	Date recovery/rehab/treatment goals set/reviewed with patient/carer
	Brief Comment Re goals
	No. of 1to1 meetings with key worker within month
	Progress to goals made this month Y/N
	Brief Comment Progress
	Patient on medication(s) for MH need(s) Y/N
	Date last medication review
	Care Plan Reviewed Y/N
	Care Plan Reviewed Date
	Psychological interventions offered this month Y/N
	State psychological intervention offered
	Reason if no offer or no uptake
	Current mental health cluster
	Date of any MH clustering reviewed this month
	patient discharged home this month Y/N
	Discharge date
	patient stepped down this month Y/N
	Step down date
	Stepped down details (specify any facility stepped down to)

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	001
Service	**The Provision of Social, Personal & Nursing Care for Adults within a Specialist Hospital Setting (Complex Care) – Mental Health and / or Learning Disabilities**
Commissioner Lead	**NHS Cheshire & Merseyside Integrated Care Board – Liverpool Place (Previously NHS Liverpool CCG)**
Provider Lead	**As stated in Particulars**
Period	**1 April 2022 – 31st March 2023**
Date of Review	**n/a**

1. Population Needs

National/local context and evidence base

1.1 The Services have been specified following collaborative review and development by health and social care commissioners across the North West, following recognition that there are shared public sector expectations both for the Services and from the Services.

1.2 The Services will comply with all relevant legislation, national policy and national guidance including those detailed within the following non-exhaustive list as may exist or come into effect from time to time:

- The Health and Social Care Act 2008 (Regulated Activities) Regulations (2014)
- Fundamental Standards as set out in Section 2 of The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2014 CQC Guidance for Providers of meeting the Regulations (Fundamental Standards)
- Stopping Over-Medication of People with Learning Disabilities (STOMP) (2016)
- Building the Right Support (2015)
- Actions for End of Life Care 2014 – 2016. NHS England (2014)
- Essential Standards for Quality and Safety 2010
- Dignity in Care (2010)
- Equality Act (Oct 2010)
- Essence of Care (2010)
- Reducing Health Care Associated Infections (HCAI): Code of practice for the Prevention and Control of Health Care Associated Infections (DH 2010)
- The Care Act 2014
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2010
- Care Quality Commission (Registration) Regulations 2009
- National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care – July 2012 (revised) or subsequent revisions as published.
- The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012.
- The Autism Act (2009)
- The NHS Constitution – The NHS belongs to us all (2009)
- End of Life Care Strategy (2008)
- High Quality Care for All (2008)
- Building on Firm Foundations: Improving end of life in care homes (Jun 2007)
- Mental Health Act (1983/2007)
- The National Cancer Reform Strategy (Dec 2007)

- Winning Ways (2007)
- Care Closer to Home (2006)
- Our health, our care, our community: investing in the future of community hospitals and services (2006)
- Our Health, Our Care, Our Say (2006)
- Mental Capacity Act (2005)
- Gold Standard Framework (2005)
- Gender Recognition Act (2004)
- Building on the Best, Choice, Responsiveness and Equity in the NHS DH (2003)
- Expert Patient Programme (2001)
- Cancer Plan (2000)
- Human Rights Act (1984)
- Annual NHS Operating Framework
- Nursing and Midwifery Council guidance
- DH guidance and any applicable Local scheme for equipment provision
- NICE Clinical Guidance relevant to area of work
- NICE Quality Standards relevant to the area of work

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	✓
Domain 2	**Enhancing quality of life for people with long-term conditions**	✓
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	✓
Domain 4	**Ensuring people have a positive experience of care**	✓
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	✓

2.2 Local defined outcomes

2.2.1 The Service User is in receipt of person-centred care, in order to maximise their abilities including cognitive, behavioural, psychological, emotional, mobility and communicative.

2.2.2 The Service User's health status and safety is optimised in regard to: skin integrity, preventing pressure ulcers, concordance with medication, continence, infection prevention, nutrition and breathing.

2.2.3 The provider must be open and transparent with service users about their care and treatment in line with the Duty of Candour regulation.

2.2.4 The Service User and/or representative feels involved in all aspects of their care planning.

2.2.5 The Service User's consent must be obtained prior to treatment and they feel empowered to make decisions and choices about all aspects of their life, condition, care and services accessed. Should the Service User be assessed as lacking capacity to consent, decisions made around their care and treatment should be made in line with the Mental Capacity Act (2005).

2.2.6 The Service User feels that they are at all times treated with dignity and respect.

2.2.7 The Service User feels satisfied with the services provided and believes that their quality of life is enhanced as a result.

3. Scope

3.1 Aims and objectives of service

3.1.1 Aims of the service:

- Provide the Services within a specialist hospital setting, able to meet the assessed social, personal, nursing and healthcare needs of an individual, such needs being detailed within an agreed Care Plan for each Individual Service User Placement and met by a full multidisciplinary team (MDT approach).
- Enable the Commissioner to comply with its statutory obligations

3.1.2 Objectives of the service:

- Provide a suitable and safe environment that meets the needs of the Service User
- Ensure that the nutritional and hydration needs and preferences of the Service User are met
- Support the Service User to live as healthily and independently as possible irrespective of their condition
- Meet all identified needs within the Service User's individualised Care Plan
- Deliver evidence-based care
- Enable the Service User to exercise personal choice and control over their life
- Enhance the quality of life of the Service User
- Promote equality and diversity at all times
- Assist and enable the Service User to access other services as required
- Ensure the Service User is able to access an annual health check through their local GP practice.

3.2 Service description/care pathway

3.2.1 The Service will provide a living environment which is felt by the Service User to be comfortable, secure and to be a place where they feel able to live with dignity and respect.

3.2.2 The Service will meet the needs of the Service User in regard to their assessed:

- Social and personal needs
- Well being
- Nursing and other healthcare needs where appropriate
- Safety requirements

3.2.3 The Provider will deliver the Service in a person-centred, needs-led manner, using a holistic approach delivered by an MDT, including having regard to mental and physical health, social, personal, nutritional and cultural needs.

3.2.4 Central to the delivery of the Service will be the Service User's Care Plan.

3.2.5 The Service will be provided in a way that will seek to enhance the quality of life of the Service User.

3.2.6 The Provider will deliver the Service in a transparent, consistent, equitable, reasonable and timely manner which is at all times focused around individual care needs and comply with the standards detailed within this Agreement including those listed within ***Annex 1 (Standards) of this Schedule 2A (Service Specifications).***

3.2.7 The Service will be delivered from Premises which are:

- Registered with the Regulator; and being
- Fit for purpose
- Clean
- Secure
- Properly used and maintained
- Agreed by the Commissioner to be used to deliver the Service, such Premises being listed within ***Section 6 (Location of Provider Premises) of this Schedule 2A (Service Specifications)***

3.2.8 The Provider will only deliver the Services for the care categories for which it is:

- Registered with the Regulator to deliver; and
- Agreed that it may deliver by the Commissioner, these being listed within ***Section 6 (Location of Provider Premises) of this Schedule 2A (Service Specifications)*** or agreed via a subsequent Contract Variation.

3.2.9 The Services provided will be inclusive of the following elements:

Residential accommodation: Fully furnished individual bedroom with access to shared dayrooms, gardens and grounds facilities. Note: Shared accommodation is permissible where this is the preference of the Service User and with the agreement of the Commissioner.

Meals: Provision of all food and beverages (including all consumables to support the use of prescribed Enteral Feeds – where indicated as being in accordance with the Commissioner's local protocol).

Utilities: Provision of all necessary lighting, water, heating, television licensing (for communal televisions) and personal laundry.

Care: To meet all necessary social, personal, nursing and healthcare care as assessed for the Service User and detailed within an individual Care Plan.

Medical Devices / Equipment: Range of equipment required to support the delivery of care for the Care Categories for which the Provider is registered.

Continence: Provision of disposable continence products where indicated as being in accordance with the Commissioner's local protocol on continence management.

3.2.10 The Services will also include from time to time as may become necessary to meet the needs of the Service User:

Enhanced observation / support service – involving an increased staffing to Service User ratio as required. Associated additional costs to be agreed between the Provider and Commissioner as per 3.2.23 below and in accordance with the prices agreed within ***Schedule 3A (Local Prices) of this NHS Standard Contract.***

3.2.11 The Services shall not include:

Alternative medicine therapies: Except where they are evidence based and recognised as clinically effective and approved as such by the Commissioner

Personal goods / services: Provision or procurement of goods or services for the Service User considered to be private or personal in nature and not considered to be an essential element of need being commissioned by the Commissioner including but not limited to:

- Escorts to accompany Service User when needing to go off site
- Private holidays / private outings, including associated expenses such as escorts
- Sundry items and toiletries
- Clothing
- Hairdressing
- Dry cleaning
- Private contracts for healthcare provision including for example, standard foot care or therapy services
- Enhanced living accommodation / facilities
- Television licensing for additional televisions provided by the Service User for personal use.

Service Model Principles

3.2.12 The Service will be delivered in accordance with the following principles:

Respect for capacity: The Service User is to be treated as able to make his/her own decisions. A Service User's capacity to make a decision will be established at the time that a decision needs to be made in line with the definition of capacity set out in the Mental Capacity Act 2005.

Equality of opportunity: The Service will be organised and provided in a way which does not discriminate against the Service User and Staff in respect of race, gender, disability, sexuality, culture, language, religion or age

Individuality: The Service User will be recognised and respected as an individual person

Rights: The maintenance of all entitlements associated with UK citizenship (subject to any authorised "Deprivation of Liberty Safeguards 2009 and Mental Health Act 1983")

Choice & Control: The opportunity to select independently from a range of personalised options

Independence: The opportunity to act and think without reference to another person, including willingness to incur an acceptable degree of risk

Fulfilment: The realisation of reasonable personal aspirations and abilities in all aspects of daily life

Privacy: The right of the Service User to be left alone undisturbed and free from intrusion of public attention into their affairs providing that this does not conflict with any identified Mental Health need

Dignity: Recognition of the intrinsic value of the Service User, regardless of circumstances, by recognising their uniqueness and their personal needs and treating them with respect, in line with Department of Health guidance including "Dignity in Care" and "End of Life", (also relevant: Gold Standards Framework)

Confidentiality: The sharing of any and all kinds of information concerning a Service User will always be consistent with the principles of consent and data protection as well as choice and privacy

Protection: The Service User shall be protected from risk of harm that arises from abuse or neglect

Service User engagement: The Provider actively engages with the Service User so that they are consistently contributing, where possible and where considered important by the Service User, to the structuring and delivery of their care

Person centred care: The Service User's goals, targets and objectives should remain the focus of care at all times; and

Cultural awareness: The Provider to ensure that the religious, cultural and spiritual needs and wishes of the Service User are identified, respected and wherever possible met.

Openness and transparency: The Provider must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users.

3.2.13 The Service may involve a care package for long term care or short term interventions and will be tailored to meet individual need.

Care Planning Approach

3.2.14 The Provider shall be responsible for the delivery of the whole of the Service as detailed within this Agreement, which shall be individual to the Service User in accordance with an agreed Care Plan ensuring that the:

- Service User or representative's perception of their support needs and their preferred models of care will be at the centre of the care planning process
- Service User or representative is fully supported and encouraged to participate in an informed decision making process and to be involved in their personal care planning. Where the Service User lacks capacity to consent to care or treatment any decision made or act carried out must be made in their best interests.
- Information provided by other Health and Social Care professionals is considered and reflected as appropriate
- The Service User has a clear formulation (a summary of the origin/nature of the individual's needs, risks) which provides a summary of the origin/nature of their needs and a clear diagnosis.
- Care Plan is developed following an assessment of the Service User's needs following commencement of the Services and is regularly monitored and reviewed.
- Care Plan is clearly linked to the formulation/diagnosis/es and demonstrates the expected outcomes of treatment and timescales. Care Plans are written in a person-centred way and there is evidence that the Service User has been involved in the development of them.

Re-assessments

3.2.15 In the event of a significant change in the Service User's needs or if the requirements of the existing Care Plan change significantly, the Provider shall notify the Commissioner as soon as is reasonably practicable and take any immediate necessary action in order to ensure the safety of the Service User.

3.2.16 Notwithstanding the above, the Service User or their representative or the Commissioner or the Provider may request a re-assessment of the Service User's needs at any time with such reassessment being held within 5 (five) operational days of the request being made or in the case of End of Life, this shall be within 24 (twenty-four) hours.

Continued Eligibility of the Service User (re-assessments)

3.2.17 The responsibilities of the Commissioner to commission and fund the Services for the Service User remain dependent upon the continuing eligibility of the Service User to receive the Services in accordance with statutory eligibility criteria.

3.2.18 Continued eligibility of the Service User to access the Services under this Agreement is subject to regular review and assessment by the Commissioner and the clients care co-ordinator (if appropriate), typically including a review 3 (three) months following referral into the Services and at least annually thereafter.

3.2.19 The Provider shall cooperate with and assist the Commissioner to identify any change in the needs of the Service User which may indicate a change in eligibility to access the Services under this Agreement and notify the Commissioner accordingly.

Sub-Contractors

3.2.20 The Provider shall provide the Services from the Premises agreed within the Individual Service User Placement and shall not subcontract any of the Services without the prior and express consent of the Commissioner. Details of Material Sub-Contractors agreed with the Commissioner are documented within ***Schedule 5B (Material Sub-Contractors) of this NHS Standard Contract***. For the avoidance of doubt, the Provider may use staffing agencies to obtain Staff.

Enhanced Intervention

3.2.21 Where an increased need of the Service User is identified requiring an enhanced intervention, the Provider shall explore appropriate options including alternatives to enhanced observation including:

- Assistive equipment
- Use of telecare
- Increased training of Staff
- Appropriate referral to NHS professionals
- Enhanced carer / nursing skills; and
- A review of the appropriate deployment of current carer / nursing skills to support the Service User's needs.

3.2.22 In the case of the Provider recommending to the Commissioner on the need for enhanced observation, the Provider shall be able to demonstrate that alternatives have been explored and are not considered to be appropriate to support the Service User.

Enhanced Observation

3.2.23 Where a Service User's need for enhanced intervention results in a need for enhanced observation and assumes an increased use of Staff resources over and above that reasonably expected within the Individual Service User Placement, the Provider shall seek timely support from the Commissioner:

- Enhanced Observation Plan is required which will be reviewed and evaluated in accordance with the Care Plan
- The Provider shall contact the Commissioner by phone and also provide written details of the rationale for enhanced observation within 24 (twenty-four) hours of the increased observation being put into place including the associated resource implications which shall be in accordance with the Prices agreed within ***Schedule 3A (Local Prices) of this NHS Standard Contract****;*
- The Commissioner shall respond to the Provider within 1 (one) working day to confirm:
    - Acceptance for the need for and resourcing of enhanced observation; or
    - Rationale, including where relevant the clinical basis, why the enhanced observation is not considered to be appropriate and is not supported
    - Providing written confirmation of the above within 2 (two) working days.
- Where the Commissioner does not support the need for enhanced observation and the Provider continues to maintain a reasonable opinion that the Service User's needs cannot be safely and lawfully met without such enhanced observation, the Provider shall refer the matter to dispute

resolution in accordance within ***General Condition 14 (Dispute Resolution) of this NHS Standard Contract.***

- Where a Service User has required and received enhanced observation for 7 (seven) consecutive days, the Commissioner shall request that a comprehensive review of the Service User's needs be undertaken and that a written report with supporting evidence be provided to the Commissioner within 7 (seven) days of the request with copies being provided to the Service User or representative as appropriate.
- Where a Service User no longer requires enhanced intervention, the Provider shall notify the Commissioner immediately and any agreed additional funding shall cease.

Challenging Behaviour

3.2.24 Persistent behaviour of a disruptive nature will require a consistent response by the Provider and the Provider shall:

- develop and maintain plans for known challenging behaviour within the Service User's Care Plan, ensuring that such plans are regularly reviewed to ensure that they are appropriate and effective for the changing needs of the Service User
- ensure that a policy of positive engagement and support is followed in regard to Service Users with challenging behaviour, such policy taking account of all relevant legislation, guidance and good practice including the Human Rights Act 1998, the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards
- ensure that no form of restraint, verbal abuse or isolation be used as a means of punishment for a Service User exhibiting challenging behaviour
- make all reasonable effort to mitigate against discontinuation of the Services to a Service User exhibiting persistent challenging behaviour, working with the Commissioner to resolve issues as and when they arise.
- Ensure staff are given support and training in relation to managing challenging behaviour

3.2.25 Where a Service User's behaviour presents a real and continued risk associated with the safeguarding of the Service User and/or other Service Users, the Provider may need to access emergency support including such support available under Mental Health legislation.

Outcome Focused Care

3.2.26 The Provider shall ensure an outcome-based focus on the delivery of the Services to the Service Provider and:

- Support and undertake the non-exhaustive list of indicative activities detailed at ***Annex 2 (Care Outcomes & Indicative Activities) of this Schedule 2A (Service Specifications),*** as appropriate to the needs of the Service User
- Seeks to develop additional activities beyond those referred to above in continuing to improve the standard of Services delivered.

Individual Service User Placement Agreement

3.2.27 This Agreement will not come into effect for any individual without the prior and express agreement of the Commissioner, such agreement being formalised through an Individual Service User Placement summary agreed by both parties.

3.2.28 An Individual Service User Placement Agreement shall be agreed between the Commissioner and the Provider and documented by the Commissioner in regard to the Services being commissioned for each Service User using a standard template which shall form part of this Agreement and shall be the authorised document initiating referral into the Services. This will be recorded in Schedule 2G (Other Local Agreements, Policies and Procedures) of the NHS Standard Contract.

Referral Sources

3.2.29 The Service User may already have residency within the Premises of the Provider, or a Service User may need to transfer to the Provider's Premises to access the Service from a range of settings: acute hospital, a private residence, or another service provider.

3.2.30 In all cases, the Referral Criteria described above and the processes detailed within this Agreement will apply.

Referral into the Services

3.2.31 The Provider will only consider accepting Service Users having needs which can be met by the Services for which the Provider is registered with the Regulator to deliver.

3.2.32 Referral into the Services shall be made in accordance with the following process:

- The Commissioner shall request the Provider to undertake an assessment of an individual, providing all necessary and relevant information as to enable the Provider to do so;
- The Provider shall respond as a matter of urgency to assess the individual to understand their aspirations and establish the level of risk and care needs and establish the skill mix of staff and resources required to meet the care needs of the individual.
- The Provider creates a provisional Care Plan for the individual and forwards this along with a statement confirming ability to meet the needs of the individual to the Commissioner in accordance with the following response times:
    - For individuals within the "End of Life" Care Category: Within 24 (twenty-four) hours;
    - For all other individuals: Within 72 (seventy-two) hours.
- For individuals within the "End of Life" Care Category, the Provider shall take all reasonable steps to make arrangements to commence delivery of the Service within 12 (twelve) hours of the decision to deliver the Service.
- The Commissioner reviews the preliminary Care Plan for the individual and agrees with the Provider the appropriate level of resources required to deliver the Services and the associated value of the Services which shall be in accordance with the Prices relevant to this Agreement.
- The Commissioner agrees an Individual Service User Placement Agreement in accordance with the details specified within ***Section 7 (Individual Service User Placement)*** **of this** ***Schedule 2A (Service Specifications).***
- Following agreement and completion of the Individual Service User Placement Agreement and where the Service User is not already resident within the Provider's Premises, the Provider makes all necessary arrangements to transfer the Service User to the Premises. The Provider shall not be responsible for funding such transportation.
- The Provider ensures that a named nurse / key worker is assigned to the Service User, confirming this along with relevant contact details to the Commissioner.
- The Provider keeps the Commissioner advised of any changes to transfer arrangements and provides same day written confirmation that the Services have commenced.
- The Provider forwards immediate written notification to the Service User's GP with details of the new care arrangements of the Services User.

Equity of Access to Services

3.2.33 The Provider shall ensure that the Service is at all times delivered in a safe non-discriminatory and non-judgmental manner and that equality and diversity is promoted.

3.2.34 The Provider shall respond positively to accommodate any request by the Service User to bring personal items including furniture onto the Provider's premises where considered safe, appropriate and reasonable. The Service User shall bear the costs associated with any removal costs.

3.2.35 The Provider shall arrange a regular forum at least every 3 (three) months between the Provider and Service Users and their representatives to review the Services and obtain feedback which the Provider shall use to inform consideration of potential improvements to the way in which the Service is delivered. At the forum, the Provider shall discuss with Service Users any relevant information considered of potential interest which may include new policies, forthcoming events, refurbishment plans, etc. The Provider shall maintain a record of such forums and make these available to the Commissioner.

3.2.35 The Provider will contribute to regular care and treatment reviews (CTR) for the Service User. CTRs will be arranged and chaired by the Commissioner on a six monthly basis, or more frequently should there be a requirement for this.

3.2.36 The Provider shall undertake a Satisfaction Survey amongst Service Users at least every 12 (twelve) months in regard to the provision of the Service. The Survey shall include a section where the Service User or their representative can provide suggestions for improvement to the Service. A digest of the Survey results shall be made available to the Commissioner including details of actions that the Provider

plans to take in light of the Survey results and when such actions will be taken. The Survey shall be in accordance with the requirements of ***Schedule 6E (Surveys) of this NHS Standard Contract.***

3.2.37 The Provider shall ensure that family relations and friends of the Service User are made to feel welcome when making contact with the Service User and that visiting times remain flexible to maximise accessibility to the Service User. Subject to the preferences and consent of the Service User, the Provider shall promote social interaction such as the offer of the inclusion of visitors during mealtimes as considered reasonable.

3.2.38 The Provider shall ensure that the Service User's representative is involved and consulted appropriately in the planning of the care of the Service User in keeping with the consent and preferences of the Service User.

Service User/ Carer Information

3.2.39 The Provider shall ensure that information intended for the Service User is delivered in a variety of formats appropriate to the needs, ability and capacity of the Service User.

3.2.40 The Provider shall ensure that appropriate support is provided to the Service User and access to relevant services are provided where there is a need to address any communication difficulties:

- Access to appropriately accredited translation or interpretation services is provided to the Service User in the case of their first language not being English
- Access to sign language communication in the case of the Service User being deaf or having a hearing impairment
- Provision of adequate communication aids including where appropriate: loop systems, Braille buttons, appropriate alarm systems, provision of written documents in Braille.

3.2.41 The Provider shall pass to the Service User any information provided to it by the Commissioner which has been requested to be provided to the Service User.

Self -Care

3.2.42 Where a Service User requests, or is agreeable to receive information regarding self-management of their health related condition in order to maintain their health and well-being, the Provider shall make arrangements for the Service User to access either the appropriate NHS community service (for example, Community Matron, Community or Specialist Nurse) or Local Authority services.

Physical Health

3.2.43 The provider shall ensure that:

- The service user's capacity to make health decisions is properly assessed and the outcome recorded
- The service user is positively supported to manage their health needs
- The service user has a health action plan and hospital passport which are regularly reviewed and update
- The service user regular and comprehensive health checks including blood tests, ECG, physical examination, blood pressure, weight/height/BMI calculation, medication review, detailed review of past family medical history, continence, bowel monitoring, oral health, lifestyle factors e.g. sleep, diet, smoking, exercise, sexual health, drug and alcohol use
- Physical health observations are clearly documented
- The service user has regular access to a dentist, optician and podiatry
- Reasonable adjustments required to enable the service user to access physical healthcare are recorded
- The service user has access to targeted lifestyle advice and health promotion activities e.g. smoking cessation advice, health eating and hydration advice, physical exercise advice and opportunities to exercise
- Where the service user has a long-term/chronic health condition, care plans of good quality are in place to support the management of their condition/s including regular specialist reviews
- Guidance for staff is in place to recognise what to do when the service user is ill or in pain
- Where the service user requires equipment or aids for physical health, clear records are in place of how they are used.

Medical Devices / Equipment

3.2.44 The Provider shall ensure that all necessary equipment required to meet the individual and collective needs of Service Users as detailed within Care Plans is appropriately:

- Procured and made available for the benefit of the Service User in a timely manner
- Managed and maintained including regular cleaning, safety and hygiene checks and replacement in a way that complies with:
    - relevant legislation
    - good industry practice
    - Medicines and Healthcare Products Regulatory Agency (MHRA) guidance including DB2006 (05) “Managing Medical Devices”.

3.2.45 For the avoidance of doubt the Provider shall be responsible for the provision of all equipment, materials and associated consumables to support the delivery of care for the Care Categories for which the Provider is registered including the following non-exhaustive list here itemised in accordance with categories of need:

Mobility:

- Beds – height adjustable / variable hospital bed where clinically indicated including profiling beds
- Slide sheets (one per Service User
- Hoists, Standing Hoists
- Hoist Slings (one per Service User
- Handling belt
- Transit wheelchairs
- Over-bed trolley tables
- Bed-rails and protectors
- Bathing equipment including bath hoists and shower chairs
- Scales and hoist scales
- Grab rails
- Utilise community and Third sector falls services.

Skin:

- Pressure relieving devices including beds, mattresses, overlays and chair cushions
- Chairs of a variety of styling and heights.
- Utilise community tissue viability services/seek expert advice when appropriate.

Elimination:

- Commodes and commode chairs
- Bed pans, urinals (male and female)
- Raised toilet seats
- Disposable continence products (where indicated as being in accordance with the Commissioner’s local protocol on continence management).

Respiratory support:

- Ventilators
- Nebulisers
- Suction machines and catheters.

Assistive technology:

- Communication aids and signs for impairment needs including hearing, visual and cognitive

- Call systems with accessible alarms
- Bed, chair and tap/bath/shower sensors
- Phone / door flashing lights
- Door alarms.

Nutrition:

- Adaptive cutlery and crockery
- Nonslip mats
- Feeding cups
- Consumables for the administration of prescribed Enteral feeds (in line with local Commissioner protocol and arrangements)
- Follow NICE guidance and utilise locally agreed training.

End of life care:

- Syringe drivers and consumables.
- Advanced care planning.
- Robust DNAR process.

Emotional and social needs:

- Access to local / onsite amenities.

Maintaining a safe environment:

- Telecare technology
- Wander alarms
- Pressure mats / pads
- Covid-19 testing.

Bespoke Equipment

3.2.46 Where the Provider considers that standard equipment reasonably provided to deliver the Services is unsuitable for a Service User and the provision of bespoke equipment is necessary, the Provider shall notify the Commissioner to:

- Make the case for the provision of bespoke equipment
- Propose a bespoke equipment solution for the Service User
- Advise on an appropriate source and indicate cost of the bespoke equipment.

3.2.47 The Commissioner shall consider the proposal and notify the Provider of the decision within 5 (five) operational days following receipt of the request including whether the Commissioner agrees to reimburse the Provider for the procurement of the bespoke equipment or that the Commissioner will supply the bespoke equipment directly or through another commissioned service, agreeing the process to procure the equipment.

3.2.48 In the case of the Commissioner rejecting the proposal on clinical grounds this will be confirmed in writing including the rationale for the decision.

3.2.49 Where the Commissioner agrees to reimburse the Provider for the procurement of bespoke equipment such reimbursement shall be at cost and the Provider shall provide evidence to the Commissioner regarding to the source and cost of the bespoke equipment. Pass-through Costs will be documented within ***Schedule 3A (Local Prices) of this NHS Standard Contract***.

3.2.50 Where the Commissioner agrees for arrangements to be made to provide bespoke equipment to the Provider either directly or through other services commissioned by the Commissioner (for example, Wheelchair Centres and Integrated Community Equipment Services) the Provider shall:

- Only use such bespoke equipment for the named Service User it is intended for
- Maintain the bespoke equipment in a clean state and comply with any infection control and specialist decontamination requirements as advised by the supplier and/or Commissioner

- Accept responsibility for the safe use of the bespoke equipment and arrange for all necessary servicing and maintenance, the costs of such being the responsibility of the Commissioner
- Be liable for the replacement of the bespoke equipment or the reasonable cost of repairs due to poor management of the bespoke equipment including neglect, abuse, mistreatment or unapproved adaptation.

3.2.51 The Provider shall notify the Commissioner when for whatever reason, the bespoke equipment is no longer required for the named Service User, making arrangements with the Commissioner for transfer of the bespoke equipment into the possession of the Commissioner, or where appropriate the service having supplied the bespoke equipment on behalf of the Commissioner. The Provider shall be liable for the reimbursement of bespoke equipment not returned. Pass Through Costs will be documented within Schedule 3A (Local Prices) of the NHS Standard Contract.

3.3 Population covered

3.3.1 The Provider will deliver care for the following Care Categories in accordance with the registration status of the Provider with the Regulator, meeting relevant Regulatory or Supervisory Body requirements and/or having appropriate accreditation being recognised by the Commissioner and the express and prior approval of the Commissioner:

- Learning Disability
- Mental Health
- Dementia Care
- Physical Disability
- Older People.

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 The Service specified within this Agreement is not intended to provide for any person:

- under the age of 18; and/or
- for which there is no Individual Service User Placement agreed between the Provider and the Commissioner.

3.5 Interdependence with other services/providers

3.5.1 The Provider is responsible for ensuring that the Service User's needs for accessing social and healthcare services, including primary healthcare are identified and that access to services including where relevant referrals are arranged in a timely manner and appropriate action is taken where such access or referrals are delayed or not accepted.

The provider is responsible for ensuring that the service user has access to an annual health check through primary care services, with reasonable adjustments made as necessary to ensure this takes place

3.5.2 In the delivery of the Service the Provider will develop and maintain effective links and working relationships with other relevant organisations.

3.5.3 The successful delivery of the Service will include the ability of the Provider to coordinate access for the Service User to all relevant services as may be required in accordance with individual need including but not limited to:

- General Practitioners and Out of Hours Services
- Allied Health Professionals such as Physiotherapists, Speech and Language Therapists, Occupational Therapists, Podiatrists, Dieticians and specialist Behavioural Analysts
- Appropriate specialist nursing teams
- Social Care
- Voluntary sector
- Ambulance - Patient Transport Services
- Mental Health Services

- NHS Community Services
- Specialist Palliative Care Services, including for example, Macmillan Nurses
- Dental Services
- Infection Prevention Teams and the Health Protection Agency; and
- Any other deemed applicable by the Provider or Commissioner.

3.5.4 The Provider is responsible for ensuring that the Service User is at all times protected from the risk of abuse and will follow local Multiagency Safeguarding policies and procedures in regard to the detection of and response to suspected Adult Abuse which shall be in line with legislation and national policy and guidance (reference: The Care Act 2014). The Provider will ensure that there are clear mechanisms in place to report suspected abuse or neglect to the local Safeguarding Team, commissioner and the Regulator. This is recorded in ***Schedule 2K (Safeguarding Policies and Mental Capacity Act Policies) of this NHS Standard Contract.***

3.5.5 The Provider will ensure that the Service User has access to an Independent Mental Health Advocate (IMHA) and Independent Mental Capacity Advocate (IMCA) (where required).

3.5.6 The Provider shall work in partnership with the Commissioner to promote and encourage the participation of the Service User in any national screening programmes considered by the Commissioner and the Provider to be relevant.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

4.1.1 The Provider must adhere to relevant National Standards and guidance as required which affects the client groups defined within this specification (described under section 31) which may include (but not exclusively) the guidance contained within the following population groups:

- People with Learning Disabilities: https://www.nice.org.uk/guidance/population-groups/people-with-learning-disabilities
- People with physical disabilities: https://www.nice.org.uk/guidance/population-groups/people-with-physical-disabilities
- Older People: https://www.nice.org.uk/guidance/population-groups/older-people
- Behaviour change: https://www.nice.org.uk/guidance/population-groups/behaviour-change
- Black and minority ethnic groups: https://www.nice.org.uk/guidance/population-groups/black-and-minority-ethnic-groups
- NG11: Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (2015).
- NG54: Mental health problems in people with learning disabilities: prevention, assessment and management (2016).
- NG93: Learning disabilities and behaviour that challenges: service design and delivery (2018)
- Care and Treatment reviews (CTRs): policy and guidance (2017)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

Not applicable.

4.3 Applicable local standards

Discharge Criteria and Planning

4.3.1 Discharge from the Service may become appropriate should the Service cease to be required for the Service User or the Provider is unable to continue to meet the needs of the Service User. The Provider will have a comprehensive discharge policy and/or procedure which is able to facilitate effective and safe discharges or transfers. This is recorded within ***Schedule 2J (Transfer of and Discharge from Care Protocols) of this NHS Standard Contract.***

4.3.2 The Provider shall not in any circumstances make any arrangements to discharge or relocate the Service User without the prior express agreement of the Commissioner which shall not be given without all appropriate prior consultation, including consultation with the Service User and the Service User's representative.

4.3.3 The Provider shall not discharge a Service User where such discharge would not be in accordance with Good Health and Social Care Practice and Good Clinical Practice.

4.3.4 Prior to any transfer of a Service User to a third party provider, such transfer having been approved by the Commissioner, the Provider shall:

- liaise with the third-party provider to prepare an appropriately detailed and comprehensive transition plan relating to the transfer of the Service User's care. This plan will ensure that consistently high standards of care for the Service User are maintained.
- not discharge or transfer the Service User until the transition plan has been developed, is agreed with the third-party provider and is agreed to be ready for implementation by both the Provider and the third-party provider.

4.3.5 In the event of the death of a Service User, the Provider will ensure timely notification to:

- The Service User's next of kin and/or their representative
- The Commissioner (within 24 (twenty-four) hours)
- The Service User's GP

Such notifications being made in accordance with the processes and Standards detailed within this Agreement.

4.3.6 The Commissioner shall not pay the Provider the agreed Price for the Services:

- with immediate effect from the day of discharge or in the case of the death of a Service User, upon termination without notice and with immediate effect from the end of the day of the Service User's death;
- upon termination of any agreed Individual Service User Placement agreement on 14 (fourteen) days written notice to the Provider.

Clinical Governance

4.3.7 The Provider shall work with the Commissioner to establish systems and procedures of clinical governance to promote continuous improvement in the provision of quality of health and social care and to safeguard high standards of such care by creating an environment in which health and social care continues to develop.

4.3.8 The Provider shall maintain on an ongoing basis a Service User Record which details in English, all the care provided to the Service User in accordance with and to evidence delivery of the agreed Care Plan. The Service User Record shall be standardised and include but not be limited to:

- Dates and times when care is provided
- Type and frequencies of care provided
- Observations which may be relevant to nursing / care needs
- Risk Assessments
- Protocols relevant to care
- Allergies
- Actions to be taken and the names of those persons responsible; and
- Names, designations and signatures of the Staff writing the Service User Record.

4.3.9 The Provider shall maintain a signatory register which includes the names, designations and signatures of all Staff involved in the provision of care.

4.3.10 The Provider shall ensure that a named registered nurse or is identified for each Service User as professionally appropriate to their level of care needs, who will have nursing and/or care management responsibility. The registered nurse will maintain direct contact with the Service User as well as overseeing the care delivered by Staff.

4.3.11 The Provider shall ensure that all documentation is completed in accordance with the relevant Code of Practice

4.3.12 The Provider shall ensure that senior/management Staff undertake regular and routine audits of the standard of documentation maintained by Staff.

Record Keeping

4.3.14 The Provider shall ensure that all Staff comply with all statutory and professional obligations concerning the recording and security of information in relation to the Service User.

4.3.15 The Provider shall maintain records in the provision of the Services including but not limited to:

- Care needs of the Service User (for example, Needs Assessment, Care Needs Plan)
- Risk assessments, incidents and accidents
- Monies and valuables of the Service User
- Medicines management, including:
    - A central register of prescribed drugs and medicines
    - A medication profile for each Service User
    - Medication administered per Service User (except those for self-administration)
    - Medicines that the Service User stores and self-administers (following a risk assessment)
    - Medication errors and near misses.
- A "Controlled Drugs (CD) Register" for recording:
    - The receipt, administration and disposal of controlled drugs schedule 2 (in a bound book with numbered pages)
    - The balance remaining for each product; and
    - Computerised CD records where used, should comply with guidelines from the registering authority.
- Activities organised by the Provider and undertaken by the Service User
- Visitor log
- Complaints received including the nature of each complaint and action taken by the Provider in response – this is also required for ***Schedule 6A (Reporting Requirements) of this NHS Standard Contract***
- Compliments received by the Provider
- Details of Service User and representative forums held
- Repairs and maintenance
- Staff:
    - Personnel employed and basis of employment (permanent/agency)
    - Staff turnover rates
    - Timesheets
    - Signature register
    - Clinical Staff registration status; and
    - Staff training records inclusive of learning outcomes.

4.3.16 The Provider shall at the reasonable request of the Commissioner provide all necessary assistance to the Commissioner to access the Service User Records and other relevant documentation, in order to review and audit the Services provided to the Service User, including during visits by the Commissioner for the purposes of review and quality assurance. In the case of nursing and healthcare records, the Provider shall only make these available to a healthcare professional.

4.3.17 At the reasonable request of the Commissioner, the Provider shall provide within 2 (two) weeks, copies of any of the above records and any other records or information held relating to the provision of the Services.

4.3.18 The Provider shall ensure that the above requirements at all times comply with Service User consent and the law.

<u>Medicines Management</u>

4.3.19 The Provider shall have policies, procedures and training in place to ensure the effective management of all medicines including their: supply, receipt, recording, storage, handling, administration and disposal. These is recorded in ***Schedule 2G (Other Local Agreements, Policies and Procedures) of this NHS Standard Contract***.

4.3.20 The Provider shall ensure that its Staff complies at all times with the above policies and procedures.

4.3.21 The Provider's medicines management policies and procedures shall:

- include the management of homely remedies
- ensure prescribed medication is administered in a format suitable for the Service User and complies with the Service User's consent
- include procedures to ensure that the Service User is able to take responsibility for and self-administer their own medication if they wish within a risk management framework and the Service Provider's policies and procedures will protect Service Users in doing so
- have regard to information and advice received from a Pharmacist in relation to medicines to be dispensed on the Premises.

4.3.22 The Provider shall have systems in place to ensure that the following is facilitated:

- Service users have full and regular medication reviews involving the person, family, and the multi-disciplinary team
- Service Users over the age of 75 (seventy-five)have an annual medication review
- Services Users taking 4 (four) or more medicines have a 6 (six) monthly medication review; and
- Service Users taking less than 4 (four) medicines have an annual medication review
- Staff monitor the condition of Service Users on medication and that a timely medication review with the Responsible Cinician is prompted where there are concerns relating to use of any medicines.

4.3.23 The Provider will have procedures for:

- the transfer of medicines and relating information when a Service User transfers to another health / social care setting, returns from a stay in hospital or is new Service User. This should be documented in ***Schedule 2J (Transfer of and Discharge from Care Protocols) of this NHS Standard Contract.***
- recording and acting upon verbal orders from prescribers; ensuring a written confirmation is requested and received.
- administering medicines to Service Users with difficulties in swallowing
- for covert administration and crushing tablets; following mental capacity assessments as appropriate
- expired medicines
- adverse drug reactions
- errors or incidents relating to any aspect of medicines management
- ensuring the safety and securing of medicines, including the management of keys to medicine cupboards, trolleys and controlled drugs cabinets.

4.3.24 The Provider shall ensure that:

- Medicines prescribed or items such as wound care products and catheters for individual Service Users will not be supplied or dispensed to any other person
- Staff are appropriately trained in all aspects of safe handling and use of medicines appropriate to their role and that appropriate competency assessments are in place and that the associated training of Staff is documented
- staff adhere to controlled drugs procedures
- necessary arrangements in accordance with regulatory requirements for the disposal of medical waste
- regular audits are undertaken of the systems in place, to ensure that all medicines management policies and procedures relating to the safe administration, recording and storage of medicines are adhered to by Staff.
- The service user is monitored for side effects of medication e.g. weight gain, diabetes, blood pressure, movement disorders.

5. Applicable quality requirements

The Quality Requirements are detailed within ***Annex 1 (Standards)*** and ***Annex 2 (Care Outcomes & Indicative Activities) to this Schedule 2A (Service Specifications)*** and in ***Schedule 4 of the NHS Standard Contract***.

The consequence of breach shall be in accordance with those stipulated in ***General Condition 9 (Contract Management) of this NHS Standard Contract***.

6. Location of Provider Premises

The Provider's Premises are specified in ***Schedule 2B – Indicative Activity Plan of the NHS Standard Contract.***

The Provider shall deliver the Services from the Premises agreed with the Commissioner, such Premises being registered with the Regulator for such use and approved by the Commissioner.

7. Individual Service User Placement

An Individual Service User Placement Agreement must be agreed for each placement and will be held by the Provider and the Commissioner Representative. The Agreement will be reviewed regularly, and any changes will be agreed by both Parties.

ANNEX 1 - STANDARDS

1. Purpose

This Annex details the range of standards to which the Provider shall necessarily comply with in delivering the Services within through this Agreement.

The inclusion or exclusion within this Annex of any standards already referred to elsewhere within this Agreement shall not be interpreted as a diminishing of their importance.

The Provider shall operate systems and processes that evaluate, monitor and seek continual improvements to the values and standards of care provided to the Service User through the delivery of the Services.

Where the term 'Service User' is referred to throughout this Annex, this shall also refer to the Service User's representative and/or family members as appropriate having regard to the Service User's preferences, consent and capacity.

2. Principles

The Provider shall work with the Commissioner to agree local quality improvements of health and wellbeing and reduction of health inequalities in line with local priorities and the expressed preferences of local communities

The delivery of the Services will be made where possible against published evidence-based documents or systems.

The Commissioner has developed and will continue to develop a series of standards that the Provider can adopt in the delivery of the Services. In the absence of a Commissioner standard the appropriate professional standard will be used.

Where the Provider wishes to use alternative standards the Commissioner will require to see the evidence put forward by the Provider in support of the variation to the benchmark standard.

The intention is to allow the Provider freedom to use its own evidence-based approach if the Commissioner agrees that such a variation of approach is in the best interests of the Service User and will meet identified care needs.

3. Performance

Performance - In defining these standards, a measure of the quality of the Services to be delivered is agreed between the parties providing a clear focus when reviewing the performance of the Provider. The Provider agrees to meet the standards within this Agreement and the Commissioner shall at all times reserve the right to exercise its powers within this Agreement in the event of the Provider breaching such standards including but not limited to ***General Condition 9 (Contract Management)*** *and* ***General Condition 16 (Suspension) of this NHS Standard Contract***.

Information - On the request of the Commissioner and in line with ***Schedules 6A – 6D of the NHS Standard Contract***, the Provider shall provide sufficient information to demonstrate achievement of the standards.

Audits - The Provider shall co-operate with and provide all necessary assistance to the Commissioner in the planning, undertaking, analysis and reviewing of audits to assess the Provider's achievement of standards.

4. National requirements

The Provider shall meet and maintain applicable national quality standards and any other national quality requirements that may from time to time be specified including without limitation the following and any subsequent requirements. The Fundamental Standards applicable from April 2015 are Regulations 9 to 20A of the new Health and Social Care Act 2008 (Regulated Activities) Regulations (Amendment) 2015:

- care and treatment must be appropriate and reflect service users' needs and preferences
- Service users must be treated with dignity and respect
- care and treatment must only be provided with consent
- care and treatment must be provided in a safe way
- service users must be protected from abuse and improper treatment
- service users' nutritional and hydration needs must be met
- all premises and equipment used must be clean, secure, suitable and used properly
- complaints must be appropriately investigated and appropriate action taken in response
- systems and processes must be established to ensure compliance with the fundamental standards
- sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed
- persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed (fit and proper persons required)
- registered persons must be open and transparent with service users about their care and treatment (the duty of candour)
- Mental Health Act Commission - Guidance and Notes
- National Services Frameworks, including for example: Older People; Mental Health; Cancer

- The Essence of Care - Service User-focused benchmarking for health care practitioners 2010
- Standards for Better Health 2004 (update April 2006)
- NICE Clinical Guidance
- NICE Quality Standards
- CQC Guidance for Providers on meeting the Regulations (Fundamental Standards)
- National Best Practice and evidence-based guidelines for wound management 2009 (Health and Safety Executive)
- Caldicott Guardian Manual 2010
- Essential steps to safe, clean care: reducing healthcare-associated infections, 2006 (Department of Health)
- Medicines and Healthcare Products Regulatory Agency (MHRA) guidance
- 5 year forward view DoH 2014
- Compassion in Practice NHSE

The Provider shall comply with all applicable legislative standards including but not limited to:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- (see above) Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance, 2010 (Department of Health)
- The Equality Act 2010
- Care Quality Commission (Registration) Regulations 2009
- Mental Health Act 2007 and related Code of Practice
- Mental Capacity Act 2005 and related Code of Practice
- Mental Capacity Act 2005: Deprivation of liberty safeguards - Code of Practice to The Mental Health Act 1983 and Code of Practice
- Human Rights Act 1998
- Health & Safety at Work legislation
- Employment Act 2008
- Food Safety Act 1990
- The Health Act 2008
- Data Protection Act 1998
- Control of Medicines
- Working Time Directive and associated legislation.

5. Provision of information to Commissioner

The Provider shall ensure that all relevant information specified within ***Schedule 6A (Reporting Requirements) of this NHS Standard Contract*** is supplied to the Commissioner within the timescales specified and in a form notified by or agreed with the Commissioner.

6. Provider Policies

Provider Policies – The Provider shall have policies in place as required to comply with all relevant legislation, guidance, registration requirements and as may be required by the Commissioner. The Provider will engage with staff and Service Users when developing and reviewing Policies. Policies will be regularly reviewed to ensure they remain up to date and relevant. All Policies shall include their date of issue and planned review date. Where relevant these will be documented in ***Schedule 2G (Other Local Agreements, Policies and Procedures) of this NHS Standard Contract***, and / or other relevant areas of the contract.

Policies and staff - The Provider shall ensure that all staff are made aware of all policies relevant to their individual role and receive appropriate training, especially in reference to Whistleblowing procedures and policies.

Policies and the Service User - The Provider shall ensure that the Service User is made aware of, has access to and understands all relevant policies and procedures unless it is detrimental to their own wellbeing or presents a security risk, including but not limited to:

- Fire Safety including evacuation
- General security (outlining all key security processes)
- Consent
- Gifts, gratuities & bequests
- Confidentiality etc.

7. Information prior to admission

Service User Guide - The Provider shall ensure that the Service User receives a copy of the Service User Guide and this is maintained with up to date and accurate information including:

- A statement of the service's aims and objectives
- The range of facilities and services available
- Details of any special care or facilities it offers, for example, care of people with a mental illness such as dementia, or care for people with particular cultural or religious needs.
- A copy of the latest inspection report will also be available for Service Users to look at.
- Any additional services that incur a cost to the Service User.
- How to access the Provider's Statement of Purpose
- Key policies and/or procedures of the Provider including for example smoking; visiting arrangements, prevention and control of infection, complaints and adult safeguarding.

Statement of Purpose - The Provider shall produce a 'Statement of Purpose' setting out the objectives, philosophy of care, services provided, the facilities and terms and conditions of the service and make this available to Service Users.

Key Staff - The Provider shall introduce key Staff to the Service User prior to the commencement of the care package.

8. Key Staff

Named nurse / key worker - The Provider shall ensure that an appropriate named nurse / key worker is allocated for each Service User prior to admission. The named nurse / key worker shall assume a lead role in the care of the Service User whilst in receipt of the Services and ensure that all necessary advice and support is given to the Service User.

Clinical Professional / Case Manager – The named nurse / key worker will be supervised by a Clinical Professional or Case Manager where appropriate who will co-ordinate the assessment, produce a comprehensive individual care plan based on clinical need and Service User derived goals and risk assessment for the care package, then implement the care to agreed time scales.

Registered Manager / Responsible Person – See Section 29 (Responsibilities of Registered Manager / Responsible Person) of this Annex 1 below.

9. Admission of Service User

Service User information – All Service Users are either given the opportunity of having a planned orientation visit to the Services Environment or, where this is not appropriate, receive detailed verbal and written information about the Services Environment from the Provider.

Day of admission orientation - The Provider shall ensure that on the day of the Services User's admission (if transferring into the Services Environment), a nominated member of the Service User's care team, ideally the named nurse / key worker, is available to ensure a welcoming and comprehensive reception and orientation of the Service User including:

- offering the Service User refreshments on arrival, as appropriate to the time of day admitted
- ensuring that the Service User has the necessary basic essentials on arrival, to maintain their dignity
- offering an orientation to the Services Environment (where this is inappropriate due to the Service User's level of disturbance or time of day, an orientation is offered at the earliest opportunity following admission)
- giving the Service User basic details of their legal rights whilst in receipt of the Services
- giving the Service User basic information with regard to areas such as the named nurse / key worker system, explanation of the care team, frequency of meetings and basic primary needs e.g. accessing money; visiting arrangements and purchasing basic items such as toiletries as well as basic information on advocacy and the Provider's complaints procedure
- giving basic information in relation to their initial care programme (i.e. what will happen during the first 7 days of the Services commencing).

Notify Nominated persons - On the day of admission, the Provider shall ensure that the Service User's next of kin/other nominated persons are informed where appropriate and where consent has been obtained from the Service User, about the Service User's admission and the relevant visiting arrangements.

First week of admission - The Provider shall ensure that the process of orientation and information giving, including the standards detailed above, is extended throughout the first 7 (seven) days of admission to ensure that the Service User is fully informed of their rights and what to expect whilst in receipt of the Services from the Provider.

The Provider shall also ensure that the assessments described within ***Annex 2 (Care Outcomes & Indicative Activities) of this Schedule 2A (Service Specifications)*** are undertaken within the first week following admission.

Medical review – The Provider shall arrange for a Primary Care Clinician to undertake a medical assessment of the Service User within 2 (two) weeks of admission.

10. Care Plan and Delivery of Care

Care Plan - Ensure all Service Users are case managed and have an individual care plan. The Provider shall:

- create a provisional Care Plan which is acceptable to the Commissioner prior to the Service User's admission
- develop a comprehensive Care Plan within 5 (five) days of the Service User's admission
- review the Care Plan formally with the Service User at least monthly and is updated as care needs change
- ensure that the Care Plan defines review dates and how frequently the Care Plan shall be reported to the Commissioner
- ensure that the Care Plan includes details of the Service User's physical/mental healthcare needs including any treatment regimes as prescribed
- ensure that the Care Plan takes account of Service Users life story and experiences and involves them in the development of it
- Ensure that the care plan enables the service user to have a good quality of life, enabling them to have choice about how they spend their time and access to things they enjoy.

Unmet needs - Any unmet need identified that will significantly affect the ability of the Provider to meet the Service User's assessed needs and that cannot be resolved by the Provider, shall be reported by the Provider to the Commissioner immediately.

Record of activities - The Provider maintains a system to record the uptake by the Service User of activities provided and reasons for non-uptake are recorded.

Simple information – Service User friendly, accessible and jargon free information is made available by the Provider to the Service User in regard to their residency and their care.

One-to-ones - The Provider shall ensure that the Service User has the opportunity for meaningful one to one contact with a member of the Provider's care / nursing team at least once each week, with outcomes being recorded and appropriate action taken.

Access to records - The Provider shall ensure that the Service User has access to their individual records, with the exception of third party / restricted information which is clearly identified as such.

11. Hospital admissions

Avoidance – The Provider shall approach the delivery of the Services with a philosophy of seeking to avoid the unnecessary admission of any Service User to hospital where safe, effective and more appropriate care can be delivered by the Provider. The Provider shall where appropriate, contact local Primary Care Out of Hours Services for Service users requiring non-emergency medical attention.

Admission – Where it is necessary to admit a Service User to hospital, upon admission, the Provider shall inform:

- The Service User's nominated person/their representative contact as soon as possible, in accordance with the wishes of the Service User where possible
- The Service User's GP and
- The Commissioner verbally or by email within 24 (twenty-four) hours.

The Provider shall maintain effective communication with the hospital throughout the Service User's admission, supplying all necessary and relevant information to the hospital in regard to the Service User.

Preparing for Hospital Discharge - Prior to the Service User's discharge from hospital the Provider will review the Service User's care needs to ensure they can continue to be met by the Provider. This shall be completed within a maximum of 24 (twenty-four) hours of the request from the hospital. This review can be undertaken by phone or in person as appropriate. In exceptional circumstances when the Provider can no longer meet the care needs of the Service User, the Provider shall notify the Commissioner within 1 (one) working day justifying the rationale for no longer being able to care for the Service User.

Re-admission to Provider – Upon re-admission from hospital to the Provider, the Provider shall promptly inform:

- The Service User's nominated person /their representative contact as soon as possible
- The Commissioner verbally or by email within 1 (one) working day and

- The Commissioner of any significant revisions to the Care Plan which may have an impact on either the wellbeing of the Service User or the commissioned care arrangements within 5 (five) working days of re-admission.

12. Capacity

Mental Capacity Act - In the case of concern that the Service User may lack capacity, this should be determined in accordance with the Mental Capacity Act (2005) (MCA). The Mental Capacity Act Deprivation of Liberty Safeguards (MCA DOLS) came into effect in 1st April 2009. This amends a breach of the European Convention on Human Rights and provides for the lawful deprivation of liberty of those people who lack the capacity to consent to arrangements made for their care or treatment in either hospitals or care homes, but who need to be deprived of liberty in their own best interests, to protect them from harm.

Local authorities (designated as 'supervisory bodies' under the legislation) will have statutory responsibility for operating overseeing the MCA DOLS whilst hospitals and care home ("managing authorities") will have responsibility for applying to the relevant local authority for a Deprivation of Liberty authorisation.

The legislation includes a statutory requirement for all care homes and hospitals as well as local authorities to keep clear and comprehensive records for every person deprived of their liberty. This includes records of applications for authorisations, details of the assessment process, information about the relevant person's representative and the documentation related to termination of authorisation.

The MCA sets out five statutory principles which are intended to be enabling and supportive of the Service User who lacks capacity to make a particular decision

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practical steps to help him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done or decision made for or on behalf of a person who lacks capacity must be made in best interests.
- Before the act is done or the decision made, regard must be had to whether it can be achieved in a way that is less restrictive of the person's rights and freedom of action.

Advocacy - Where the Service User lacks capacity as referred to above, the Provider shall secure the support of advocates/Independent Mental Capacity Advocates (IMCAs).

13. Physical healthcare need

Healthcare Assessment - All Service Users have their Primary Health Care needs assessed on admission and reviewed at least annually or more frequently if required, through the GP and/or relevant Primary Care community services.

Oral Health & Hygiene – the Service User is to be supported by the Provider to maintain a healthy, comfortable mouth and pain free teeth and gums, enabling the Service User to eat well and prevent related problems. The Care Plan shall include how the maintenance of healthy and comfortable mouth and gums is to be achieved. The ownership of a Service User's dentures shall be clearly identified and stored in the Service User's room when not in use. The Service User shall be assisted to regularly access Dentistry Services including within the Premises where necessary.

Optical services are accessible for all Service Users. Service Users are supported and encouraged to have regular check-ups in line with current recommendations.

Sexual health – the Service User is assisted to maintain sexual health. This will include where appropriate sexual health screening, access to sexual health services and appropriate contraception including associated consumables.

Podiatry / Chiropody and other such primary healthcare services are accessible as required.

Physical healthcare for emergency, acute and chronic conditions is accessible as required.

Chronic conditions - Staff are appropriately skilled in the daily management of frequently seen chronic conditions (e.g. asthma, diabetes and epilepsy).

Preventative healthcare services (such as well person clinic services, smoking cessation programmes, dietary advice) are accessible for all Service Users, giving due regard to gender specific and age appropriate interventions. Service Users are supported to access these services in line with current recommendations.

Health promotion activity is supported and basic programmes to complement expert advice are readily available. This reflects services available in primary care in the community.

First Aid & Basic Life Support - All Staff receive regular updated training on basic first aid skills and basic life support.

14. Discharges and Transfers

Also refer to ***Schedule 2J (Transfer of and Discharge from Care Protocols) of this NHS Standard Contract.***

Orientation visits - Service Users who are to be transferred to a new care setting are offered orientation visits to their new care setting, appropriate to their individual needs.

Notifying next of kin - With the Service User's consent, the Service User's next of kin is notified of the discharge / transfer plans.

Discharge / Transfer Plan - There is a comprehensive written discharge/transfer plan tailored to each individual's needs that is agreed by all parties, including the Service User.

Service User advice re benefits entitlements – The Service User receives advice on benefits and entitlements before being discharged from the Services.

15. Safeguarding

Also refer to ***Schedule 2K (Safeguarding Policies and Mental Capacity Policies) of this NHS Standard Contract.***

Safeguarding – The Provider ensures that all policies and procedures relating to safeguarding are acceptable to the Commissioner and are understood and adhered to by all Staff. The Provider shall ensure that it complies with the Safeguarding requirements within ***Schedule 2K (Safeguarding Policies and Mental Capacity Policies) of this NHS Standard Contract.***

DBS/ISA Checks – The Provider undertakes all necessary checks in regard to Staff prior to their employment, in regard to information held by the Disclosure and Barring Service (DBS) and the Independent Safeguarding Authority (ISA).

Reporting – Any suspected abuse or neglect of a Service User by anyone must be recorded and reported immediately to the Safeguarding Team, commissioner and the Regulator in accordance with national and local policy and promotes compliance with the Mental Capacity Act and Deprivation of Liberties principles.

Cooperation – The Provider shall ensure that all reasonable cooperation is provided to the Commissioner and the Safeguarding Team in regard to safeguarding allegations or serious case reviews.

Staff awareness / training - All staff are aware of legislation and guidance in regard to the protection of Service Users and will have received basic awareness E learning training and the implementation of the Mental Capacity Act within 6 weeks of commencement to their post. Safeguarding awareness training and other opportunities appropriate to their role will be offered with regular updates as required for their role at least 3 yearly.

16. Infection Prevention and Control

Compliance - The Provider shall meet the requirements detailed within:

- Essential standards of quality and safety (CQC)
- Reducing health care associated infections (HCAIs): Code of practice for the prevention and control of health care associated infections (Department of Health 2010)
- Health and Social Care 2008 (Regulated Activities) Regulations 2014 (amended 2015)
- Current NICE guidelines regarding Infection Control (see www.nice.org.uk)
- National Health Technical Memorandum 07-01 (2006) in regard to the disposal of hazardous waste.
- 'Essential Steps to safe, clean care' (available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_064815)

Staff awareness – the Provider shall ensure all relevant staff are aware of and trained in their role in infection prevention and control. Designated staff will be aware of the Health Protection Agency and local resources/arrangements for accessing advice on the prevention and control of infection

Competency – the Provider shall ensure that relevant staff have the knowledge and skills and equipment to manage and ensure good hygiene standards.

Infection Control Lead – the Provider shall ensure that at each of the Provider's Premises there is a nominated Infection Control Lead who shall:

- most likely be a senior nurse or other responsible person and will be responsible for infection control on the Premises
- undertake additional training in infection control to be able to recognise problems as they occur and seek specialist advice
- attend an annual training/link clinician session and disseminate information/training to other care staff in the care home

Screening – The Provider shall co-operate with and support screening procedures and any prescribed decolonisation procedures, in particular Service Users at high risk of contracting healthcare acquired infections.

Audit - Participate with the Infection Prevention and Control Team's annual programme of audit.

Service User dignity – Ensure that Service Users who require isolation have their personal dignity and physical needs met.

Community Infection Control - Collaborate with the Commissioner's Community Prevention of Infection Control Nurse to undertake root cause analysis of all healthcare associated infections and take action to prevent further incidences.

Decontamination - Ensure decontamination procedures, when instructed that it is necessary by the Commissioner's Prevention and Infection Control Specialist, are followed.

17. Tissue viability

Compliance - Ensure that all policies and procedures have regard to current NICE Clinical Guidelines, and NICE Quality Standards including in particular:

- NICE Clinical guidance CG179 Pressure Ulcers: prevention and management of pressure ulcers (2014)
- European Pressure Ulcer Advisory Panel (EUPAP) Guidelines 2009
- HSE National Best Practice and evidence-based guidelines for wound management 2009.

Staff - Ensure all relevant staff are:

- are aware of their role in maintaining healthy skin, pressure ulcer prevention and management
- Able to complete a Waterlow assessment (or equivalent evidence-based assessment) within 6 (six) hours of the service user's admission and a plan of care detailing management strategies.
- are aware of procedures for reporting the development of pressure ulcers including where appropriate (for example to the commissioners, CQC), reporting of pressure ulcers as per local safeguarding agreements
- are aware of infection control practices relating to wound management to prevent wound infection
- are aware of up to date practice regarding wound assessment and treatments, adhering to local wound care formularies, local and national guidance
- aware how to access a link worker who will act as a resource for the staff
- trained in Pressure Ulcer Prevention and wound management.
- Able to complete an annual audit of pressure ulcer incidence/prevalence

Liaison with the Commissioner other services – The Provider shall record, monitor the incidence of pressure ulcers and actively work with the Commissioner to share information in regard to such incidence. The Provider shall collaborate with the Commissioner/ Tissue Viability Service to undertake root cause analysis in line with local policy of all pressure ulcer and wound care clinical incidents in order to reduce the incidence.

Suitable equipment - Ensure that there is a wide variety of evidence based, pressure reducing equipment being:

- of good quality and of known and demonstrated benefit
- available in sufficient quantities to meet the Service User's needs both on an individual and collective basis
- maintained and is in good working order having been maintained in accordance with manufacturers' instructions and Medicines and Healthcare Products Regulatory Agency (MHRA) guidance, decontaminated appropriately and is suitable for use

and that there is an established rolling programme of renewal of pressure relieving equipment.

Specialist Services - Service Users are referred appropriately to tissue viability specialist services following local referral criteria and that any advised care is implemented.

18. Complaints

Accessible Policy – The Provider has a complaints policy and procedure which is readily available to and understood by Staff and Service Users.

Monitoring – incidence of complaints are monitored by the Provider to identify trends. Remedial action is taken to address complaints.

Acceptability to the Commissioner – The Provider's Complaints policy and procedure shall be consistent with the requirements of the Health and Social Care Act 2008 and the NHS and Community Act 1990.

Procedure – The complaints procedure shall encourage the early discussion and resolution of any problems identified by the Providers Staff or Service Users. The Provider shall attempt to achieve a resolution that is satisfactory to the complainant. In the event of a formal complaint the Provider shall:

- Record the date, complaint, detailing the complainant, the nature of the complaint, remedial action taken and final outcome – records of complaints should be kept separate from the Service User's individual care records
- Respond formally to the complainant in a format appropriate to their needs
- Notify the Commissioner of all formal complaints received that have not been resolved within one month of the complaint being made and
- Refer any complaint from a Service User that the Provider is unable to resolve, to the Commissioner for review.
- Evidence how the complaint has led to an action including improvements where appropriate to make improvements.

Reporting – Report to the Commissioner on complaints and compliments by exception as set out in ***Schedule 6A (Reporting Requirements) of this NHS Standard Contract***.

19. Raising concerns

Staff concerns – The Provider shall encourage and enable staff to raise bona fide concerns about the care and service provided to Service Users without fear of disciplinary action or reprisal, in line with the Provider's "Whistle Blowing Policy". Staff are made aware of their right and the procedure to raise concerns under the Public Concern at Work - Public Interest Disclosure Act 1998.

20. Risk management

Systems – The Provider has established clinical governance and risk management systems that meet regulatory requirements relevant to the Services provided and registration of the Provider. Safe systems for the delivery of care can be evidenced.

Risk Assessments – Risk assessments have been completed in regard to the Services Environment, being documented and available for inspection by the Commissioner. Risk assessments are reviewed at least annually or where changes occur in regard to the provision of the Services. Assessments are carried out immediately following any accident or incident that has the potential to threaten the safety of a Service User.

Policy and procedures - The Provider will have in place formal written policies and procedures to ensure that an "assessment of risk" is conducted on all aspects of tasks to be carried out by care staff. This will lead to the production of clear guidance for all care staff on safety precautions to be taken and shall form part of the staff induction process.

Consent - Service User's wishes regarding their personal care must be respected, and risks relating to the provision of care shall be managed subject to the consent of the Service User, where possible in regard to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Information to Service Users - Known and predictable risks relating to the provision of care shall be explained to Service Users in an understandable manner and recorded in their Care Plan.

Review - Risks shall be regularly reviewed, recorded and documented within the Care Plan together with agreed strategies for addressing them. Reviews will include consultation with the Service User and all other relevant professional and organisational representatives.

Risks outweighing Service User wishes - Where a Service User's decision to exercise their rights may result in an unacceptable threat to the health and safety of either themselves or others, the Provider shall discuss concerns with the Service User and contact the Commissioner within 24 hours where this is not resolved. The Provider shall record all concerns and outcomes in the Service User's records. In order to ensure continued safety, it may be necessary to make a best interest decision which does not accord with the Service User's wishes.

Equipment - Where the care provided to a Service User requires manual handling or hoisting the Provider will ensure that risk assessments are reviewed regularly in accordance with regulatory requirement.

Reporting arrangements - The Provider will ensure all accidents and significant incidents are investigated and recorded. Notifiable events will be reported immediately by the Provider to the relevant authorities as appropriate (including for example: Police, the Regulator; Health & Safety Executive where required in accordance with the Reporting of Injuries, Diseases & Dangerous Occurrences (RIDDOR) Regs 1995). The Commissioner shall be formally advised of notifiable events and Never Events within 24 hours.

21. Safety

Procedures - There are clearly documented and understood procedures for management of falls; violence and aggression; observation; management of self-harm; absconding / absence which is unplanned; control and administration of medicines; general health and safety; and visiting (with particular reference to child visiting). Note - this is not intended to be an exhaustive list.

Safeguarding Service Users' possessions - There are clear procedures to ensure the safe protection of Service User's finances and personal possessions throughout their stay. All property and valuables are agreed with the Service User, including items to be kept by the Service User and those being put into safe keeping by the Provider. This is agreed and documented with the Service User from commencement of the Services and regularly updated.

Protecting vulnerable Service Users - There are systems in place to identify Service Users that are vulnerable to exploitation by others (e.g. financially, emotionally, and sexually) and evidence that this is managed effectively. Provider shall ensure that appropriate representation is available for the Service Users and is able to access Independent Mental Capacity Advocate (IMCA) services where necessary.

Unplanned absence - The Provider will have an escalation procedure in place in order to respond to and manage unplanned absences of the Service User (including for example, notification of the Police, etc), such response being appropriate to the level of risk and vulnerability of the Service User.

Adequate staffing levels - There are adequate numbers of suitably trained staff to support the delivery of the Services on any given day, taking into account fluctuations in individual Service User's need. Skill mix is appropriate to meet the needs of the Service Users. The Provider should ensure that the level of support does not fall below the Staffing Establishment. Service Users' needs should be regularly assessed and reviewed by the Commissioner and the Provider to ensure that this support is appropriate.

Service User orientation - All Service Users are fully orientated to the environment in order to help them feel safe.

Service User risk (to self) assessments - Service Users have ongoing assessment of risk to self, with full involvement of the Service User, to reduce potential for harm.

Service User risk (to others) assessments - Service Users have ongoing assessment of risk to others, with full involvement of the Service User, to reduce potential for harming others.

Safety versus privacy - Service Users are cared for in an environment that balances safe observation and privacy.

Service User involvement re safety needs - Service Users are regularly and actively involved in identifying care that meets their safety needs.

Long-Term Segregation (LTS) – the Provider will inform the Commissioner of any event of LTS, defined as "a situation where, in order to reduce a sustained risk of harm posed by the patient to others, which is a constant feature of their presentation, a multi-disciplinary review and a representative from the responsible commissioning authority determines that a patient should not be allowed to mix freely with other patients on the ward or unit on a long-term basis" (MHA Code of Practice). LTS should only be used if it has "been determined that the risk of harm to others would not be ameliorated by a short period of seclusion combined with any other form of treatment. The clinical judgement is that, if the patient were allowed to mix freely in the general ward environment, other patients or staff would continue to be exposed to a high likelihood of serious injury or harm over a prolonged period of time". (https://www.cqc.org.uk/sites/default/files/20200824_9001307_brief-guide_long-term-segregation_v3_0.pdf). The Commissioner will undertake enhanced monitoring to ensure that a plan for ending restrictions is in place. The Provider will also submit a monthly report on the use of restrictive practices, in accordance with ***Schedule 6A of this NHS Standard Contract***.

Open, fair and just culture – In line with the Duty of Candour fundamental standard there is a 'fair and just' culture that allows a rigorous investigation and review of complaints and adverse incidents and near misses and ensure that lessons are learnt; communicated widely to share the learning; and acted upon. Where appropriate, an apology must be issued following a safety incident. Providers must display their CQC rating in a prominent position at the service's premises and on the provider's website if applicable.

Support re adverse events / complaints - There is timely and appropriate care, support and de-brief available for Staff and Service Users who are involved in adverse events / complaints.

Safeguarding incidents are routinely reported to the Commissioner.

Serious Incidents (SIs) are routinely reported to the Commissioner in accordance with ***Schedule 6C (Incidents Requiring Reporting Procedure) of this NHS Standard Contract.***

The use of restrictive practice is reported to the Commissioner on a monthly basis

Induction covers fire safety – all Staff are made aware of fire safety systems and procedures during induction training on their first day.

22. Security

Appropriate security - The physical, relational and procedural security meets the needs of the Service User population and there is evidence that the security of the premises is regularly risk assessed.

Log of attendees & visitors - A record is maintained of all Staff, Service User and visitor movements in and out of the entrance to the Premises.

Security during emergencies - There are plans to maintain the security and safety of Service Users in the event of a major emergency (including fire).

Induction covers security - All Staff receive instruction on the maintenance of security arrangements during induction training on the first day at the Provider's Premises, relevant to their responsibilities.

Security lead - The Provider has an identified person for all security issues

Security of Service User Records - Service User records are secured in a manner to maintain confidentiality, both manual and electronic records.

Secure Electronic transfers of data - All Service User identifiable information sent electronically is attached in an encrypted and password protected document. No Service User identifiable data is contained within an open email.

Data security standards - Information is held and used in accordance with relevant legislation and regulatory guidelines including: the Data Protection Act, Caldicott Guidelines and Freedom of Information Act.

Security incidents are investigated and recommendations acted upon. Lessons learnt are communicated and shared widely.

23. Service User Experience and Choice

Respect - Service Users are treated with respect at all times.

Dignity - Service Users' care actively protects their privacy, dignity and modesty.

Enablement & independence – Service Users are supported to reach and maintain their optimum in respect of their individualised care.

Service User involvement (care planning) - Active steps are taken to involve the Service User in the care planning process and the outcomes are evidenced within the Care Plan.

Service User involvement (meetings) - Service Users are invited to attend all meetings where major decisions about their care are considered.

Independent advocacy - There is access to independent advocacy services where required.

Key Worker - Every Service User has a named member of staff (e.g. key worker; named nurse) responsible for co-ordinating all aspects of their care.

Service User involvement (records) - Service Users are given the opportunity to make entries into their care plan and are encouraged to sign the plan.

Access to Service User records - Service Users are advised that they have access to their clinical records and access is available when requested.

Access to Service User records (exemptions) - Where certain clinical record information is withheld from the individual, the reasons are recorded and explained (for example a third party is involved).

Service User involvement (quality) - Service Users have the opportunity to contribute to quality monitoring and service improvement programmes.

Service User involvement (validity) - Service User contributions are recorded and acted upon, where possible, and feedback is provided.

Service User are listened to - Service Users are supported (e.g. by independent advocacy) to raise concerns about any aspect of life within the accommodation.

Identifying carers / nominated individuals - There is a mechanism in place for systematic identification of carers / nominated individual(s).

Updating carers / nominated individuals - With the Service User's agreement, carers / nominated individual(s) are updated as to progress.

Governance of Service User information - There is a process for agreeing where information necessary for safety reasons must be passed on to others without the Service User's permission.

Involvement of carers / nominated individuals - As appropriate, carers / nominated individual(s) are invited to care planning meetings.

Carers assessments are requested from the appropriate agency (e.g. social services), where appropriate.

Social networks - The maintenance, establishment / re-establishment of social networks is included in care plans.

Security of Service User records explained - Service Users are assured that personal information is collected, stored, used and disclosed in a manner that conforms to legislation (e.g. Data Protection Act) and professional codes of conduct (regarding personal information).

24. Services Environment

Appropriate environment - The environment is appropriate to the Service User's levels of needs and assessed levels of risk.

Calling for assistance – The Service User shall be aware of and have easy access to methods for calling for assistance, such methods having full regard to the individual needs of the Service User.

Single sleeping accommodation allows Service Users to have personal privacy.

Shared sleeping accommodation shall take full account of the preferences of the Service User including accommodation of heterosexual and same sex relationships.

Privacy of facilities - Facilities are provided such that Service Users can wash and use the toilet in privacy, unless assessed risk prevents this (and at all times maintaining gender sensitive practices).

Ligature points (assessments) – In the case of relevant service provision, the clinical environment is formally assessed at least once per year to ensure that ligature points are identified and appropriate action taken. In addition, there is evidence that all staff are responsible for continual vigilance and reporting of environmental safety issues; and that reported matters are made safe immediately with prompt follow up action.

Improvements to environment - There is a rolling programme of environmental review and adequate resources to maintain the physical environment including furnishings, fittings and equipment to maintain the Services Environment in a good state of repair and safety.

Signposting - There is clear internal and external signposting, with consideration given to the needs of the Service User including the requirements of Service Users with specific disabilities.

Clean & comfortable environment - The internal and external physical environment is clean, comfortable, free from offensive odours whilst providing a welcoming, homely and therapeutic environment and atmosphere.

Toilets - Toilet facilities shall be clean and appropriately equipped with toilet paper, soap and fresh hand towels or paper towels where appropriate

Body waste - Body waste shall be hygienically disposed of promptly, appropriately and with sensitivity and having regard to the Service User's dignity.

Suitable facilities - The Premises contain an appropriate number of rooms of suitable size/privacy, for its range of therapeutic and care functions and number of Service Users; staff (including relevant students); visitors; and others.

Meeting facilities - There is a room large enough for meetings with Service Users where everyone can see and hear each other.

Recreation facilities - There is suitable and accessible space indoors and outdoors for recreation and therapeutic and care activities (e.g. physical exercise, contact with the natural world, relaxation and games).

Recreation materials - Materials for recreational use are provided within the Services Environment (e.g. games, art materials).

Smoking facilities - There are safe and appropriate arrangements in place for Service Users who wish to smoke, which respects the rights of both smokers and non-smokers, and complies with Government legislation.

Visitors & children - There are appropriate arrangements and facilities for visitors, and a protocol which meets the legal requirements for the visit of children to the accommodation.

De-escalation of incidents – the provider has facilities which can be used as necessary to facilitate the de-escalation of agitated or unwell Service Users.

Telephone facilities are available. Service Users can use a telephone in private, unless assessed risk prevents this.

Personal property - The retention of personal property by a Service User does not compromise the function and safety of the Services Environment.

Security of Service User property - There are adequate and appropriate facilities for the safe storage of, and access to, Service User's other property and valuables.

Security of confidential records - There are appropriate secure places for the storage of confidential documentation.

Security of Medicines - All medicines are kept in a secure place reflecting the needs of the Service User including those that are self-medicating.

Fire safety – Fire safety systems including means of raising the alarm and communicating an emergency is appropriate to the needs of the Service User.

Waste management – There are waste management procedures and practices that comply with relevant legislation and local authority regulation. Procedures for the management of clinical waste is acceptable to the Commissioner.

25. Food & Nutrition and Hydration

Dining arrangements are appropriate e.g. location, timing of meals and access to snacks.

Food preparation facilities - Where appropriate, there is a kitchen for preparing shared meals, available for use by all Service Users and staff.

Dining facilities - There is a dining area big enough for staff, Service Users and visitors to sit together.

Appropriate food choices - The quality, choice and portion sizes of food are of an acceptable standard to Service Users and take account of particular cultural needs and healthy lifestyle options. Mealtimes shall follow a regular routine and shall include as a minimum: breakfast, lunch and evening meals, with at least one of which offering suitable choice of a hot meal.

24 (twenty-four) hour access to food & drink - Service Users have 24 (twenty-four) hour access to hot and cold drinks and a choice of hot and cold food and/or snacks.

Beverages – a choice of beverages shall be offered and served of a minimum of 7 (seven) times throughout each day.

Nutritional intake - The Service User shall be encouraged and assisted where necessary to consume sufficient food and fluids to maintain their optimum body weight to height ratio or any medically recommended weight.

26. Care Records

Good practice - The Provider maintains and operates a policy that complies with Good Clinical Practice, Good Healthcare Practice and the all relevant legislation in regard to the effective management of Service User Health Records, including without limitation Service User Health Records that are: held by the Provider; and held by Service Users.

Security – Care records are at all times kept secure and Service User confidentiality maintained.

Retention - Service User records relating to care and finances shall be stored and maintained for 7 (seven) years.

Contemporaneous recording keeping - Care records (including assessments, Care Plans, etc) shall be documented contemporaneously.

27. Transport

Staff - The Service Provider will ensure that all staff who drive their private vehicles in the course of their work hold a full current drivers' licence and hold business use insurance cover.

Service Users - Where the Service Provider uses a minibus or any company vehicle to transport Service Users, the Provider must comply with all statutory requirements and local guidelines for the operation of such vehicles.

28. Staff

Staff guidance - There is clear guidance for staff on the management of relationships between Service Users; and between Service Users and staff including a clear policy in regard to the receipt of gifts, gratuities and bequests.

Observation - Staff adhere to the current best practice guidance in relation to observation of Service Users.

Staff involvement (quality) - All staff have the opportunity to contribute to quality monitoring and service development / improvement.

Staff & management engagement - There is a system for effective two-way communication between the Provider and Staff of all relevant information, at service and corporate level.

Recruitment - There is a pro-active and positive approach to promoting the service to maximise recruitment potential. Recruitment procedures are safe and consistent and take full account of the vulnerable client group for which they provide the Services. Staff employed must meet the fit and proper persons employed requirement of the Fundamental Standards, i.e, must

- Be of good character
- Have the qualifications, competence, skills and experience which are necessary for the work to be performed by them.

Monitoring of staff – Where staff no longer meet the fit and proper person criteria, the provider must take any necessary action to comply with the regulation, and in the case of registered persons, inform the regulator in question.

Flexibility of workforce - The service has the flexibility to develop new roles to respond to changing service need.

Team working - There is effective team working at all levels.

Training plans - There is a current strategic plan for training, encompassing all known initiatives, which is subject to regular review.

Staffing is appropriate – Staffing is sufficient in terms of grading, experience, skills, numbers and diversity needs to ensure that the Services can meet the individual and collective needs of the Service Users at all times. The Provider has a system to ensure that the registration of Registered Nurses are appropriate and current.

Staffing efficiency - Appropriately graded staffing - Services are delivered utilising Staff employed at the most appropriate grade. The Provider shall not seek to pass on financial inefficiencies to the Commissioner due to the deployment of over-qualified Staff to deliver care.

Reviews of workforce - The staffing establishment is reviewed at least annually and as required to meet the assessed needs of the current and intended Service User population.

Clear role definition & scope - Staff members are clear about their roles and responsibilities, and the roles of others.

Induction training - All new members of staff receive induction training appropriate to their role.

Specific training - Staff receive training in social / nursing care appropriate to their role and the Service User group including where relevant clinical outcome-based training.

Standard of training – staff training complies with regulatory training and education programmes and meets the needs for continuing professional development in accordance with the Provider's registration with the Regulator and for the care categories for which it is registered, for example Service Providers should, as a minimum ensure all staff complete The Care Certificate. Assessment of clinical competency meets Nursing and Midwifery Council requirements.

Supervision, appraisals, development - All staff receive clinical and/or management supervision, appraisal, personal and continuing professional development which is in line with professional standards and Regulator requirements. Case management, supervision and support is provided to all formal and informal carers. Records are maintained to evidence that these functions are carried out in accordance with local and professional guidelines. Staff have annual individual performance reviews.

Mandatory training - All staff receive relevant mandatory and statutory training (including for example: First Aid, Fire, COSHH, Management of Violence and Aggression, Safeguarding) in line with legislative requirements.

Professional codes of conduct – Provider ensures that Staff, particularly Registered Nurses and Allied Health Professionals adhere to their respective professional code of conduct.

Staff understand policies - Staff have confidence in and understand the Provider's:

- Disciplinary and Grievance procedure
- Whistle Blowing policy
- Policy on harassment, bullying, discrimination and violence.

These policies actively and sensitively support staff in reporting incidents of harassment, bullying, discrimination and violence and to seek legal redress if wished.

Screening of staff - All potential new and agency staff are screened (to include enhanced DBS checks and references) for their suitability to provide the Services.

Workforce Monitoring - In addition to the above standards that promote staff retention, a system exists for the monitoring and investigation of levels of vacancies, turnover rates and sick leave, and the routine use of 'exit interviews' for all staff to ascertain their reasons for leaving. The Provider seeks to improve and maintain good retention rates.

Accountability & management structure - There is a line management structure with clear lines of accountability for all staff.

Clear communication structure - There is a clear structure for communication between staff and their appropriate professional bodies.

Structure for staff engagement & participation - There is a clear structure for engagement and participation of staff and or staff representatives.

29. Responsibilities of Registered Manager / Responsible Person

Regulatory requirements – The Provider ensures that the Registered Manager/Responsible Person meets the requirements of the Regulator, complies with the regulatory framework governing the provision of care and meets the Fundamental Standards.

Notifications to the Commissioner – the Provider shall promptly inform the Commissioner of:

- any changes to the Registered Manager / Responsible Person
- any changes to the registration of the Provider with the Regulator
- any absence of the Registered Manager/Responsible Person in excess of 4 (four) weeks

Quality assurance – Ensures that robust quality system is in place to assure the satisfactory quality of the Services.

Quality audits – Ensures that there is regular and consistent audit of the quality of care provided through the delivery of the Services (including for example, audit of falls / accidents / incidents, medicine administration, compliance with regulatory requirements, care plans, provision of meals, etc.)

Quality visits – the Provider will comply with quality assurance visits which will be undertaken by the Commissioner every 6-8 weeks.

Enforcement proceedings – whether instigated by the Regulator or any public sector Commissioning Authority (including Social Services), the Registered Manager shall supply a copy of the proceedings to the Commissioner within 5 (five) working days including an action plan to detailing remedial actions and associated timescales.

Infection control - Ensures compliance with the annual infection prevention programme of the Commissioner, including compliance with infection prevention audits and up to date prevention and control of infection procedures.

30. Responsibilities of Registered Nurse

Qualification - The Provider shall employ Registered Nursing Staff who are suitably qualified and have received appropriate training to enable them to plan, deliver and evaluate care in order to meet the individual and collective assessed needs of Service Users.

Role - In the provision of the Services, the Registered Nurse shall assume responsibility to (the following list should not be considered exhaustive):

- Adhere to the Nursing and Midwifery Council (NMC) 'Code of Conduct' and guidance within the NMC 'Scope of Professional Practice'
- Safeguarding is part of everyday nursing practice in any setting. Nurses must reflect on their personal and team practice to make changes as necessary and to prioritise safeguarding in the interests of patient safety.
- Plan, implement and evaluate care/support plans for each Service User that contains the required detail to ensure individual care needs can be met
- Promote the independence of Service Users whereby they are consulted and encouraged to participate in their own plans of care/support
- Contact appropriate agencies when a Service User requires support of an independent advocate
- Adhere to the regulatory framework governing the delivery of care of the Provider
- Ensure that they are up to date in their own professional practice and meet the requirements for re-validation (from December 2015)
- Administer record and dispense all medications in a safe, evidence-based way
- Administer and participate in health care initiatives for Service Users such as immunisation and vaccination programmes
- Implement practice that will reduce the risk of infections
- Promote practice that will ensure prevention and control of infection
- Review and update care/support plans as and when necessary but as a minimum on a monthly basis
- Act as leader and role model for non-registered staff to promote quality of care
- Provide supervision of non-registered staff in line with the NMC Code of Conduct
- Liaise with other health and social care professionals to ensure that each Service User has their individual care needs met
- Ensure the Service User is informed of any changes to their assessed care needs and actions taken as a result.
- Ensure that all accidents / incidents are accurately and contemporaneously recorded; to include contribution to root cause analysis and establishing lessons learned from all incidents to implement practice change as a result to mitigate risk.
- Ensure nutritional status of the Service User is monitored and managed to optimise
- Conduct continence assessments and promote continence for all Service Users in line with Good Practice in Continence Services (Department of Health, 2000)
- Declare /inform the Registered Manager / Responsible Person of any issues that may impact on their ability to provide quality care.

31. Additional requirements for the provision of the Services to registered Care Categories

The following section sets out key expectations in respect of care categories which may apply. The Provider will meet the health needs of the Service User in line with any relevant care categories for which the Provider is registered with the Regulator or accredited with an appropriate body recognised by the Commissioner.

31.1 Learning Disabilities

Aim – To provide holistic care and support services for Service Users who have mild, moderate, severe or profound learning disabilities and additional complex needs which may include but not being limited to:

- Severe Epilepsy
- Complex and enduring Mental health needs
- Pervasive development disorders such as autism and Autistic Spectrum Disorder (ASD)
- Severe Challenging Behaviours
- Dementia
- Complex physical disabilities including sensory impairments.

Compliance – In delivering Services to a Service User having Learning Disability needs, the Provider shall:

- Be fully aware of and be working towards the aims of Building the Right Support (2015), the Department of Health's strategy for people with learning disability and their key principles of choice, inclusion, rights and independence
- Be conversant with and be practicing the principles of 'Putting People First' 2007
- Use the Mental Capacity Act 2005 and the code of practice to prevent deprivations of a Service User's liberty and to promote any support to be in the person's best interest
- Use the Mental Health Act (1983/2007) and the code of practice appropriately.
- Ensure that staff are aware of how to safeguard vulnerable Service User's from abuse in line with No Secrets guidance 2000 and guidance for Restrictive Physical Interventions 2002
- Ensure that staff are familiar with the Care Act 2014 and understand the policies and procedures operating within a local multiagency safeguarding environment.
- Be aware of the guidance within the Mansell reports (1993 and 2007, 2009) 'Services for people with learning disabilities and challenging behaviour or mental health needs' (original and revised editions) and 'Raising our sights: services for adults with profound intellectual and multiple disabilities' (2010)
- Understand the Disability Discrimination Act 1995 and 2005 and take practical steps to make reasonable adjustments to deliver equal outcomes for people with learning disabilities.

Specific Requirements

1. Assessment – Provider to ensure that a full person-centred needs and risk assessment is completed for each Service User. The Service User's circle of support will be fully involved and a full assessment of needs will be provided by relevant members of the multi-disciplinary health and social care team. Relationships will be developed with the multi-disciplinary team and maintained to ensure a positive service design is achieved for a Service User.

2. Support Planning – Once all assessments are complete the Service Provider will ensure all areas of need and development are part of the Service User's centred support plan. The plan will incorporate risk management. The person, their family and where appointed independent advocates / Independent Mental Capacity Advocate (IMCA) will be included in the development of the plan. The person-centred plan will include health action planning and will specify which professionals will remain involved and the frequency of their inputs / support. It will focus on improving a Service User's health, personal development and social wellbeing. All plans will have an underlying focus on increasing the Service User's choice, rights, independence and control. The Service User and/ or independent advocate / IMCA will agree the plan. The plan will be in accessible format and use the chosen communication method of that Service User.

3. Implementation - There will be a robust key worker system in place to support the implementation of person-centred planning. Specific care plans relating to Service User's complex needs and personal development will specify the inputs and interventions of different staff members and multi-disciplinary team professionals to support positive outcomes for Service Users.

4. Review - Individual care plans will be reviewed as specified and as a minimum every six months. All prescribed treatments and therapies will be monitored to ensure they are provided as specified. Each Service User's person-centred plan will be fully reviewed with the full involvement of the Service User's circle of support as a minimum on an annual

basis and with a minimum of six-monthly interim reviews. The person-centred plan (PCP) review will involve the Commissioner, to ensure a full review of care and support options

5. Health Reviews - Service Users / and or their representative, the provider and any professionals involved in the Service User's care will be invited to attend the assessment and outcome discussion.

6. Support - Provider will be working to support Service Users:

- in an outcome focused way to enable people to achieve their aspirations and be included as active citizens in their community
- to meet their potential and increase their independence including through the use of regular reviews to look at their potential to move on to a wider range of living and support options in the future.

7. Staff competencies – Provider to ensure relevant Staff are skilled and competent in all areas defined by the Skills for Care guidance including:

- Standard 1 Role of the health and social care worker
- Standard 2 Personal development
- Standard 3 Communicate effectively
- Standard 4 Equality and inclusion
- Standard 5 Principles of implementing duty of care
- Standard 6 Principles of safeguarding in health and social care
- Standard 7 Person centred support
- Standard 8 Health and safety in an adult social care setting
- Additionally – Learning disability induction award and Learning Disability Qualification (LDQ) core knowledge sets.

31.2 Mental Health

Summary- The service will include the following within its programme of care:

- provide a high-quality recovery and support service in a therapeutic environment where the service user feels safe, respected and is treated with dignity.
- the service should be appropriate to meet the needs of those individuals presenting with severe and enduring mental health difficulties and associated clinical risks around their diagnosis.
- the service will promote recovery and the wellbeing of the person by providing a rehabilitation service which encompasses improving activities of daily living in a way which promotes the person's health; choice; control; independence; self-reliance and improvement to the service user's quality of life.
- the provider will ensure that the lead care co-ordinator's MDT assess/review the service user regularly to ensure treatment/rehabilitation care-plan remains appropriate supporting a Care Programme Approach. This would include regular review of medication to ensure side effects are monitored, and medication is prescribed at the optimum level to aid recovery and reduce mental health symptoms and associated risk.

Aim - To ensure Service Users who have mental health needs attain and maintain their optimum level of health and independence.

Compliance – The Provider shall ensure Services are delivered in compliance with relevant legislation and guidance including:

- The Mental Capacity Act and Deprivation of Liberty Safeguards (2005)
- Mental Health Act 2007 (amendments to the 1983 Act)
- Criminal Justice Act 2003
- National Institute for Health and Clinical Excellence (NICE) Guidance:
  - CG100 Alcohol disorders
  - CG77 Antisocial Personality Disorder
  - CG22 Anxiety
  - CG72 Attention Deficit Hyperactivity Disorder

- CG38 Bi-polar Disorder
- CG78 Borderline Personality Disorder
- CG90 Depression in Adults
- CG91 Depression with a chronic physical health problem
- CG52 Drug misuse opioid detoxification
- CG51 Drug misuse psychosocial interventions
- CG9 Eating Disorders
- CG76 Medicines Adherence
- QS 85 Managing Medicines in Care Homes
- CG31 Obsessive Compulsive Disorder and Body Dysmorphic Disorder
- CG26 Post Traumatic Stress Disorder
- CG82 Schizophrenia Update
- CG16 Self Harm
- CG25 Violence

- The Ten Essential Shared Capabilities (Department of Health, 2004)
  - Working in Partnership: Developing and maintaining constructive working relationships with Service Users, carers, families, colleagues, lay people and wider community networks. Working positively with any tensions created by conflicts of interest or aspiration that may arise between the partners in care.
  - Respecting Diversity: Working in partnership with Service Users, carers, families and colleagues to provide care and interventions that not only make a positive difference but also do so in ways that respect and value diversity including age, race, culture, disability, gender, spirituality and sexuality.
  - Practising Ethically: Recognising the rights and aspirations of Service Users and their families, acknowledging power differentials and minimising them whenever possible. Providing treatment and care that is accountable to Service Users and carers within the boundaries prescribed by national(professional), legal and local codes of ethical practice.
  - Challenging Inequality: Addressing the causes and consequences of stigma, discrimination, social inequality and exclusion on Service Users, carers and mental health services. Creating, developing or maintaining valued social roles for people in the communities they come from.
  - Promoting Recovery: Working in partnership to provide care and treatment that enables Service Users and carers to tackle mental health problems with hope and optimism and to work towards a valued lifestyle within and beyond the limits of any mental health problem.
  - Identifying People's Needs and Strengths: Working in partnership to gather information to agree health and social care needs in the context of the preferred lifestyle and aspirations of Service Users their families, carers and friends.
  - Providing Service User Centred Care: Negotiating achievable and meaningful goals; primarily from the perspective of Service Users and their families. Influencing and seeking the means to achieve these goals and clarifying the responsibilities of the people who will provide any help that is needed, including systematically evaluating outcomes and achievements.
  - Making a Difference: Facilitating access to and delivering the best quality, evidence-based, values-based health and social care interventions to meet the needs and aspirations of Service Users and their families and carers.
  - Promoting Safety and Positive Risk Taking: Empowering the person to decide the level of risk they are prepared to take with their health and safety. This includes working with the tension between promoting safety and positive risk taking, including assessing and dealing with possible risks for Service Users, carers, family members, and the wider public.
  - Personal Development and Learning: Keeping up-to-date with changes in practice and participating in life-long learning, personal and professional development for one's self and colleagues through supervision, appraisal and reflective practice.

Requirements – Provider to ensure:

1. Person centred planning - The Services involve a person-centred care plan to meet the Service User's individual needs and maximise their potential. In relation to mental health, the provider will need to work collaboratively with multi-disciplinary clinical Team to support the outcomes of the support plan and engagement with CPA

2. Risk management strategies - are in place and reviewed regularly and that risks are managed and minimised to maximise choice and ensure safety which includes the preparation of contingency plans

3. Facilities for meaningful social interaction, occupations and recreation within the Services Environment and local community where possible. CW Providers should aim to achieve a 'dementia friendly' environment, for example Dementia Action Alliance (DAA) (http://.international-dementia-design.org/page/getting-out-and-about)

4. Links with specialist organisations as appropriate to the Service User's condition

5. CPA - Effective links with Mental Health Services to deliver the Service User's care using the Care Programme Approach (CPA) framework.

6. Documentation - All care/interventions are supported by documentation that clearly identifies the need and indicates how and when any decision making will take place in relation to assessment, intervention, monitoring and evaluation. Accurate records are kept that help to identify aspects of the Services Environment or the Service User's condition that are affecting their management either positively or negatively.

7. Service User is:

- Provided with the time, tools and skills to enable them to 'do for themselves' rather than be 'done to'
- Has Services provided according to their assessed needs; and
- Has access to appropriately trained professionals and appropriate services.

8. Services Environment is conducive to meeting the cognitive, communication, behavioural, psychological, social and cultural needs of Service Users with mental health needs.

9. Activities - Variety of meaningful activities are offered to Service Users appropriate to their age and ability which promotes where appropriate inclusion of family members. Such activities should be aligned to the health outcomes as stated within their agreed care plan.

10. Goal orientated - Delivery well planned, goal orientated interventions as defined in the care plan; and

11. Involvement - Support is provided to the Service User, family members and carers to contribute to the care planning process.

12. Staff competencies – Provider to ensure Staff have appropriate skills in caring for people with mental health needs and can demonstrate relevant knowledge including the principles contained within guidance referred to above as applicable to the Service User. Need to have checks in place to provide assurance that appropriate clinical experience is available to support the clients. If this requires working in partnership with another provider to deliver a package of care, robust governance is in place.

13. Choice - The Provider will ensure, where possible, that Service Users have control of decisions about their life and the services they receive, and have access to resources to help carry out their decisions, to meet the outcomes agreed in their individual plan. The Provider will comply with the requirements of the Mental Capacity Act 2005 where there is a doubt that a Service User has the capacity to make a particular decision. The Provider will provide social and emotional support, including encouragement, motivation and confidence building.

14. Privacy - People's rights to privacy will be respected and maintained in all aspects of the services provided. The Provider will ensure that all appropriate measures are taken to maintain a Service User's privacy and will comply with the Data Protection Act 1998 and the Provider's confidentiality policy.

15. Safety & Risk- Service Users should feel safe in the care of the Provider and they and/or their representative should understand their rights and responsibilities in making choices as to the activities they undertake.

The Provider will ensure that appropriate risk assessments and risk management procedures will be in place for each Service User and will maintain the Staffing Establishment at all times. Risk assessments will include moving and handling, falls, nutritional risk and the use of equipment.

The Provider will recognise a Service User's right to take risks in order to extend opportunities. Where possible, the Service User will be asked to take responsibility and they are able to choose the risks they want to take and be given support to understand the full implications of their choices and where necessary in accordance with the Mental Capacity Act 2005. The MDT/ Community Team would need to be involved in any discussion and would need to be in agreement prior to any discussion with the Service User.

31.3 Mental Health including Dementia

The requirements for providing the Services to a Service User with Dementia shall incorporate the other relevant Care Category requirements (including specifically Mental Health above), plus the following:

Aim - To ensure Service Users who have mental health needs and/or dementia attain and maintain their optimum level of health and independence.

Compliance – The Provider shall ensure Services are delivered in compliance with relevant legislation and guidance including:

- The Mental Capacity Act and Deprivation of Liberty Safeguards (2005)
- Living Well with Dementia a National Dementia Strategy (Department of Health, 2009)
- National Institute for Health and Clinical Excellence (NICE) Guidance:
    - CG 42 Dementia – Supporting people with dementia in health and social care

Requirements – Provider to ensure:

1. Leadership – Provider to identify a dementia champion / lead who will take responsibility for improving quality and quality of life of the Service User in line with all relevant guidance and good practice.
2. Staff competencies – Provider to employ Staff offering an appropriate mix of skills that is able to meet the specific and unique needs of Services Users with dementia including Staff having a level of expertise that may have been gained through experience and qualification, having an understanding which includes the principles contained within guidance referred to above as applicable to the Service User. Staff receive training appropriate to the needs of the Service User, including higher levels of training.
3. Services Environment is conducive to meeting the cognitive, communication, behavioural, psychological, social and cultural needs of Service Users with dementia.
4. Links with specialist organisations as appropriate to the Service User's condition (including for example, The Alzheimer's society)
5. Atypical antipsychotic medication - Provider to avoid the use atypical antipsychotic medication use where alternative therapies and/or interventions may be utilised to best enhance the Service Users' quality of life.

31.4 Physical Disabilities

31.4.1 General requirements

Primary or Secondary need for care - The Provider will ensure that Services meet the needs of Service Users having a Physical Disability as either their primary or secondary need for care.

Specialist Services - Where there is a co-morbidity of other conditions, including sensory, cognitive, behavioural and mental health needs, the Provider shall liaise closely with the Service Users GP and ensure access to appropriate specialist services which may include Mental Health Services and relevant Allied Healthcare Professionals.

National Framework - Provider works with Service User's families in the spirit of the National Framework for Long Term conditions.

Goal orientation – Provider delivers well planned, goal orientated intervention at the appropriate intensity for the Service User and ensures that where the Service User is close to meeting or has met optimal potential, that ongoing interventions are aimed to achieve improvements over a longer period of time.

Choice - Ensures the Service User is actively encouraged to make informed choices with the appropriate level of support.

Social needs - Provide facilities for meaningful social interaction, occupation and recreation within the Services Environment and local community.

Activities - Activities available to enable the Service User to transfer the skills acquired during any agreed therapy sessions into their daily living as appropriate.

Discharge Planning - Ensure good working relationships with other agencies where active discharge is being planned.

31.4.2 Requirements specific to Acquired Brain Injury (ABI) with complex neurological needs

Aim – To deliver Services for Service Users who have a range of physical, cognitive, behavioural, psychological and emotional and/or mental health needs to ensure that Service User's attain and maintain their optimum level of health and independence.

Objectives – the specific objectives of managing Service Users with a brain injury are to:

- Minimise disability and handicap
- Reduce dependency and, where possible, long-term costs
- Enable functional recovery where possible
- Introduce effective compensatory techniques if functional recovery is not possible; and
- Maintain and enhance ability.

Primary or Secondary need for care - The Provider will ensure that Services meet the needs of Service Users having an acquired brain injury as either their primary or secondary need for care.

Complex needs - Provider to provide Services for Service Users with complex health care needs. Complexities of need may refer to for example, cognition, altered states of consciousness and behaviour management.

Staff competencies - Providers to ensure Staff are appropriately trained, having evidence of specialist training to manage the complex needs of Service Users with a brain injury including the physical, psychological, behavioural and cognitive aspects of care.

Principles – Provider to deliver the Services recognising that:

- Assessment is both general, physical disability and brain injury specific
- Planning is based on the individual Service User's assessed abilities and needs
- Care planning includes identifying those responsible for monitoring and evaluating the plan and takes a proactive approach to predictable changes in circumstances
- Evaluation takes account of personalised goals agreed with the Service User
- Rehabilitation and management is a continuous process that manages the changing needs for Service Users with brain injuries and their families
- A consistent approach to interventions is essential in enabling Service Users to reach their full potential
- Rehabilitation includes preventing, or at least minimising, secondary impairments, disabilities and handicaps
- A model of care specific to Service Users presenting with neurological needs should operate
- Brain injury affects every individual differently. The Services delivered need to include elements of Services delivered Serviced Users with a physical disability with additional elements pertaining specifically to brain injury, including:
    - Knowledge of prior or co-existing conditions
    - Severity of brain injury
    - Appropriate model of care
    - The adoption of a goal setting approach
    - Time since injury
    - The Service User's age and developmental stage
- Have a mixed population of Service Users with differing needs may cause difficulties for many Service Users with some being vulnerable to the needs and presentation of others
- Expertise is required to recognise what is challenging behaviour and what is not and the importance of distinguishing whether it is the behaviour of the individual that is challenging and impeding their recovery or whether there are physical and cognitive needs of the Service User which may be challenging the belief and value systems of those delivering their care, including their skill and knowledge base.

Requirements – Provider to ensure:

1. Documentation - All care/interventions are supported by documentation that clearly identifies the need and indicates how and when any decision making will take place in relation to assessment, intervention, monitoring and evaluation. Accurate records to be kept that can help identify aspects of the Services and the Services Environment or the Service User's condition that are affecting their management/rehabilitation (positively or negatively).

2. Changes in need - The Service User's needs will change according to their responses to interventions, their stage and level of recovery and their interpretation of their brain injury and self in everyday life. The specific needs related to fatigue levels, rapid cognitive overload and slowed information processing are addressed.

3. Services Users to:

- Be provided with the time, tools and skills to enable them to 'do' for themselves' rather than be 'done to'
- Have Services provided according to their assessed need; and
- Have access to appropriately trained professionals and providers.

4. Services Environment - Is conducive to meeting the cognitive, communicative, behavioural, physical, psychological and social and cultural needs of Service Users with a Brain Injury.

5. Activities are in place to enable Service Users to transfer the skills acquired during any therapy sessions to their daily living.
6. Goal-oriented interventions which are well planned are delivered at the appropriate intensity for the Service User.
7. Involvement - Support is provided to the Service User, their family and carers to contribute to planning the care process.

31.4.3 Requirements specific to Motor Neurone Disease (MND) or other complex progressive neurological condition where a Service User presents with complex neurological needs

Aim – To deliver Services for adults who have a range of physical, cognitive, behavioural, psychological and emotional and/or mental health needs to ensure that Service Users attain and maintain their optimum level of health and independence.

Objectives - the specific objectives of managing Service Users with a MND are to:

- Provide the best care to enable the highest quality of life possible and to di.e.with dignity
- Empower people living with MND and their families by providing information and choice over their place of care and support in the decisions they make about their care; and
- Provide timely access to services and care responsive to changing needs.

Primary or Secondary need for care - The Provider will ensure that Services meet the needs of Service Users having an MND as either their primary or secondary need for care.

Complex needs - Provider to provide Services for Service Users with complex health care needs. Complexities of need may refer to for example, cognition, communication, nutrition, respiration.

Principles – Provider to deliver the Services recognising that:

- Assessment is both general, physical disability and MND specific
- Planning is based on the Service User's assessed abilities and needs
- Care planning includes identifying those responsible for monitoring and evaluating the plan and takes a proactive approach to predictable changes in circumstances
- Evaluation takes account of personalised goals agreed with the Service User
- Rehabilitation and management is a continuous process that manages the changing needs of Service Users with MND and their families
- A consistent approach to interventions is essential enabling Service Users to reach their full potential
- Rehabilitation includes preventing, or at least minimising, secondary impairments, disabilities and handicaps
- MND affects every individual differently.
- The Service Users needs will change according to the deterioration of their condition.

Staff competencies - Provider to ensure Staff are appropriately trained, having evidence of specific training to manage the complex needs of Service Users with MND including the physical, psychological, emotional and cognitive aspects of care including:

- Advanced communication skills and Staff afforded sufficient time to enable effective communication for those who are unable to speak
- Ability to look after Service Users:
    - With weak swallow, supervised feeding and thickened fluids
    - Requiring enteral feeding tubes such as PEG, RIG, NG
    - Requiring non-invasive ventilation
    - Using cough assist machine
    - Requiring oral suctioning
    - Using a nebulizer.
- Ability to administer medication by prescribed route (usually oral/enteral)
- Ability to position the Service Users appropriately and recognise when a Service User is unable to li.e.flat
- Ability to communicate appropriately with Service Users and relatives about end-of-life care decisions and ability to carry out end of life care

- Ability to provide appropriate diversional therapy
- Use of Care of the Dying Individual Care Plan (or alternative agreed appropriate with Commissioner)

Nursing Model – Nursing care should be holistic to support all activities of daily living and care needs including nutrition and hydration, bowel management, oral hygiene, skin integrity and provide the necessary equipment such as moving and handling aids, profiling beds, riser recliner chairs. Consideration should be given to the introduction of Intentional Rounding to facilitate regular delivery of core nursing functions.

Care Model - A model of care operates that is specific to Service Users presenting with neurological needs.

Service elements - Provision of all those elements of Services provided to Service Users with a physical disability with additional elements pertaining specifically to MND.

Equipment - Provision of appropriate equipment to enable communication such as touch buzzers for nurse call system, internet access for Service Users.

Documentation - All care/interventions are supported by documentation that clearly identifies the need and indicates how and when any decision making will take place in relation to assessment, intervention, monitoring and evaluation. Accurate records to be kept that can help identify aspects of the Services and the Services Environment or the Service User's condition that are affecting their management/rehabilitation (positively or negatively).

Staffing staff are suitably trained, supervised and supported, and staff are able to delivery continuity of Services.

Primary Care - appropriate support is accessed from Primary Care including the GP.

Services Users to:

- Be provided with the time, tools and skills to enable them to 'do' for themselves' rather than be 'done to'
- Have Services provided according to their assessed need; and
- Have access to appropriately trained professionals and providers.

Services Environment - Is conducive to meeting the cognitive, communicative, behavioural, physical, psychological and social and cultural needs of Service Users with MND.

Goal-oriented interventions which are well planned are delivered at the appropriate intensity for the Service User.

Involvement - Support is provided to the Service User, their family and carers to contribute to planning the care process.

References – The following sources provide helpful reference material in the planning of services to individuals with Motor Neuron Disease:

- MND Association 'year of care pathway' A guide to Commissioning 2008
- MND Association 'A problem Solving Approach' revised 2010-08-06
- See also *www.mndassociation.org*

31.6 Older People with Functional Mental Illness

As per requirements for Mental Health needs above with the following emphasis:

Environment – a therapeutic and safe environment is provided that meets each individual's assessed needs.

Staff skills – Provider employs Staff able to offer an appropriate mix of skills that is able to meet the specific and unique needs of the Service User, including Staff having a level of expertise that may have been gained through experience and qualification. It is expected that the Provider will ensure that Staff have specific skills in regard to:

- Management of Negative Symptoms of schizophrenia
- Bi-polar affective disorder
- Medication concordance including effects, side effects, therapeutic dosage.

Care Planning Approach (CPA) – the Provider ensures that the CPA is central to the care delivery of the Service User and that staff have specific skills and experience in this area.

Psychosocial interviews – it is expected that the Services provided include the undertaking of psychosocial interviews for Service Users having identified need.

Activities – the Services will focus on maximising social involvement in line with assessed abilities of the Service User as may continually change and have regard to assessed risk.

Management of risks – the Services will ensure that particular attention is paid to assessing and managing risks.

Community Treatment Orders (CTOs) – The Provider and Staff will have a good knowledge and understanding of and ability in the management of Service Users having CTOs and will work closely with relevant external agencies and services as appropriate.

ANNEX 2 - CARE OUTCOMES & INDICATIVE ACTIVITIES

The following details a non-exhaustive list of indicative activities which the Provider shall be expected to undertake as a minimum, as appropriate to the care needs of the Service User, in the delivery of the Services in an outcome focused approach to care.

Indicative activities are listed against care need domains and associated care outcomes.

1. Behaviour

Outcomes:

- Service User's capability towards positive behaviour is maximised
- Service User's grooming, dress and hygiene promotes rather than inhibits social inclusion

Activities:

- Ensure a strategic prevention approach to behaviour deterioration
- Establish communication points and reporting lines to ensure expectations of both Service User and carer are clear where possible
- Ensure care plans and records accurately reflect positive behavioural strategies
- Ensure access to services as relevant
- Service User is encouraged /assisted as necessary to promote positive personal grooming, dress and hygiene.

2. Cognition

Outcome:

- Service User's cognitive capability is maximised

Activities:

- Ensure a cognitive assessment is completed on admission. Monitor and review as appropriate
- Ensure staff understand individual Service User's cognitive needs
- Ensure staff utilise cognitive support tools for individual Service Users such as access to a clock and calendar (TV / radio if possible) as appropriate
- Encourage Service User's representatives to visit and bring in Service User's personal possessions, e.g. photographs
- Ensure the Service User's individual activity programme is tailored to meet the Service User's needs and prevents isolation
- Ensure access to specialist services, as relevant
- Ensure a range of diversional therapies / activities suitable for both a one to one and group basis.

3. Emotional & psychological needs

Outcome:

- Service Users are supported in achieving optimal level of psychological and emotional wellbeing.
- There is Service User opportunity for meaningful occupation and engagement.
- Privacy and dignity is maintained at all times.

Activities:

- Provide links to social facilities and arrangements
- Provision of an appropriate activities plan and equipment to support activities
- Actively consult Service Users as part of activity planning
- Encourage and support Service User to pursue their own leisure pursuits and development both inside and outside of the accommodation
- Regularly review Service User engagement in activities and provide additional support to facilitate Service User involvement as required
- Support Service User with life changing events as required
- Ensure staff have the skills to recognise depression and its effects on behaviour and refer to GP

- Support and promote Service Users existing and new relationships, including partners, families and friends
- Support shopping / purchases as required, e.g. family gifts, clothes
- Inclusion within community / social care initiatives available to the general public

4. Communication

Outcomes:

- Service User has the opportunity to express needs and choices through their preferred or an appropriate method.
- Optimisation of verbal and nonverbal communication skill. Privacy and dignity is maintained at all times.

Activities:

- Ensure a communication assessment is completed on admission. Monitor and review as appropriate
- Ensure staff have communication skills relevant to meeting Service User needs
- Ensure information is provided to Service Users in the appropriate format
- Ensure staff are able to respond to verbal and nonverbal cues and make best use of relevant communication aids

5. Mobility and Falls

Outcomes:

- Mobility is maximised at a level which is appropriate relative to the ability of the Service User
- To minimise the risk of falls.
- Privacy and dignity is maintained at all times

Activities:

- Ensure a mobility assessment (including a falls risk assessment) is completed on admission. Monitor and review as least monthly
- Implement fall prevention strategies as appropriate
- Ensure a manual handling risk assessment is completed and reviewed on admission and at least monthly thereafter
- Enable safe Service User moving and Service Provider handling provision
- Ensure access to a range of suitable equipment, that is maintained and replaced as relevant

6. Nutrition – food & drink

Outcomes:

- The nutritional status of the Service User is optimised
- Service User enabled to maintain a balanced and nutritious diet in accordance with NICE guideline CG3.
- Service User is enabled to maximise their own potential to feed themselves (i.e. not assisted solely in order to save time)
- Privacy and dignity is maintained at all times

Activities:

- Ensure an assessment of nutritional needs is completed on admission using the Malnutrition Universal Screening Tool (MUST) or equivalent recognised tool. Monitor and review as appropriate
- Support Service User by offering choice of nutritious diet that is also able to meet cultural requirements
- Ensure adequate hydration is maintained at all times
- Ensure that a policy is in place which ensures that any change in Service Users' weight or dietary intake is responded to appropriately, and in a timely manner
- Use of fortified/liquidised diets, regular meals & individual diet plans where appropriate
- Manage the use of prescribed enteral feeds as appropriate
- Ensure that food/drink is available at flexible times and locations and is in accordance with Service User preferences

- Ensure request for referral to specialist services is made where appropriate in line with the Commissioner's local protocols and pathways
- Ensure appropriate supervision and assistance as necessary to meet the individual nutritional requirements as necessary

7. Elimination & continence management

Outcomes:

- Continence is promoted and optimised.
- Privacy and dignity is maintained at all times.
- Skin integrity is maximised
- Risk of infection is minimised

Activities:

- Undertake a continence assessment on admission, develop a continence plan and monitor and review as appropriate that is in line with NHS Policy and good practice guidance i.e. Good Practice in Continence Services 2000
- Ensure request for referral specialist continence services as appropriate
- Recognise normal patterns and act on abnormal occurrences seeking specialist advice as required
- Monitor for and act in the case of suspected urinary tract infection (UTI) in line with good practice guidance and the Commissioner's requirements

8. Skin (including tissue viability)

Outcomes:

- Skin integrity is optimised with active Service User input as appropriate.
- Privacy and dignity is maintained at all times.

Activities:

- Ensure an assessment of skin integrity is completed on admission, and include any care required to maintain healthy skin. Monitor and review as appropriate
- Ensure an assessment of pressure ulcer risk is undertaken on admission and is reassessed regularly and prompt recognition of and action as a result of any changes to pressure ulcer risk factors according to local guidance.
- If a Service User is at risk of pressure ulcer development a pressure ulcer prevention plan must be devised, implemented and evaluated
- Ensure that skin care and wound management is evidence based and in line with current wound and skin care formularies and treatment/management regimes are clearly recorded in care plans
- Ensure that all wound and skin lesions are assessed and documented
- Ensure request for referral to specialist services using the identified referral criteria
- Ensure that staff access pressure ulcer prevention training that is evidence based and accredited.

9. Breathing

Outcomes:

- Airway integrity is maintained and breathing is optimised.
- Respiratory risk is minimised.
- Negative impacts of respiratory dysfunction on daily living are minimised.
- Privacy and dignity is maintained at all times

Activities:

- Where appropriate, ensure a breathing assessment is completed on admission. Monitor and review as required
- Utilise appropriate equipment to support Service User breathing as prescribed, e.g. nebulisers and tracheotomy equipment
- Engage with local respiratory services where appropriate.

10. General Well Being/Clinical Condition

Outcomes:

- To ensure existing and emerging clinical conditions are managed appropriately.
- To reduce exacerbation of existing conditions
- To ensure Service User lives well until they die.

Activities:

- Ensure an assessment is carried out in conjunction with the information from GP and other services on admission
- Ensure at least a monthly review is carried out or as symptoms change
- Ensure that any changes in condition (physical and psychological) are responded to appropriately and that actions taken are clearly recorded in care records

11. Medication and Symptom Control

Outcomes:

- Medication is provided in a safe and timely manner in order to optimise the care and clinical condition of the Service User.
- Service Users are advised of the purpose of medication and actively engaged in the decision making and review of it.
- Privacy and dignity is maintained at all times.
- Service User's pain levels are reduced and comfort optimised.
- The negative impact of pain on the Service User's daily life is minimised.

Activities:

- Ensure a pain assessment is completed on admission. Monitor and review as appropriate
- Ensure a range of communication skills are utilised to assess the characteristics of pain, e.g. location, severity on a scale of 1 – 10, type, descriptors frequency, precipitating factors, relief factors
- Administer analgesia as prescribed and monitor effect using pain assessment tool
- Utilise appropriate non-pharmacological methods to reduce pain and discomfort
- Maintain prompt access to all required medication, including self-medication where appropriate
- Ensure appropriate recording of medication and escalation of non-compliance
- Inform the Service User and their representatives (as appropriate) of any likely side effects of medication
- Monitor the side effects of medication and refer to the appropriate prescriber.
- Work with the specialist care teams to anticipate Service User requirements prior to immediate need
- The provider must have a robust medication policy in place
- Ensure that medication information is available in an accessible format focused on the Service User e.g. pictorial, tape, Braille, translated
- Ensure that medication administration is in accordance with prescriptions and in line with the medication policy
- Facilitate regular medicine reviews

12. Altered State of Consciousness

Outcomes:

- To identify fluctuations in state of consciousness and manage according to need.
- Privacy and dignity is maintained at all times.

Activities:

- Recognise normal patterns and act on abnormal occurrences seeking specialist advice as required
- Ensure access to referral to specialist services as appropriate

- Monitor for and act on any fluctuations
- Undertake an assessment on admission, develop a care plan and monitor and review as appropriate
- Complete full and regular assessments and reviews as appropriate

13. Provision of safe and clean environments and clinical practices

Outcomes:

- To reduce the risk of available healthcare associated infections.

Activities:

- Annual infection prevention and control programme and statement, which includes training, education and audit
- Implementation of actions following root cause analysis of MRSA bacteraemia, CDI or other serious infections
- Ensure infection prevention policies and procedures are implemented
- Provide information to other health/social care provider on the individuals infection status and risk factors
- Work closely with local Infection Control Teams
- Contact the Infection Prevention Teams or Health Protection Agency regarding outbreaks of infection.