

**London Borough of Hounslow**

**LEARNING DISABILITIES AND AUTISM  
SUPPORTED ACCOMMODATION SERVICE**

Service Specification

2018

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# 1 INTRODUCTION AND CONTEXT

## 1.1 Purpose of the document

People with learning disabilities and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives and to be treated with dignity and respect.

This service specification sets out the requirements for delivery of the Supported Housing Schemes available to adults with learning disabilities and/or autism.

The London Borough of Hounslow (LBH) in partnership with Hounslow Clinical Commissioning Group (CCG) are committed to transforming local services available to people with learning disabilities and/or autism, to improve services that are able to support service users to lead full and rewarding lives in the community. This specification will form part of an essential offer required to fulfil both the vision and values outlined within the local transformation plan (Hounslow Transforming Care Plan 2016-2019) and Hounslow Learning Disabilities Vision (2016) including:

- Development of an additional 55 units of accommodation to support people with learning disabilities by 2020.
- Reduced numbers of people requiring specialist hospital admission.
- People with learning disabilities receive quality support that enables them to live in the community.
- Services that are able to meet the needs of people that present with behaviours that challenges conventional service provision.
- People receive high quality care, support and treatment in the most appropriate setting.
- Services that promote peoples' independence by ensuring the least restrictive setting is sought and promoted.

This Service will support the delivery of the local transforming care programme, in conjunction with a range of inter-related projects that are being undertaken to ensure that appropriate accommodation options are developed in line with identified gaps and needs within Hounslow. This will ensure the services will be designed to be able to meet the following local needs:

- Resettlement of Hounslow service users currently placed outside of the borough.
- Ability to meet the housing and care needs of service users transitioning into adulthood.
- Support resettlement of inpatients that are ordinarily resident of Hounslow who require supported housing locally.
- Continue to support service users that require supported housing who reside in Hounslow.

The Service will be funded through the LBH Adult Social Care budget.

The existing supported housing services are currently supporting approximately 60 people with learning disabilities. In a lot of cases individuals have resided there with friends over a number of years and built up networks of support. Before any change of care package can be agreed, there must be a Care Act compliant assessment or review of assessment involving the individual. No decision has been made in relation to individual care needs and therefore some individuals may not change their accommodation immediately or during the contract term.

The Service will be subject to review, change and innovation over the lifetime of the contract. Individuals that reside in the existing schemes will not be required to move as a

result of this specification and will continue to have their identified and eligible needs met. In instances where an individual's needs change (either suddenly or over a longer period), the suitability of the service they are receiving will be monitored and reviewed by adult social care team responsible for the individual. Any proposed changes will be managed in compliance with the Care Act 2014 and is separate from this specification.

## Strategic context

Hounslow is a large and vibrant outer London borough stretching from Chiswick in the North East to Bedfont in the West. The London Borough of Hounslow (Authority) and Hounslow CCG serve one of the most diverse boroughs in London with a population of over 270,000 people, over 140 languages spoken and 51% of the population from black and minority ethnic (BAME) communities. In common with the rest of England, the Authority is experiencing an unprecedented period of growing demands on current services, with limited resources to meet these demands. This is in part because the overall Hounslow population is due to rise by 6.8% between 2012 and 2020. The nature of demand is also becoming more complex.

The London Borough of Hounslow is an ambitious council that aims to provide the very best services to the community it serves. The Council and CCG are committed to supporting people to live as independently as possible and to lead a full and rewarding life in Hounslow through improving preventative and early intervention services.

At a national level, the shift to prevention and early intervention has been underpinned by increasing emphasis on public service integration. Integration has become a central tenet of public service reform in the UK, particularly across health, social care, and housing. This is reflected in recent legislation; the Care Act 2014 as well as in guidance from central government, such as the Transforming Care for People with Learning Disabilities.

In responding to the specification, bidders will need to familiarise themselves with a number of key local and national strategies, frameworks, and legislation that have informed the commissioning requirements including:

- Promoting Wellbeing and Independence: A Joint Prevention Strategy for Adult Services in Hounslow 2015-2019
- Transforming Care for People with Learning Disabilities
- Building the Right Support
- Autism National Strategy Think Autism
- Transforming Care Plan (Hounslow CCG/LBH)
- Valuing People (DH 2001)
- Valuing People Now (DH 2009)
- London Borough of Hounslow Public Health Commissioning Strategy 2014-19
- Hounslow Thriving Communities & VCSE Sector Strategy 2015-19
- The Care Act 2014
- NHS England guidance on personalised care and support planning.
- Think Local Act Personal (TLAP) guidance on personalised care and support planning.

- National Institute for Health and Care Excellence (NICE) guidance on challenging behavior and learning disabilities, section on understanding the risks of developing behavior that challenges.
- Mansell Report: Services for people with learning disabilities and challenging behaviour or mental health needs report of a project group.
- Royal College of Psychiatrists: Challenging Behaviour a Unified Approach.

Full length versions of these documents can easily be accessed via the London Borough of Hounslow's website, the TLAP website, Department of Health website, the RCPsych website, and NHS England website.

## 1.2 LIFE context and principles

Until 2016, preventative services in the borough were delivered through 30 providers and 54 contracts, at a cost of £8.35 million per annum. This included a spectrum of support incorporating information, advice and guidance; floating housing support; and supported accommodation.

As these contracts were close to expiry and EU regulations required re-procurement, the Joint Commissioning Team identified an opportunity to redesign the preventative offer to address a range of challenges including service accessibility, service user experience, value for money, rising demand, and effective contract management. In November 2015, Cabinet approval was given to commence the LIFE (Living Independently for Everyone) programme; an ambitious commissioning exercise to retender and reconfigure preventative services. The LIFE programme procures contracts under three main areas:

- HIPS: Prevention focused Information, Advice and Guidance (IAG); Brief Intervention; and access into longer term support
- Integrated Support: non-accommodation based support services including floating support, carers' support, and advocacy
- Supported Accommodation: Accommodation with support services onsite that enable more vulnerable people (Young People and Young Parents, Learning Disabilities and Autism, Socially Excluded) to live independently, enable them to move on to independent accommodation, and prevent the need for residential care and hospital admissions

The Integrated Support Service was launched in January 2017, the LIFE Young People and Young Parents' Supported Accommodation Service launched in October 2017, and the LIFE HIP Service launched in April 2018. Commissioners are currently in the process of commissioning the LIFE Social Inclusion Supported Accommodation Service.

In common with other commissioned preventive services, the Provider will be expected to deliver the Service in line with the following LIFE principles:

- **Practical Support** – That enables people to continue to live as independently as possible in the least restrictive environment and reduce dependency on statutory services

- **Promotes Independence** – Service users receive support that ensures they develop and maximise their independence in the community to reach their full potential
- **Provides Dignity and Respect** – Service is conducted in a manner that respects the individual's rights, choices and aspirations. That sensitive support is provided in a way that ensures an individual's dignity and values as service users of Hounslow
- **Is Safe** – Service is provided to ensure the service users receiving support and the community are appropriately safeguarded through comprehensive needs and risk assessment utilising positive behaviour approaches to support planning for an individual
- **Employs & Develops Quality Personnel** – Suitably trained and skilled staff are in place that reflect the demographic profile of the London Borough of Hounslow and are essential to deliver the quality and impact of the service needed
- **Is Person Centred** – Service users' outcomes are met in a person centred manner that empowers the recipient to take positive risks that enhance their independence, physical and mental wellbeing
- **Holistic** - Taking a holistic approach involving the individual and their family, by identifying different approaches to supporting the household and linking in the appropriate services
- **Is Outcomes Focused** – focusing on the impact or end result to achieve the individual's goals and aspirations rather than processes
- **Builds a Sustainable Workforce** – Ensuring the delivery of a resilient, engaged and high performing service.

### 1.3 Provider requirements

The Authority is seeking to develop a long term strategic partnership with a Provider that:

- Is a sector leader in services supporting and caring for people with learning disabilities and/or autism;
- Has experience of providing a range of supported accommodation models and provision with a deep understanding of the needs of people with learning disabilities and/or autism (including those with high and complex needs and behaviours that challenge), access to significant expertise, and knowledge of evidence informed best practice;

Provider self-certification:

Please provide a brief overview of your organisations experience:

- Is a reputable, responsive, and responsible employer committed to recruiting, developing, and retaining a high quality and diverse workforce;
- Is able to add value to provision to enrich the Service offer for service users, including through attracting additional external funding;
- Is financially sustainable with robust governance and assurance arrangements;
- Is able to demonstrate experience of and inspire trust and confidence of property landlords to ensure the smooth running of the Service;
- Is committed to developing positive partnerships at local, regional, and national level to benefit service users, including with landlords and housing associations to support move on to independence;
- Is registered with the Care Quality Commission (CQC) (and/or any subsequent regulatory body) to provide care for a period of 12 months before the commencement of the contract. The Provider must maintain registration with a minimum 'Good' rating throughout the duration of the contract, remedial measures will be put in place if the Provider falls below this standard. If the inspection records a 'Requires improvement' rating, the Provider will complete and implement an improvement plan within an agreed timeframe in accordance with the Local Authorities Provider Concerns Policy. The Provider will ensure it meets the statutory requirement for registration and regulation of a domiciliary home care Service under the Health and Social Care Act 2008 and all subsequent regulations that may succeed the above.

## 2 SERVICE DESCRIPTION

### 2.1 Service description

The London Borough of Hounslow believes that all people with a learning disability and/or autism are full citizens and are equal in status and value to other citizens of the borough. Our vision for the future is that people with learning disabilities and/or autism will have a better quality of life: living locally where they feel safe and well, where they are valued and included in their communities, and where they have access to effective personal support that promotes independence, choice and control.

To that end, the Authority is seeking to commission a range of supported accommodation provision that is able to provide personal care and support for people with learning disabilities and/or autism in Hounslow. The services will support service users with a range of needs, including those that can exhibit high and complex needs and behaviours that challenge.

The Service will provide a level of care and support which is appropriate to the needs of the person helping to support people to live active, healthy, socially responsible and socially inclusive lives as part of their local communities, engaging with a wide range of community organisations and developing natural support networks. This will include supporting people to identify risks and develop strategies that help them to keep safe in the community. Positive Behavioural Support (PBS), Active Support Models and Person Centred Planning (PCP) must form an integral part of service provision and the basis for organising and providing care and support for the activities of daily living and skills development.

The Service will ensure that staff providing care and support are able to effectively communicate and advocate on behalf of service users in recognition that communication difficulties are prevalent amongst people with learning disabilities, including expression and comprehension. The Service will proactively help to break down communication and other related barriers to service users accessing community services social and health care.

The eligibility criteria for people with learning disabilities and/or autism is set out as follows:

### **Eligibility Criteria**

1. Service Users must be aged 16+\* and be eligible for support from adult social care as defined in the Care Act 2014
2. Service Users must be diagnosed with a learning disability and/or Autistic Spectrum Condition (ASC)

**A learning disability is defined as a: “Significantly reduced ability to understand new or complex information, to learn new skills, with; a reduced ability to cope independently; which started before adulthood, with a lasting effect on development. (Valuing People 2001).**

**Autism is a lifelong developmental disability that effects how a person communicates and relates to other people, and how they experience the world around them.**

3. Service Users must be known and open to the London Borough of Hounslow Community Learning Disabilities Team (CLDT) or 0-25 Learning Disabilities Team.

\*As detailed in Appendix 1, Service Users must be over 18 to utilise respite provision

## **2.2 Service aims**

The Service aims to provide care and support in a safe, secure and positive environment to:

- Maximise independence irrespective of the service users’ present and future level of needs;
- Create an enablement approach to Support and Care;
- Enable service users to exercise choice and control within the community and in their own homes. Service users shall be supported and encouraged to develop the ability to make choices and the understanding of the responsibilities that accompany these choices;
- Avoid unnecessary restricting of a service user’s independence to act or care for themselves in all areas of life (physical, social and emotional) whilst ensuring that all proper Support and Care is given;
- Be sensitive, appropriate and designed so that it is inclusive of anyone who would be eligible for Services;
- Meet and responds to change in local needs and national legislation;
- Work with service users, their families, their social workers and the Multi-Disciplinary Team to meet their desired outcomes detailed in their Care Plans and Positive Behaviour Support Plans;

- Work collaboratively with the commissioners, social workers, health professionals, and the Multi-Disciplinary Teams and others as defined by the commissioners from time to time to develop best practice and within this contribute to research projects/initiatives.

## 2.3 Service values

Building on and aligned to the LIFE Principles outlined above, the Provider will ensure that all aspects of service development, delivery, and management are undertaken in keeping with the following values:

- **One Hounslow** – the Provider will recognise and embrace its role in the larger Hounslow public service system, including its role in improving whole system outcomes. When issues arise and it is practicable, the Provider will deliver interventions early and in house. Where it is not, the Provider will work with relevant partners to meet service user needs.
- **Quality of life** – Service users should be treated with dignity and respect. Care and support should be personalised, enabling service users to achieve their hopes, goals and aspirations; it should be about maximising the person’s quality of life regardless of the nature of their behaviours that challenge. There should be a focus on supporting people to live in their home within the community, supported by local services.
- **Keeping people safe** – Service users should be supported to take positive risks whilst ensuring that they are protected from potential harm, remembering that abuse and neglect can take place in a range of different environments and settings. There should be a culture of transparent and open reporting, ensuring lessons are learned and acted upon.
- **Increased choice and control** – Service users should have choice and control over their own health and care services; it is they who should make decisions about every aspect of their life. There is a need to ‘shift the balance of power’ away from more paternalistic services which are ‘doing to’ rather than ‘working with’ people, to a recognition that service users, their families, and their carers are experts in their own lives and are able to make informed decisions about the support they receive. Any decisions about care and support should be in line with the Mental Capacity Act. Service users should be supported to make their own decisions and, for those who lack capacity, any decision must be made in their best interests involving them as much as possible, and those who know them well.
- **Care and Support** – will be provided in the least restrictive manner. Where a service user needs to be restrained in any way – either for their own protection or the protection of others – restrictive interventions should be for the shortest time possible and using the least restrictive means possible, in line with Positive and Proactive Care.
- **Equitable outcomes** – the Service should seek to secure equitable outcomes for service users, comparable with the general population, by addressing the determinants of health inequalities outlined in the Health Equalities Framework. This will require partnership with mainstream services, as well as specialist multi-disciplinary community based health and social care expertise as appropriate.

## 2.4 Outcomes/outputs

As this is an outcomes focused specification, performance monitoring will focus on evaluating the extent to which outcomes have been achieved for service users receiving the Service.

Outcomes should be personal, specific, achievable and measurable. Throughout the contract, the Provider will further be required to provide distance-travelled outcomes information related to all service users. The Provider will agree a format for this reporting with the Authority during mobilisation.

The Provider is required to demonstrate individual benefits using the outcomes table below. This framework was developed from the contents of the Building the Right Support, frameworks, and legislation outlined in section 1.1 and through stakeholder and service user consultation.

Outcome	Measure	
1. Service Users live as independently as possible	1.1	Service Users are encouraged to maintain and develop their independence
	1.2	Risk enablement/positive risk approaches support Service Users to take manageable risks
	1.3	Service Users are supported through life transitions
2. Service Users have control over their life by being able to make choices	2.1	Each Service User will have a service delivery plan which is outcome focused and has been developed in conjunction with the Service User
	2.2	Service Users are enabled to make, or participate in making decisions relating to their support
	2.3	Service delivery plans reflect and embrace the diversity and cultural profile of Service Users
	2.4	Service Users are encouraged and enabled to be involved in and influence how the service is run
	2.5	Staff will have full understanding of the Mental Capacity Act in terms of decision making.
	2.6	Demonstration of flexibility in all aspects of daily living within the Home
	2.7	Service Users aware of their rights and responsibilities whilst using the service

<b>3.</b> Service Users are full citizens, enjoying the same rights and responsibilities as others and are encouraged to build and maintain relationships with positive interactions	<b>3.1</b>	Service Users are actively supported to maintain contact with family and friends
	<b>3.2</b>	Service Users are encouraged and enabled to be an active part of their community in appropriate settings
	<b>3.3</b>	Service Users are supported to have positive interactions with other service users within the Home
	<b>3.4</b>	Service Users have access to a named worker
<b>4.</b> Service Users have opportunities to fulfil their ambitions, maintain, learn and improve skills	<b>4.1</b>	There is an enabling approach to all activities of daily living within the Home
	<b>4.2</b>	Service Users are able to access purposeful activities
	<b>4.3</b>	Service Users service delivery plan to meet and to reflect their ambition and goals where possible
<b>5.</b> Service Users are supported to maintain or improve their health	<b>5.1</b>	Service Users are supported to access health professionals as required
	<b>5.2</b>	Service Users will receive a seamless transition between the Home and health services
	<b>5.3</b>	Service Users are encouraged to maintain healthy lifestyles
	<b>5.4</b>	Medication is safely administered (where required)
	<b>5.5</b>	Where appropriate, Service Users are promoted and supported to safely manage medication independently
	<b>5.6</b>	Service Users are given opportunities to maintain or improve their current fitness levels
<b>6.</b> Service Users feel safe and secure, free from discrimination and harassment	<b>6.1</b>	People who use services are protected from abuse, or the risk of abuse and their human rights are respected and upheld
	<b>6.2</b>	Service is provided equitably taking into account individual service users' cultural and ethnic background and sexuality
	<b>6.3</b>	Clear accurate and comprehensive records of incidents and accidents are kept

	<b>6.4</b>	There are sufficient and appropriately trained staff to meet individual needs
	<b>6.5</b>	Service Users know how to make a complaint or comment without fear of retribution
	<b>6.6</b>	Staff are supported to follow whistle blowing procedure and feel able to use it without fear of retribution
	<b>6.7</b>	Compliance with Deprivation of Liberty Guidance and Procedures
	<b>6.8</b>	Service Users are protected from the negative effect of any behaviour by people who use the services
<b>7. Service Users are treated with dignity and respect</b>	<b>7.1</b>	Dignity and respect is actively promoted in every aspect of daily living within the Home
	<b>7.2</b>	Personal information is handled appropriately and personal confidences are respected
<b>8. Service Users are protected from financial abuse</b>	<b>8.1</b>	Service Users are supported to manage their own finances where appropriate, and have the capacity to do so
	<b>8.2</b>	Service Users can choose how to spend their money
	<b>8.3</b>	Appropriate arrangements are in place to meet the needs of those service users who cannot manage their own finances

## 2.5 Support needs/Service User profile

The Service will support people with learning disabilities and/or autism aged 16+. Service Users will have a range of needs and characteristics which may include (but is not limited to) a combination of:

- Cognitive impairments that limit their awareness of their own needs and risks to the extent that they require assistance and support to make decisions about their lives to reduce risk, harm, and health deterioration
- Mental health condition(s) such as severe anxiety, depression, a psychotic illness, and personality disorders, which may result in behaviour that challenges
- Self-injurious or aggressive behaviour (not related to severe mental ill health), some of which may be linked to specific neuro-developmental syndromes which result in an increased likelihood of developing behaviour that challenges

- Risky behaviours which may put themselves or others at risk and could lead to contact with the criminal justice system. This could include things like fire-setting, abusive or aggressive or sexually inappropriate behaviour
- Behaviours that can challenge, posing both risks to themselves and/or others including aggression or lack of inhibition, to the extent that a skilled response may be required outside of normal planned interventions
- Physical disabilities that impact on their mobility to the extent that they are unable to bear weight and require skilled staff to ensure transfers are carried out safely
- A range of psychological and emotional needs leading to periods of distress and non-engagement with services that lead to a negative impact on their health and/or wellbeing. These may include additional mental health issues for example schizophrenia
- Communication difficulties that could mean they are in some circumstances unable to reliably communicate their needs and skilled support is required to be able to interpret, anticipate and support residents through non-verbal signs and familiarity with the resident
- Nutrition needs that consequently require care and support to ensure appropriate food and drink intake, including specialised diets and liquidised feeds. In some cases residents may be unable to take drink and food through mouth and will be supported using a non-problematic PEG
- Continence care requirements that include support with medication and regular toileting for residents that may require monitoring to minimise risks of infection or constipation

The following example has been provided to demonstrate the type of service user the provider will be asked to provide care and support for and the interventions expected from the provider to help the service user live as independently as possible.

### **Josh**

Josh is a 30 year old man with learning disabilities who also has a diagnosis of autism. These factors impact on him to the extent that he has no spoken language, major skills deficits and some challenging needs – he has behavioural outbursts which put himself and others at risk and cause serious damage to the environment. Like many people on the autistic spectrum, predictability and familiarity are very important to him, and he can become very distressed when faced with sudden and unexpected changes to his routine and when the world becomes a confusing place.

Josh moved out of the family home when he was nineteen and entered residential care. Sadly, this did not go smoothly; for the next five years he was moved from one placement to another as each failed to provide appropriate care and support for him. There were a range of factors to account for this including inadequate planning, poor management, low levels of unskilled and inexperienced staffing, co-resident incompatibility and so on. By the end of a

third unhappy placement, Josh was extremely distressed and his behaviour had deteriorated alarmingly.

**Supported Housing Interventions**

The supported housing service provider assessed and worked alongside the CLDT’s Challenging Needs Practitioner in order to devise and agree a Positive Behaviour Support (PBS) model and plan that identified the risks and support interventions required. PBS promotes a highly person-centred approach to service design so that the service is tailored to individual need. Accordingly, interventions are based on a proper functional analysis so that the causes of challenging behaviour, rather than the symptoms, can be effectively addressed. In Josh’s case a service has evolved which, increasingly over time, has provided him with:

- A timetable of activities that reflects his preferences and needs;
- Opportunities to develop new skills relating to, for example, choice-making, communication and daily living;
- Predictability and consistency of routine;
- A stable staff team who know him well and who are effectively managed; and
- A robust organisational framework of service delivery whose component parts work together in a logical and coherent way.

To ensure an appropriate range of supported accommodation options are available to meet the increased complexity and diversity of Service User needs within Hounslow, the schemes have been provided with an indicative level of need that must be appropriately facilitated within the accommodation.

The categories below (high, medium, and low) are intended to be used as a guide towards ensuring that placements and needs are aligned with levels of staffing within schemes. This is not an exhausted list of needs and the categories outlined below are not intended to be prescriptive (i.e. Service Users are likely to have a mix of needs levels across different criterion which should be viewed holistically to determine their overall need i.e. for high, medium, or low support).

**Schemes defined as High**

<b>Needs</b>	<b>Health Needs</b>	<b>Social Support and Circumstances</b>	<b>Cognition</b>	<b>Communication Needs</b>
Wheelchair use Unable to transfer (require 1-1 support with moving and	Full support with eating and drinking	1-1 to 3-1 support with community access (due to physical or behavioural needs)	Profound and or severe	Unable to always be able to reliably communicate their needs.

handling and hoisting)	Complex epilepsy			
Lack capacity to make decisions	Health needs requiring regular monitoring	1-2 to 3-1 support to engage with social networks (Inc. family, friends etc.		
Complex challenging behaviour (requiring 1-1 support)	Complex medication requiring assistance with medication administration	1-1 support with travelling and to engage in activities		
1-1 to 2-1 support with personal care	Input from Health professionals	Unable to manage finances individually		
	Regular monitoring of mental wellbeing (Inc. psychology and psychiatric input)			
	Palliative care			
	Full support with continence care			

Schemes defined as Medium

<b>Needs</b>	<b>Health Needs</b>	<b>Social Support and Circumstances</b>	<b>Cognition</b>	<b>Communication Needs</b>
Use of mobility aid but able to mobilise and transfer independently	Manageable epilepsy	1-1 support in travelling with some support to engage in activities	Moderate to Severe	Needs assistance to communicate their needs.
Limited verbal communication skills but able to communicate	Manageable eating and drinking needs requiring ongoing monitoring Input from Health professionals	Some support required to engage with social networks		Special effort may be needed to ensure accurate interpretation of needs or additional support
	Some support with continence care			

non verbally  Manageable challenging behaviour  Some independence with daily living and activities	Regular monitoring of mental wellbeing (inc. psychology and psychiatric input)	Requires some support to manage finances		may be needed either visually, through touch or with hearing
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Schemes defined as Low

<b>Needs</b>	<b>Health Needs</b>	<b>Social Support and Circumstances</b>	<b>Cognition</b>	<b>Communication Needs</b>
Use of mobility aids independently  Support required to meet daily living activity  Able to communicate verbally or non verbally  Minimal challenging behaviours that pose no significant risks  Able to access the community	Able to manage health needs with support from staff  Minimal/no continence support required (may require prompting)  Regular monitoring of mental wellbeing (Inc. psychology and psychiatric input)	Able to travel independently  Able to socially engage Minimal financial support	Mild to Moderate	Able to communicate clearly, verbally or non-verbally

independently with minimal support				
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## 2.6 Service pathway

### Referrals

Referrals to the Service will be made by the Authority, following an assessment of the Service User's needs and associated risks. Details of the assessment and referral process will be confirmed during mobilisation of the Service.

The Provider will accept all referrals from the Authority. In exceptional circumstances, should the Provider disagree with a referral, it may appeal to the Authority and will work jointly to agree a solution. A referral may only be refused with agreement of the Authority following this appeal. Details of the appeal process will be agreed during mobilisation with the Provider. In instances where the prospective Service User rejects placement, the Provider is to work with the individual to exhaust all other options within the Service and is to notify the Authority immediately.

### Planning, review, and move on

On commencement of the placement, the Provider will build on the needs and risk assessment undertaken by the Authority to co-design and agree an outcomes focused support and risk management plan with the Service User.

The planning process should be warm, personal, engaging, and respectful. The Service User should not have to repeat their story unless absolutely necessary and paperwork should be kept to a minimum. In keeping with the Service commitment to asset based working, the plan will incorporate Service User strengths, interests, and aspirations.

Plans will be designed to move Service Users towards sustainable independent living and healthy, ambitious, and safe adult lives in a timely way. Support and risk management plans should be reviewed at least quarterly or within 24 hours of a serious incident to reflect Service User progress. In light of reviews, placement timescales may be amended i.e. decreased or increased as relevant, with agreement of the Authority. Where required, move on arrangements should be planned for as soon as practicably possible for service users who are able to live independently or to step down to floating support, or for those that are required to move to higher level of supported accommodation. Support plans should be developed and reviewed with this in mind.

On commencement of the placement, the Provider is responsible for managing the Service User's supported accommodation journey. The Provider will design support around the needs of the Service User and flex support accordingly to escalate or deescalate support as appropriate to circumstance and needs.

In keeping with the Service value of eviction being a last resort, if an issue is identified during a placement, the Provider will proactively work with the Service User and relevant partners to intervene early, including through disruption meetings, and identify a solution. In the event of continued escalation or a serious incident, the Provider will call a multi-agency panel review to decide on the ongoing sustainability of the placement. A Service User may only be evicted with agreement of the Authority following this panel. Eviction will not exclude a

Service User from future re-admission to the Service following an appropriate period of time to be agreed between the Authority and the Provider.

## **2.7 Support and Care**

The Service will provide care and support to enable Service Users to live active, healthy, socially responsible and socially inclusive lives as part of their local communities, engaging with a wide range of community organisations and developing natural support networks. This will include supporting Service Users to identify risks and develop strategies that help them to keep safe in the community.

The Service will provide a level of care and support which is bespoke and appropriate to the needs of the person. It is expected that the Provider will proactively support people to progress, and to reduce or alter support as appropriate as independence increases. Reducing dependency and maximising independence should define success and run through all aspects of the Service.

Service Users shall receive skilled, sensitive and empathetically administered care and support that is delivered with respect and dignity to ensure the highest possible quality of life. It is fundamentally important that staff supporting Service Users never lose sight of the fact that the setting in which they work is the home of the Service Users they support, and not merely a site of services provided by the Provider.

The Service must be adequately staffed by suitably skilled and experienced workers (and supervisory staff) to deliver high quality care and support at all times. This includes delivery of care and support on a 24-hour basis according to the assessed needs of Service Users and to above the minimum standards required by this Agreement.

The Provider shall ensure that staff have written guidance within which to take day-to-day decisions about the degree of independence and care appropriate to each Service User. This shall be based on the Service Users assessed abilities and needs. Where Service Users appear to lack capacity to make a particular decision, the Provider will work closely with the Authority and deal with the issue in compliance with the Mental Capacity Act and relevant Codes of Practice.

The Provider will ensure that any increases or decreases in packages of care are managed within the agreed funding for the service without the need for additional 'top up' funding.

## **2.8 Medication**

Wherever possible, it is expected that Service Users will maintain responsibility (as far as possible) for managing and administering their own medication. The Provider will support this as relevant – for example through proactive monitoring and prompting. Where GPs have assessed that Service Users should be responsible for their own medication, this will be recorded in their individual plan. No medical treatment shall be administered to a Service User except under the direction of a registered medical practitioner.

Where Service Users are unable to administer their own medication, the responsibility for the safe keeping and administration of all medicines is vested with the Service Provider.

Medication must only be administered by a trained, responsible person, authorised by the Provider and with the consent of the Service User or their representative.

Medication must be individually labelled and stored in the container they were dispensed in, in a secure place. A record of all medication received must be kept. An individual record must be maintained which shall include details of type of medication and dosage. This must be completed and signed by staff at the time of administration. The Service Provider shall have appropriate procedures relating to the safe disposal of unwanted medication and for controlled drugs, and for the refusal of medication. Some medication may come in nomad trays – out of the original packaging.

Staff should be aware of Service User's medication restrictions in relation to the consumption of alcohol. Where alcohol should not be consumed on medical grounds, staff should encourage consumption of non-alcoholic beverages.

When the Provider is to administer or to assist to administer medication as part of the Service, the Provider shall:

Prompt the Service User to take prescribed medication in a safe and effective manner in accordance with:

- Medicines Act 1968;
- Misuse of Drugs Act 1971
- Royal Pharmaceutical Society of G.B guidelines

Operate a medication policy within the Service that ensures:

- There is a process for identifying and supporting the individual to take prescribed medication with minimal assistance
- There are management recording systems used for documenting all processes relating to any incidents involving the administration of a service users medication within the Service
- There is appropriate training, supervision and monitoring systems covering staff who directly administer service users medication in accordance with national guidelines and clinical best practice
- There is an appropriate procedure to be used by staff in the event of a medical emergency involving a Service Users medication
- Only competent and confident staff are assigned where medication is required and the policy should enable staff to refuse to administer medication if they have not received appropriate training and/or do not feel competent to do so
- There is clear guidance in place around the circumstances in which staff may or may not be involved in prompting or assisting an individual to take medication or in its administration
- Auditing systems are in place for managers to validate policy and practice

Where an individual is regularly using medication, this shall be reviewed at least annually with the general practitioner to ensure they are receiving the correct treatment. Every effort shall be made to explain the treatment to the individual and to gain their consent. This review shall be recorded in the Service Users records.

In addition to the provisions of conditions above the Provider will ensure that arrangements are in place for Service Users to take any necessary medication in a way that respects their dignity and privacy.

## 2.9 Meals

The Service will ensure that Service Users are supported to maintain a varied, balanced and nutritious diet that is consistent with their individual needs, preferences and health. Individual special dietary needs (e.g. diabetic, vegetarian, etc.) shall be included in care and support plans and catered for through consultation with relevant professionals and in accordance with best practice. The Provider will ensure that service users are:

- Encouraged and assisted to be as independent as possible in preparing meals, snacks and beverages. Attention shall be paid to safety in the kitchen and proper training given to enable service users to use the facilities appropriately. This shall include the required standards of personal and kitchen hygiene. Risk assessments will be undertaken to identify the level of assistance the individual will require to develop skills of independence whilst minimising harm.
- Encouraged and assisted to budget for and purchase the ingredients for their healthy meals, snacks and beverages.

The Service will ensure that staff who access or undertake support or care activities either in a shared or individual's kitchen conforms to high standards of health and hygiene according to the latest food hygiene standards and practice, including but not limited to:

- The Health and Safety at Work Act 1974;
- The Food Safety (General Food Hygiene) Regulations 1995;
- The Food Act 1984;
- The Food Safety Act 1990.

## 2.10 Cleaning and House Care

Service Users shall be encouraged, supported or assisted via support to maintain their independence through tidying their own homes and undertaking the tasks of ordinary living as appropriate e.g. shopping, gardening, answering the door and the telephone, etc. with assistance available, as required.

## 2.11 Personal Care

The tasks and care listed below are to be undertaken **with and for** Service Users maximising opportunities for Service Users to take control over their own lives and to direct and manage the care, support and associated tasks they receive. This may be accomplished by assisting, encouraging and/or training the Service User to develop or maintain their own skills in any of the areas covered below. This list should not be seen as exhaustive, nor will all tasks/support be needed in all cases. These tasks have been identified as those that may contribute to meeting a Service Users agreed outcomes.

- Direct assistance with or regular encouragement to perform tasks
- Training in self-care skills
- Assisting the service user to get up or go to bed
- Washing, bathing, hair care, denture and mouth care, hand and fingernail care
- Catheter care (external)

- Assisting the service user with dressing and undressing
- Toileting, including necessary cleaning and safe disposal of waste/continence pads
- Shaving, make-up, dental and oral care, including dentures
- Food or drink preparation
- Eating and drinking, including associated kitchen cleaning and hygiene
- Attending day care, hospital appointments, accessing social activities etc.
- Shopping and handling their own money, including accompanying the service user to the shops collecting pensions, benefits or prescriptions, paying bills for service users or other simple errands
- Assist/prompt to take medication which has been prescribed to the service user in accordance with agreed medications policy

## 2.12 Healthcare Needs

Adults with learning disabilities are likely to experience significantly worse health than the general population, are more prone to chronic health problems, and are more likely to die prematurely. It is also now widely recognised that their health needs are often unmet.

The Provider shall ensure that keyworkers (or nominated leads) offer support to Service Users in accessing the full range of healthcare services identified in their Health Action Plan (HAP). Service Users will also be supported to have an up to date Hospital Patient Passport, Positive Behaviour Support Plan, and Support Plan as required.

The Provider should give help and advice to Service Users (and recorded on appropriate plans/records) on how to stay healthy and independent and encourage and support Service Users to access health and wellbeing promotion services such as One You Hounslow. Service Users shall also be assisted by the Provider, as necessary, to register with local primary and community health facilities including (but not limited to) the General Practitioner and Dentist of their choice (assuming the agreement of the GP and/or Dentist), the CLDT, chiropodists, opticians, occupational therapy, physiotherapy, and hospital outpatient as required.

Service Users shall be assisted to visit and attend appointments with health services, including the GP when required, and supported to attend a Health Check on an annual basis. Where this is not possible, facilities should be provided for the Service User to be examined in private by the medical practitioner. Depending on need, Service Users may be dependent upon staff to monitor their health and arrange appointments on their behalf.

The Service must also inform and encourage Service Users to access preventative healthcare such as screening, immunisation, and to undertake regular check-ups when appropriate, such as the annual learning disability health check. The Provider will ensure that staff support Service Users to contact healthcare professionals, if requested to do so.

The Provider shall ensure that there is an adequately stocked first aid box at all properties and that all staff have received basic first aid training. Where required, staff shall also have received specialised training appropriate to the needs of the Service Users, e.g. epilepsy.

Staff shall be competent to judge when to summon outside help, and there shall be the appropriate procedures in place to do this. For the avoidance of doubt, if hospital admission becomes necessary, it is the responsibility of the hospital to ensure that the Service User is adequately supported whilst they are in hospital. The Provider is required to inform the social worker or CLDT of any admission to hospital and retain written records regarding the circumstances surrounding any admission to a hospital setting. Records should include

dates of admission and discharge. The Provider will maintain links with the social worker, individual and hospital staff to plan for a safe discharge.

The Provider is required to supply any necessary information regarding the Service User to hospital staff. This may include information on communication, behavioural and physical needs where appropriate. The Provider will be expected to maintain a file of information in the form of a communication passport that is readily transferable to a hospital setting containing this information.

The Provider shall ensure that the Authority is notified within one working day or the next working day (subject to confirmation in writing within five working days) for the following:

- Any incident that means a Service User is at risk of being excluded from a service;
- Any other incident or change of circumstances that may affect the safety or wellbeing of the Service User;
- Where a Service User has requested cancellation of the service or has ceased to reside at their usual premises for any reason;
- Any hospital admission by a Service User;
- Any bereavement which may affect a Service User;
- Any other significant life change event;
- Where there is a change in care need (e.g. hours of support required, either increase or decrease).

The Provider must ensure that the Authority's nominated social worker is notified of any significant change in the health or health related needs of Service Users. Wherever possible, staff should discuss any concerns they have about a Service Users health and wellbeing with the Service User before involving any other agency or care/family member. If these concerns indicate any potential abuse of the Service User, then the Provider must ensure that these concerns are discussed with the Service User's named social worker and reported to the Safeguarding Team.

If the Service User dies whilst being supported by the Provider, then the Provider will fully support and play an active role in the LeDeR process when undertaken.

## **2.13 Support activities and partnerships**

The Service will deliver a structured, competency based programme of support including the following types of activities as set out below. This list is not exhaustive. The Provider will be expected to be innovative, including through use of appropriate digital technology, and use its experience and knowledge to tailor support to what helps the individual maximise their independence.

### **Welfare benefits**

- Assist and enable service users to claim and receive eligible benefits and deal with relevant agencies.

### **Tenancy sustainment**

- Support Service Users to maintain/manage their tenancy by abiding by the tenancy conditions and paying the rent; the Provider is expected to be proactive in this respect and intervene as early as possible to avoid later challenges.

### **Life skills: budgeting, financial literacy, and managing finances**

- Assist Service Users to live within their budget and advising them on how to manage their finances on a day-to-day basis. Offer advice and guidance about basic financial literacy. Support Service Users to take increasing responsibility for their budgeting.

### **Help gaining access to other services**

- Support Service Users to access other services (including other LIFE services) and/or work in partnership with other agencies, in agreement with the individual, as part of the support planning process – see below suggested partnerships.
- Work in a culturally sensitive way to empower Service Users to overcome perceived barriers to accessing services.

### **Accompanying/motivating into employment and training courses**

- Encourage and support Service Users to pursue and access employment and training courses.

### **Sustaining meaningful daytime activities**

- Offer practical support and encouragement to Service Users to maintain meaningful daytime activities including but not limited to education, employment, training, informal accreditation, and volunteering opportunities.

### **Helping service users engage in appropriate leisure activities**

- Assist service users to access leisure and other activities and encourage and motivate service users to make appropriate use of such activities.

### **Positive Behaviour Support Planning**

- Co-develop a positive behaviour support plan with the individual that identifies triggers and actions required to enable positive risk taking through reduced risks.

### **Life skills: social skills**

- Encourage and support Service Users to develop social skills including but not limited to positive communication, social perceptiveness, conflict management, and anger management.

### **Life skills: positive relationships**

- Promote the importance of positive and healthy friendships, romantic, sexual, professional, and familial relationships; equipping Service Users with the skills to effectively manage these and keep safe in a variety of settings.

### **Manage support programme engagement**

- Support the individual to engage with agreed support programme co-designed and agreed with them on commencement of placement.

### **Help in developing social contacts**

- Encourage and help to motivate service users to develop social contacts to reduce social isolation by linking them to community initiatives including through the 'One You' Service.

### **Help in developing peer support**

- Facilitate relationship building and peer support through group or pair based activities. Encourage positive inter-accommodation relationships and empower service users to support each other.

### **Travel training**

- Travel training and guidance to improve confidence to use public transport.

### **Help in establishing personal security**

- Assist the service users to maintain the security of their accommodation e.g. explaining how to lock up and manage appropriate access.

### **Move on and settled housing**

- Give advice relating to move on and settled housing opportunities. Offer assistance in finding accommodation in the private sector, and offer support to ensure they are bidding regularly once approved for move on.

### **Independent Living Skills**

- Enable Service Users to improve their skills to manage their day-to-day activities such as making telephone calls, dealing with correspondence, attending appointments and form-filling.

### **Life skills: maintaining personal hygiene**

- Offer information, advice, and guidance on maintaining a personal hygiene routine including washing, brushing teeth, etc.

### **Life skills: cooking**

- Encourage, motivate and support service users to prepare and cook healthy meals safely.

### **Life skills: laundry**

- Provision of advice and practical assistance to enable the individual to deal with their laundry e.g. how to operate a washing machine by themselves.

### **Life skills: cleaning**

- Encourage and motivate service users to keep their home clean.

### **Shopping**

- Going shopping with the service users and offering guidance on budgeting and buying balanced nutritious food.

### **Service User participation**

- Engage service users to place their voice, aspirations, and interests at the heart of service management and delivery. Engagement should be flexible and could include, but is not limited to, focus groups; service user led meetings; 1:1 interviews; participation in staff recruitment.

### **Promoting inclusion, equality, diversity, and community cohesion**

- Use various means to raise awareness of equality and inclusion, celebrate diversity, and promote community cohesion – for example celebrating LGBT History Month, Black History Month, etc.

### **Physical activity**

- Facilitate opportunities for service users to engage in physical activity – liaising with external partners, such as One You Hounslow, where appropriate.

### **Volunteering**

- Provide appropriate opportunities for service users to volunteer within the schemes e.g. as peer educators.

### **Social Activities**

- Provide appropriate opportunities for service users to engage in social activities aligned to their interests e.g. group swimming.

### **Living Essentials**

- The Service must be able to provide basic living essentials e.g. bedding for service users who do not have any at the commencement of placement.

It is expected that the Provider will proactively work in partnership with relevant agencies to meet service users' needs. Partners include:

- Community Learning Disability Team (CLDT)
- 0-25 Disability Team
- LB Hounslow My Independence Service
- LB Hounslow Safeguarding Team
- LB Hounslow Housing Department
- LB Hounslow Revenues and Benefits Service
- LB Hounslow Public Health Team
- LB Hounslow Community Partnerships Team
- Hounslow CCG
- One You Hounslow
- Fusion Lifestyle Hounslow Community Leisure Provider
- West London Mental Health NHS Trust
- London North West Healthcare NHS Trust
- Chelsea and Westminster Hospital NHS Foundation Trust (including sexual health services)
- GP Surgeries
- Dental practices
- Education providers e.g. West Thames College
- Metropolitan Police
- London Fire Brigade
- Brentford Community Sports Trust
- Hounslow Community Network
- Hounslow Volunteering
- Relevant VCSE organisations
- Hounslow LIFE Integrated Support Service
- London Borough of Hounslow Linkline + (telecare) Service
- Healthwatch

- Partnership Boards

During mobilisation, the Provider will liaise with key partners to develop service level agreements to guide future working. The interests of service user should be at the heart of these agreements.

In addition to specific partner organisations and services outlined above, the Provider is expected to engage in local boards/partnership fora as relevant including, but not limited to, those related to learning disabilities and autism.

## 2.14 Emotional Needs

The emotional wellbeing of Service Users is vital to their quality of life and often influences other aspects of their welfare. The Provider shall ensure that staff are trained to recognise when a Service User is depressed or distressed in some way, and are able to understand and recognise the effects of life events on Service Users, e.g. bereavement, emotional loss, possible rejection and the loss of self-esteem. Concerns shall be drawn to the attention of the allocated social worker and a referral made to the appropriate specialist if indicated.

The Provider shall ensure that any emotional problems of Service Users are approached in a sympathetic manner respecting the Service User's right to privacy and choice.

The Provider shall implement a continuous review programme which allows staff to recognise, report on and plan to preserve and enhance the emotional wellbeing of an individual service user in so far that it is possible to do so.

Prolonged emotional distress may indicate an underlying medical problem and, with the Service User's consent where appropriate, shall be referred to their GP and relevant Multi-Disciplinary Team.

The Provider shall ensure that staff recognise that service users have the right to enjoy platonic and sexual relationships. Sexual expression may vary in its importance between individuals, and should be respected by all staff. Service users also have the right not to engage in sexual relationships and staff must protect individuals from sexual harassment. Where it appears that any relationship might be of an abusive nature, this shall be brought to the attention of the Adult Safeguarding Team and allocated social worker.

## 2.15 Personal Relationships

Service Users may wish to form friendships both in their home and outside and the Provider will provide the appropriate help in this process.

Service Users may also wish to form relationships of a more personal and intimate nature. As long as both parties share the same wish the Service Users should be offered the appropriate support and advice (using where appropriate, external agencies and advice).

Providers shall ensure that Service Users engaging in sexual relations are made aware of any laws, rules or restrictions in relation to sexual relationships.

Providers shall ensure that staff are provided with written guidance on personal relationships between Service Users. Providers shall ensure that staff receive appropriate training.

Service Users shall be assisted to engage with visitors if they wish and with the appropriate level of support where necessary.

Service Users rights to refuse to see visitors must be respected and, if requested, staff must indicate the Service Users decision to the visitor.

## 2.16 Holidays and short breaks

Service Users shall be encouraged and supported to make arrangements for annual holidays and, if so and following appropriate risk assessment, the Provider shall make arrangements for adequate staff cover to accompany and assist Service Users on holiday. The Provider shall specify to staff supporting Service Users on holiday the hours they are working and the responsibilities they have. The increased support costs will be met by the Service User. The Provider will liaise with the social worker when supporting the individual to plan a holiday and this should be agreed by all parties. The Provider will inform the social worker/Community Support Team of the dates when the Service User is planning on going on holiday.

The Provider must ensure it implements a holiday policy that is approved by the Authority and is designed to support Service Users (including service users that use the respite service) in organising and the practicalities of being on holiday or short break. Such a policy should include, but not be limited to, the clarification of issues such as staffing and staff meal arrangements, risk assessments, the safekeeping of money and valuables and must include an element where affordability is considered when assisting Service Users to organise holidays or short breaks. It must also include consultation with family, carers or advocates when necessary.

## 2.17 Bereavement

The Provider shall ensure that staff understand the variety of ways and circumstances that grief might be expressed. For Service Users having particular difficulties or distress by bereavement or other life events, such as a member of staff leaving, the Provider shall consult the Community Support Team about any specialist advice and counselling the Service User might require.

Service Users shall be enabled and supported to attend the funerals of family and friends if they so wish. The Provider shall ensure that this is arranged with tact and sensitivity for the feelings of the Service User and other grieving relatives and friends.

The Provider must be prepared to provide support for Service Users in the final stages of life and to make appropriate arrangements following death. The needs of a Service User who is dying, their relatives, and other Service Users must be handled sensitively. The Service User who is dying should be enabled to remain in his/her home if they wish to do so unless there are medical or social reasons which prohibit this. Relatives, other Service Users and allocated social workers shall be informed of the Service Users condition and given relevant support and advice.

## 2.18 Travel

Where possible service users will be supported to travel independently and the Provider is expected to access and utilise the travel buddy service operating in Hounslow to be able to support safe, independent travel.

Where applicable the Provider will support the service user to contribute to a leased vehicle or through the Motability scheme where appropriate, secure one. The Provider will ensure support staff are able to drive the vehicles for a planned activity. There is an expectation placed upon the Provider to pay for any transport cost (such as a taxi) if there are no staff on shift who are able to drive.

A comprehensive risk assessment shall be completed for each Service User and this shall include travel safety considerations e.g. use of safety locks on car doors etc.

All vehicles used for the safe transportation of Service Users must be maintained in a safe state and according to manufacturer's recommendations. They shall be properly taxed and insured for business purposes. Seat belts or specialist harnesses, complying with legal requirements are available for all Service Users carried as passengers and that every precaution is taken to ensure that Service Users make use of the belt/harnesses provided.

All drivers of vehicles used for transporting Service Users must have passed a driving test and possess a valid current driving license appropriate for the vehicle. Vehicles with tail lifts must be regularly maintained according to the manufacturer's requirements and conform to the relevant standards. Staff must be trained in the operation of tail lifts.

Wheelchair anchor points and/or wheelchair grips must conform to the relevant standards and be properly engaged whenever Service Users are transported in wheelchairs.

All Service Users who are transported in wheelchairs must wear special wheelchair harness to secure them to the wheelchair when the vehicle is being driven. Some Service Users may require additional personal protection.

In vehicles conveying Service Users, any luggage or other items carried must be safely secured so as not to present an additional hazard in the event of an accident.

## 2.19 Finance

Service Users will have opportunities to participate in the management of their own finances. This should include access to local financial services (e.g. Banks, Building Societies, Post Offices) with appropriate levels of support. In this context, wherever possible, it is expected that Service Users will be responsible for managing (as far as possible) their own finances and budget. The Provider will support this as relevant – for example with appropriate advice and training on money management.

Where necessary, the Provider will have written policies and procedures in place for staff on the safe handling of Service Users money or property, covering as a minimum:

- The payment of bills;
- Shopping;
- Collection of pensions and banking;
- Safeguarding the property of Service Users whilst undertaking support tasks;
- Reporting the loss or damage to property whilst providing support.

Staff must exercise due care in handling Service Users money and any paperwork associated with finance and personal property. Any money handled due to support with the collection of benefits, purchase of shopping or payment of bills must be accounted for with the Service User at the time. A record signed and dated by the staff member must be kept to account to the Service User, their carer or representative, the Provider and the Authority.

Service Users' money shall be kept separately from the support worker's personal money at all times. Service Users' money must never be saved up and kept in a staff members or Provider's bank account.

Staff members must not use their loyalty cards on any expenditure incurred on behalf of a Service User. If a Service User has chosen to use internet banking, under no circumstances should staff have access to the Service User's security details.

If a Service User requires support to access cash either from a cash machine or a cash back facility, this can only be done if the Service User agrees to the staff member obtaining a copy of the "cash receipt" for their records.

Explanations as to what is taking place must be made fully accessible to Service Users, including those Service Users whose first language is not English. Large print, photographs or other formats should be used wherever appropriate on items requiring signature where the Service User is unable to read standard text.

Where a Service User's door key or key safe number is held by a staff member it must be with the agreement of their Manager and with written consent of the Service User or their representative. It must only be given to staff requiring access to the Service User's home for the purpose of providing a support service. Appropriate arrangements must be made for safe keeping of keys at all times and Providers will set out the procedures to be followed by their staff. Keys must not be retained by the staff member when the Service User is not receiving a service due to hospitalisation or any other reason.

Staff will not make personal use of the Service Users property e.g. the telephone and may not make use of their personal mobile phone(s) during support hour time, except for when it may be an emergency.

Staff will not participate or benefit either directly or indirectly from the gambling activities of Service User(s); Where a Service User chooses to gamble, the Provider will ensure that appropriate assessments and delivery plans are in place to safeguard both the Service User, and, if appropriate, the staff of the Provider.

Staff will not incur a liability on behalf of a Service User. Staff will take responsibility for looking after any valuables on behalf of a Service User.

Staff will not assist Service Users to write wills or be a Witness or Executor to a will or any other legal document.

The Provider will have procedures in place to prevent staff from personal benefit when working with vulnerable people. This may be in the form of a documented risk assessment addressing the potential for personal benefit through abuse, e.g. in the provision of financial advice, Power of Attorney, handling Service Users' money, and the actions in place to minimise identified risks.

Where a Service User does not have the capacity to manage their financial affairs and there is no family to provide the support within the legal framework, the Provider will notify the CLDT who will ensure that appropriate arrangements are in place, including appointeeship where appropriate.

The Provider must specify which of their staff are able to authorise holiday arrangements. All the holiday arrangements including holiday costs, transport, insurance, safekeeping of money and valuables and contingency plans must be documented before the holiday takes place.

Where necessary, the relevant CLDT lead shall be responsible for determining, or arranging for the determination, of the mental capacity of a Service User.

## **2.20 Information**

The Provider shall ensure that Service Users, and where appropriate their carers and advocates, are provided with comprehensive information so they are able to make informed decisions and fully understand their rights and responsibilities whilst in the Service.

The Provider shall offer an introductory information pack for potential Service Users in an accessible format.

The Provider shall ensure that sufficient information is held in the Service User's home to enable the Service to be delivered in accordance with the Positive Behaviour Support Plan and latest risk assessment.

## **2.21 Service User Engagement**

The Provider shall ensure that Service Users are given the opportunity and appropriate support and training to take part in, or influence the management and/or organisation of the Service, relating to:

- The daily running of the Service;
- Recruitment and selection of staff;
- Choosing supplies and suppliers;
- Planning activities;
- Monitoring the quality of Support and Care;
- Developing plans for future services/activities;
- House meetings.

The Provider will ensure that there are appropriate mechanisms in place to engage with carers and family members where appropriate and consent has been gained from the service user.

## **2.22 Staff requirements and competencies**

Service users will be supported by high quality support workers and suitable assistants, trainees or apprentices. This will allow flexibility around changing need, service delivery, and integrated working across the Service.

Service users with complex needs are likely to regularly demonstrate behaviours which challenge the Service, including but not limited to:

- Physical and verbal aggression
- Non-engagement
- Dual diagnosis including complex mental health needs
- High risk of self-harm
- Unpredictable behaviour or other behaviours which may create a risk to staff or others
- Limited communication skills
- Substance misuse

- Offending behaviour

The Provider shall ensure that staff are highly skilled and experienced in supporting people with a range of needs, including high and complex needs, to effectively manage these and other behaviours. The Provider must ensure that new staff are quickly inducted, trained, and supported by experienced role models to manage these challenges and that Service staffing is at all times maintained at such levels to ensure the safety of staff, service users, and others.

The Authority welcomes Provider suggestions on appropriate staffing levels in accordance with the level of service and need. The Authority recognises the added value that trainees can contribute to Service delivery. In this context, however, trainees will not be classified as members of staff due to the level of skills, competency and experience required to maintain consistently high standards of service.

Staff will be required to respect the Service User's right to choice and control, delivering personalised services that are not intrusive, but recognise vulnerability and support needs.

It is expected that staff will have experience of working with vulnerable adults, some of whom may have profound and severe disabilities and behaviours that challenge, delivering personal care, improving independence and achieving success in supporting adults with complex conditions to maintain independent living and to be included as full members of their local community.

In addition, the following skills, aptitudes, knowledge and understanding are expected to be demonstrated by staff:

#### **Skills and Aptitudes:**

- Recognition that the behaviour is not the 'fault' of the vulnerable adult and is a result of their condition
- Ability to identify and reduce triggers that may be causing challenging behaviour (e.g. unmet needs, specific situations)
- High levels of empathy, patience and self-control when faced with potentially challenging situations
- A positive attitude to working with vulnerable adults with complex and challenging needs
- Ability to adapt behaviour to support the vulnerable adult and continue to offer person-centred care
- Ability to communicate effectively with vulnerable adults, some of whom may have difficulty expressing their wishes
- Ability to recognise and manage risk effectively, whilst maximising independence through encouraging and facilitating positive risk-taking
- Sensitivity and consideration to dignity, particularly when carrying out personal care tasks
- Aptitude to learning and personal development
- Ability to develop creative solutions to managing challenging and complex needs which meet the required outcomes whilst promoting the independence of the vulnerable adult
- Critical thinking and the ability to 'think around' problems and see past the immediate issue
- When working with vulnerable adults that have learning disabilities and dementia, staff shall demonstrate the indicative behaviours described in the Skills for Care / Skills for Health / Department of Health publication: "*Common Core Principles for Supporting People with Dementia*" (2011)  
<http://www.skillsforcare.org.uk/nmsruntime/saveasdialog.aspx?IID=9984&slD=2252>

- When working with vulnerable adults with autism, staff shall demonstrate skills and knowledge at the 'intermediate' level in the "Autism Skills and Knowledge List" (Skills for Care / Skills for Health, 2011) <http://www.skillsforcare.org.uk/nmsruntime/saveasdialog.aspx?IID=8870&SID=2202>
- Ability to develop skills of adults with learning disabilities and exhibit complex needs to help facilitate improved independence (e.g. travel training, budgeting, cooking)
- Ability to manage instances of behaviour that challenges services where they occur and identify triggers which may be the cause of such instances
- An understanding of the effect of challenging and complex needs on any informal carers/family members and ability to work constructively with them

### **Knowledge and understanding**

- Knowledge of working with people with learning disabilities and/or autism with behaviours that challenge services
- Working knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS) and detailed knowledge of their implications for practice
- Knowledge of delivering improved outcomes for people with learning disabilities and/or autism with challenging and complex needs
- Knowledge of innovative best and emerging practice in supported accommodation provision
- Understanding of the challenges faced by frontline support workers and ability to offer staff welfare support
- Understanding of any medication taken by service users and the potential implications of missed doses and possible side effects
- Understanding of and commitment to achieving best value
- Understanding and knowledge of relevant workplace legislation and associated duties including but not limited to those relating to human resources and health and safety
- Understanding and knowledge of relevant internal policies and procedures – such as performance and sickness management frameworks.

The Provider will ensure that support workers are well supported by high quality management and an effective corporate services function.

In addition to the competencies outlined previously, managers will have additional competencies including:

### **Aptitude and Behaviours**

- Principled and pragmatic leadership; capable of translating Service values into practice and ensuring these values inform all service delivery and practice
- Personal credibility and respect; perceived by staff, service users and external stakeholders as reliable, responsible and trustworthy

### **Abilities and Skills**

- The ability to inspire team work and a collaborative culture
- The ability to motivate staff and service users to meet agreed goals
- The ability to develop staff using a variety of methods including, but not limited to, mentoring, coaching, and training
- The ability to provide high quality feedback and challenge to facilitate reflective practice and continuous service improvement
- The ability to successfully and effectively manage change

- Strong written and oral communication skills and ability to engage a range of stakeholders within and outside of the Service
- Strong performance, budget, and business management skills – including the ability to contingency plan
- Robust decision making skills

The Provider must ensure that staff have access to high quality supervision at least once every four weeks and ongoing management support to develop their practice, ensure that decisions are made by the right people at the right time, and risk is well managed. Staff must also have access to regular training and professional development opportunities as outlined within the specification.

## 2.23 Site descriptions

The Service will be delivered across 15 sites situated across Hounslow as detailed below.

<b>Scheme</b>	<b>Previous Client Group</b>	<b>Landlord</b>	<b>Client Group and Level of Need</b>	<b>Current Number of Units</b>	<b>Potential Units available</b>
49a Star Road	Learning Disabilities	A2D	High – LD/Autism	8	
49b Star Road	Learning Disabilities	A2D	Respite – LD/Autism	8	
49c Star Road	N/A	A2D	Supported Accommodation/Short Term Crisis Unit	2	
1 Van Gogh Close	Learning Disabilities	NHHT	Medium – LD with Physical Disabilities	4	
2 Finney Lane	Learning Disabilities	Central & Cecil	High – LD/Autism	9	
57 & 59 South Street	Learning Disabilities	NHHT	Low – LD/Autism	8	11
1 Grange Close	Learning Disabilities	A2D	Low – LD/Autism	2	
18 Grange Close	Learning Disabilities	A2D	Medium – LD/Autism	4	
22 Victoria Road	Learning Disabilities	A2D	Medium – Young People LD/Autism	5	
173 Bath Road	Learning Disabilities	A2D	Medium – LD with Physical Disabilities	3	
36 Thornbury Road	Learning Disabilities	NHHT	Medium – Young People LD/Autism	5	6

15-16 Scott Trimmer Way	Learning Disabilities	NHHT	High – LD/Autism	4	6
74 Hounslow Road	Learning Disabilities	NHHT	Medium – LD/Autism	4	5
115 Vicarage Farm Road	Learning Disabilities	NHHT	Medium – LD/Autism	5	6
Total High Support Services LD/Autism		21		21 (35%)	
Total Medium Support Services LD/Autism	LD with Physical Disabilities	7		30 (49%)	
	Young People with LD	10			
	Generic Medium Support	13			
Total Low Support Services LD/Autism		10		10 (16%)	
Total Respite Service		8		N/A	
Short term intervention unit		2		N/A	
<b>Total Number of Supported Housing Units</b>				<b>71 (100%)</b>	

## 2.24 Housing management requirements

The delivery of this Service is dependent on the successful Provider being able to agree a Housing Management Agreement or Lease (as relevant) with the landlords Central and Cecil, Notting Hill Housing Trust and the LB Hounslow, prior to final contract award.

The Provider will work with landlords and the Authority to make best use of income derived from intensive housing management and provide an integrated staff service, including night time concierge to ensure the health and safety of the service users, minimise disruption to

neighbours and best value on the commissioned contract. The Provider will develop a plan to mitigate against any future detrimental impact of changes associated with the introduction of Universal Credit and changes to housing benefit for supported accommodation.

The interests of the service user should be placed at the heart of the Provider-landlord relationship and service users must not be disadvantaged by maintenance problems during their placement. To ensure delivery of high quality service in a safe, welcoming, and appropriate setting, the Provider will proactively work with landlords as per the Housing Management Agreement to resolve any maintenance issues that arise in a timely way.

Housing Management, Heads of Terms and lease agreements as appropriate have been included within the tender pack for this procurement. This includes current (at time of publishing) rent levels for all the sites.

## 3 SERVICE POLICIES AND PROCEDURES

### 3.1 Best value and continuous improvement

The Service will be committed to the principles of Best Value and to achieving continuous improvement.

The Provider will place the views and aspirations of Service Users at the core of all improvement activity and will engage Service Users regularly (at least quarterly) in this endeavour.

The Provider will similarly harness staff engagement to drive innovation; consulting staff on service improvement activities and empowering them to act as improvement champions, fostering an aspirational and responsive working culture.

In addition to complying with requirements set out in the Housing Management Agreements, the Provider will proactively work in partnership with landlords to drive service improvement, for example, in relation to Service User experience, and the home environment.

Similarly, in addition to complying with the quality assurance and monitoring requirements set out below, the Provider will work closely with partner agencies to develop best quality practice and will be receptive of partner feedback when improving the Service offer.

### 3.2 Business continuity

The Provider will ensure Business Continuity Plans that address how the Service will be provided in the event of a major incident are in place and are tested and reviewed regularly. The Provider must provide a copy of Business Continuity Plans to the Authority on request.

### 3.3 Communications and branding

Maintaining high quality communications activity is important for public service improvement, accountability, and effective operational delivery. To ensure consistency of best practice, the Provider will adhere to the Authority's communications guidance and policies. All external communications, including but not limited to leaflets, posters, press releases, online content, and social media communications must be approved by the Authority prior to publication.

To ensure that the Service is recognised as part of the LIFE group by service users, professionals and others, the Provider must ensure that all Service communications are consistent in their use of LIFE branding, including, but not limited to, use of agreed fonts, colour schemes, formats, images, and the LIFE logo:



The Provider must ensure that the Service is advertised on the CarePlace online directory and that this page is consistently maintained throughout the lifetime of the contract. The Provider will work with the Authority to ensure that this page is consistent with the wider LIFE project page.

In addition, to promote the work of the Service to service users, members, and others, the Provider will share media content/publicity with the Authority as relevant, including but not limited to press releases, success stories, case studies, and digital media.

### **3.4 Complaints and compliments**

The Provider will make available to service users who use the Service a copy of its complaints procedure at the commencement of the placement. The complaints procedure should be available in the main Hounslow community languages and where appropriate in Braille, large print, photographs, on tape or other accessible formats.

Service users have the right to make a complaint directly to the Provider or to the Authority. The Authority have the right to investigate a complaint at any stage.

The Provider will maintain a written record of all complaints and outcomes in an agreed format with the Authority. The Provider will indicate how any complaints and outcomes have been used to improve the Service.

The record of the complaint/compliment must include:

- The date of the complaint/compliment
- Full details of the actual complaint/compliment
- The date the complaint/compliment was received (if different)
- The date when the complaint/compliment was responded to
- The outcome of the complaint
- Details of whether the complainant was satisfied with the response/outcome
- Any further actions arising from the complaint/compliment
- Changes/improvements made as a result of the complaint
- Recording any trends of complaints
- Any further actions arising from the complaint/compliment

### **3.5 Confidentiality**

The Provider must have a confidentiality policy and must provide a copy to the Authority upon request.

Service users and staff should be advised of the type of information the Provider keeps on record, what can or must be disclosed without their consent, when their consent is needed for disclosure and their rights to see information recorded about them.

The confidentiality policy should set out areas where information will be shared and under what circumstances, and serve as a record of their consent within these areas. In other cases, service users' consent must be obtained as the need arises. This includes passing information to other agencies.

The confidentiality policy must set out the Authority's requirements concerning its access to the Provider's records relating to service users.

The Provider must ensure that everyone engaged in the Service with access to personal information understands their responsibilities and can demonstrate evidence of compliance with their procedures. This includes employees, volunteers, self-employed workers, consultants or contractors.

The procedure must comply with the Data Protection Act 2018, GDPR and any contractual requirements. It should also cover accuracy and consistency of record keeping, security of data, information to service users, and consent for disclosure requirements and identify responsible persons.

Contracts of employment, volunteering agreements, contracts with consultants and others should include a clause making explicit the person's responsibilities for confidentiality and data protection. The policy should also cover actions to be taken if a staff member breaches confidentiality.

The Provider Confidentiality Policy must be aligned to the principles laid out in the 2013 Caldicott review of information sharing in the health and social care system:

- Justify the purpose(s)
- Don't use personal confidential data unless it is absolutely necessary
- Use the minimum necessary personal confidential data
- Access to personal confidential data should be on a strict need-to-know basis
- Everyone with access to personal confidential data should be aware of their responsibilities
- Comply with the law
- The duty to share information can be as important as the duty to protect [Service User] confidentiality

### **3.6 Digital Technology**

The advance of digital technology presents a range of opportunities and challenges for Service Users and services.

Creative and appropriate use of digital technology can facilitate new opportunities for interaction and information sharing with Service Users. Utilisation of digital technology moreover offers opportunities to address social exclusion and to broaden Service Users' horizons. There are, however, a range of challenges that services must address; including but not limited to, those around safeguarding and ensuring Service Users access accurate and appropriate information.

The Provider must have a digital technology policy setting out the ways in which it will use technology to enhance support offered, the living environment for Service Users (including information regarding WiFi access) and the appropriate safeguards it will put in place to mitigate against risks to Service Users, the organisation, the Authority, and others.

### **3.7 Equality and diversity**

Hounslow is a culturally diverse borough and the Service must be culturally sensitive. The Provider must have an Equality and Diversity Policy and must provide a copy to the Authority upon request. The policy must cover the ways in which the Provider will promote equality of opportunity and prevent discrimination in relation to those protected characteristics outlined in the Equality Act 2010:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief

- Sex
- Sexual orientation

The Provider will ensure, at a minimum, the following good practice is followed:

- Recruitment, Selection, and Retention policies are appropriately developed to ensure that the workforce is diverse and the workplace is inclusive;
- All staff will be required to attend Equality and Diversity training to equip them with the skills and knowledge to carry out their tasks in a culturally sensitive, non-discriminatory manner;
- Anti-discriminatory, pro-equality, and confidentiality messages are prominently displayed with clear actions for Service Users, staff and others if they feel these have been breached;
- Complaints are monitored and corrective action is taken as necessary;
- All service users have access to the appropriate communication resources for their needs, including translation, interpreting services, sign language and Braille;
- The service user population will be monitored by protected characteristics to identify anomalies against the general population and gaps in provision.

The Provider will make available to service users a copy of its Equality and Diversity Policy at commencement of the Service. Likewise, a copy will be made available for staff at commencement of employment.

### **3.8 Health and Safety**

The Provider must have a Health and Safety Policy and must provide a copy to the Authority on request. The policy must identify the ways in which the Provider will effectively manage and ensure (as practically as possible) the health, safety, and welfare of its employees, Service Users, and others. The policy should include:

- Organisation health and safety responsibility statement
- Specific health and safety duties, responsibilities, and accountability
- Organisational health and safety procedures and documentation
- Service risk assessment

The Provider must ensure that everyone engaged in the Service are aware of and adhere to health and safety policy and procedures.

### **3.9 Home environment**

The Provider will work with landlords, Service Users and staff to ensure that the home environment is safe, welcoming, non-institutional, and stimulating. The environment should offer privacy but also facilitate opportunities for positive staff and Service User interaction.

Service Users should be encouraged to take pride in their home environment and be offered opportunities to contribute to its upkeep and improvement. Improvements to the home environment should be psychologically informed, consistent with the Service ethos, and should have the wellbeing of Service Users, staff, and others at its heart.

In addition to ensuring the upkeep and maintenance of a high quality physical home environment, the Provider must ensure upkeep of high quality digital infrastructure to support

service delivery and Service Users – at minimum this means a fast and robust WiFi connection at all sites and arrangements for appropriate IT support, to resolve any issues that should arise.

### 3.10 Incidents

The Provider will record in writing any serious incident that occurs in the provision of the Service and report the incident to the Joint Commissioning Team, Contracts Team, and other professionals, including the relevant Safeguarding Team, as appropriate. All Safeguarding concerns are required to be reported to [FirstContact.Duty@hounslow.gov.uk](mailto:FirstContact.Duty@hounslow.gov.uk) or [childrensocialcare@hounslow.gov.uk](mailto:childrensocialcare@hounslow.gov.uk) as relevant, within the timescales set within the Safeguarding policy.

The Provider will also carry out serious incident audits (at least quarterly), to ensure all learning points are embedded into future practice.

### 3.11 Information for Service Users

To facilitate the development of user led services, Service Users, and where appropriate their family, will have systemised involvement in the development of, and be provided with, a copy of the following:

- General health and safety, including emergency procedures;
- How to make a complaint;
- Details of safeguarding vulnerable adults and children policy and how to report any abuse, either received or viewed;
- Details of the equal opportunities and diversity policy, including requirements on the way they treat others, as well as their rights;
- Information on local amenities (social, cultural, faith, leisure), how these can be accessed and how they will be supported to attend;
- Support planning and risk assessment;
- The aims and objectives of the Service, including the proposed length of stay, resettlement options and the role of both the Service and Service User within this process.

All Service Users will receive the information in an accessible format. The Service will ensure appropriate information is available for the all Service Users and assist those for whom English is not a first language and require translation. Alternative methods of communication, including options such as sign language, interpretation and assistive technologies should be facilitated for Service Users.

### 3.12 Information sharing

The Provider, consortium and/or contract delivery partners will be expected to implement and maintain a unified database and information system in order to provide sufficient assurance of the quality of the services and the performance being reported, the Provider will make available any information as may reasonably be required by the Authority.

The Provider will ensure that appropriate consents are agreed with all service users who use the Service to enable the Authority access to the Provider's records concerning service users for the purposes of contract management, including periodic sample audit of support planning and outcomes achieved.

The Provider will need to ensure where there is sharing of data with a subcontractor that this information can be made available to the Authority. The Provider must adhere to the Learning Disabilities and Autism Supported Accommodation

Data Protection Act 2018, GDPR and this includes information sharing between Authority, Provider and other third-party providers.

### **3.13 London Living Wage**

The Authority is committed to the implementation of the London Living Wage. In line with this commitment, the Provider will, in respect of the Service, pay its employees at least the London Living Wage rate; details of which are set out in the report, A Fairer London: The 2013 Living Wage in London or such other documents published by the Mayor of London, the City of London, other recognised and authorised body or National Government setting out the rates and levels from time to time.

The Authority recognises that offering competitive remuneration is a key consideration for recruiting and retaining a high-quality workforce with the specialist skills required to deliver this contract. Providers are therefore encouraged to pay higher rates as appropriate in respect of this Service.

### **3.14 Promoting safety and positive risk taking**

Service users will be empowered to take appropriate, positive, and safe risks in their Service journey. The Provider will support this by:

- Working in partnership with service users, families, carers, and partner organisations including but not limited to the LIFE My Independence Service, education providers, employers, and social care;
- Supporting service users to access opportunities and take worthwhile chances;
- Developing trusting working relationships;
- Assisting service users to learn from their experiences;
- Knowing what has worked or not worked in the past;
- Where problems have arisen, understanding why;
- Regularly reviewing support, gradually withdrawing inappropriate support that creates dependency;
- Ensuring staff use the guidance, procedures and risk assessment/management tools, and receive appropriate support and supervision from their immediate line manager.

### **3.15 Quality assurance and monitoring requirements**

The Provider must have a quality management system in place to ensure internal control of quality and consistency of practice and be committed to a process of continuous service improvement. To demonstrate continuous improvement, the Provider will be required to:

- Submit activity and performance data to the Authority as detailed in this specification;
- Develop and agree a Service improvement plan with the Authority to address any underperformance identified as part of the contract monitoring and review processes;
- Ensure that the views of service users are actively sought and used to continuously improve the quality of support provided and demonstrate how service users who have received support are used to influence service improvements;
- Cooperate in the provider concerns process.

Key performance indicators, performance indicators, and outcomes will be reviewed on a quarterly basis throughout the life of the contract. The activity and performance data should be submitted to the Authority via a Service workbook within two weeks of the quarter end. The format of the workbook will be finalised during mobilisation. The Authority may spot

check and audit Service documents and provision to ensure contract compliance and quality assure practice throughout the life of the contract.

Throughout the lifetime of the contract, the Service will hold quarterly quality assurance and monitoring meetings with key stakeholders including, but not limited to, the Authority Joint Commissioning Team, the Authority Contracts Team, Community Learning Disabilities Team, and the My Independence Service. On an annual basis, the Service will be subject to quality, function, and performance review. In the first year of running, the Service will also be reviewed after 3 and 6 months.

### **3.16 Safeguarding vulnerable adults**

The Provider will ensure that their policies and procedures are consistent with current London wide policies endorsed by the Hounslow Safeguarding Adults Board. This would involve:

- Ensuring all staff and volunteers receive training consistent with Hounslow Safeguarding Adults' Board's Training standards;
- Ensuring compliance with the duty to provide information as outlined in section 45 of the Care Act 2014;
- Participating in adult safeguarding enquiries and protection planning meetings as required;
- Participating in the Hounslow Safeguarding Adults' Board meetings as agreed.

The Provider will identify safeguarding leads who will:

- Ensure all safeguarding concerns are addressed in a timely and appropriate way;
- Attend appropriate multi-agency meetings as appropriate;
- Ensure all safeguarding concerns are reported to the Authority;
- Ensure complaints received about safeguarding practice from any source are:
  1. Reported to the Contract Teams of the Authority;
  2. Reported to the relevant safeguarding manager;
  3. If arising from service, and subject to the agreement of the relevant safeguarding manager, investigated within the service;
  4. If arising from complaints about safeguarding policy or procedure or any staff conduct, reported to the Local Authority Designated Officer.

### **3.17 Staff recruitment, training, retention, capability, and conduct**

#### **Recruitment**

The Provider will be responsible for the recruitment and selection of all staff. The Provider must have a Recruitment and Selection Policy that takes account of all current legislation and responds to the difficulties the Provider may face in recruiting and retaining high quality, skilled staff. The Policy will include procedures for advertising, interviewing, and selecting staff, and pre-employment procedures e.g. reference checks.

The Policy will establish the competencies and qualifications for new support workers and managers, ensure their right to work in the UK, and ensure that written references, including one from the most recent employer, are always obtained before new employee commences employment in the Service. The policy must include the requirement to conduct a formal written and verbal assessment of comprehension and language skills for any support worker for whom English is not the first language.

The Provider will take all necessary precautions when employing staff to work with vulnerable adults including obtaining the Enhanced level of Disclosure from the Disclosure

and Barring Service (DBS) prior to the start of employment. The Provider will subsequently ensure that DBS checks are updated every 3 years. The Provider will ensure that staff involved in the recruitment process are Safer Recruitment trained.

The Provider will engage Service Users in all recruitment and selection activity undertaken throughout the lifetime of the contract, for example, through Service User interviews or practice observation. The Provider will support Service Users so that their engagement in this process is meaningful and that they are treated as an equal partner, for example, offering interview skills training.

The Provider will employ a sufficient number of experienced and qualified staff to ensure that the Service is delivered to a consistently high standard at all times. This will include ensuring that there is adequate staff cover during peak holiday times as well as covering staff sickness.

### **Training and Professional Development**

The Provider must have a Training and Professional Development Policy that sets out the ways in which it will ensure all staff are well equipped to perform their duties to a consistently high standard through access to regular training and development. The Policy must include procedures for induction, appraisal, training, supervision, and reflective practice. The Policy will be made available to all staff on commencement of employment and to the Authority on request.

All staff will receive an induction on commencement of employment. The Provider must keep signed records of induction for each member of staff and will make this available for inspection on request of the Authority.

The Provider will ensure that all staff have an identified line manager who provides 1:1 supervision at least every four weeks and keeps written records, including development plans, that are held in individual staff files and reviewed at least quarterly. The Provider will make these records available on request to the Authority. In addition to 1:1 supervision, the Provider will embed regular opportunities for team reflection and feedback into Service delivery to support practice development and improvement.

The Provider must work collaboratively with staff managers and Service Users to identify training needs through the induction, appraisal, supervision, and consultation processes. The Provider must use this information to develop a training needs analysis and Service training plan at least annually. The annual plan must be aligned with the Service psychological framework. The Provider will maintain a record of planned and completed staff training and will make this available for inspection on request by the Authority.

In line with expected Service activities and staff competencies outlined previously, the Provider will at minimum offer the following core training:

- Administration of medication;
- Communication skills;
- Dealing with violence and aggression;
- Equalities and diversity awareness;
- First aid;
- Food hygiene;
- Data security and confidentiality;
- Health and safety;
- Safeguarding adults;
- Providing personal Support and Care;
- Person Centred Care;
- Positive Behaviour Support Planning;

- Infection control;
- Risk assessment and risk management;
- Understanding long-term conditions;
- Autism awareness;
- Recognising signs of anxiety and depression;
- Safer handling training;
- Specialised training as identified in the Standards and Expectations within the assembly of documents entitled the Tender Documents;
- Specialist training needs (in accordance with best practice);
- Communication skills;
- Dealing with violence and aggression;
- Dementia awareness/early signs of dementia;
- Depression and anxiety;
- Dignity in Care;
- Managing and administering medication;
- Managing challenging behaviour;
- Mental Capacity Act /DoL's.

The Authority may review and amend the core training requirements throughout the life of the Contract. As strategic partners, the Provider is also encouraged to review its effectiveness and offer constructive suggestions to the Authority as part of service improvement. The Provider is not limited to offering only the above training and is actively encouraged to offer additional opportunities aligned to staff need. The Provider will ensure that staff who have additional responsibilities, e.g. a mentoring or management role, receive suitable training to enable them to carry this out to a high standard.

### **Staff retention**

As a reputable, responsive, and responsible employer, committed to providing consistent support to Service Users, the Provider must have a Staff Retention Policy. The Policy will set out the ways in which the Provider will incentivise continued service and commitment from all staff.

### **Staff capability**

The Provider must have a staff Capability Policy outlining how it will maintain consistently high standards of staff performance. Capability in this context relates to an employee's ability and proficiency in performing their work as opposed to their conduct which relates to standard of behaviour at work.

The Policy will set out staff responsibilities for performance management and relevant procedures, including those to be initiated if an employee is not performing their duties to a satisfactory standard.

Procedures outlined in the Policy will be sensitive to the range of factors that can affect work performance and they are to ensure that staff are treated with respect and courtesy throughout their employment. In the first instance, the policy should aim to encourage employees to improve performance, wherever possible, and outline how help and support will be provided to restore and maintain effective contribution. The Policy must, however, acknowledge that poor performance may ultimately result in dismissal.

### **Staff conduct**

The Provider shall ensure that all staff sign up to the principles, outcomes and standards defined in this service specification and that their conduct is appropriate at all times.

The Provider will ensure that staff focus all of their attention on the Service User and delivery of the Service and follow the Hounslow “Support Worker Promise” standards co-designed with Service Users. Support workers shall not:

- Treat the Service User ‘like just another number’ or make assumptions about them
- Be impatient, fail to listen to what the Service User has to say, or talk down to the Service User
- Make commitments to the Service User that they cannot keep
- Be distracted through reading, watching television, using mobile phones, smart phones or any other media, unless it is part of an agreed activity to support the Service User
- Ignore the Service User or the activity that they are supporting
- Be rude or disrespectful to the Service User, partner professionals, or any other people
- Talk about the Service User to others as if they are not present
- Have ‘favourites’ or treat Service Users unfairly

The Provider will have a written policy for investigating allegations of misconduct by any staff, and for any subsequent action that may be required.

Any allegations of misconduct by a member of staff, which come to the attention of the Provider, will be reported immediately to the authorised representative and the relevant manager. A report on any such investigation, including any actions taken as a result, is to be submitted to the Authority, who will decide on any further action, including the removal of the employee from the Service. The reporting of an incident will not necessarily preclude criminal proceedings taking place.

### **3.18 Social value**

The Provider will be required to demonstrate how fulfilment of this contract will contribute to wider social value initiatives within the London Borough of Hounslow.

The Public Services (Social Value) Act 2012 requires us to consider more widely the economic, environmental and social benefits of service procurement. For example, how the Service itself will contribute to local employment and how employment and volunteering opportunities will be made available to people with disabilities, to help them gain experience and confidence.

### **3.19 Whistleblowing**

The Public Interest Disclosure Act 1998 provides for the protection of service users who make certain disclosures of information in the public interest and to allow such service users to bring action in respect of victimisation following such a disclosure.

The Provider must have its own internal guidelines for staff setting out that:

- It is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect and to pass their information to the responsible person
- Whistle blowers will receive support and protection in accordance with the Act.

## **4 CONTRACT INFORMATION**

### **4.1 Contract duration**

The contract will be for an initial period of 5 years commencing in May 2019 with an option of a further 3 years extension, in 12-month periods, at the sole discretion of the Authority.

### **4.2 Payment schedule**

Providers will be paid in arrears on a four-weekly basis.

### **4.3 Contract monitoring**

See section 3.15.

## SCHEDULE 1: SUPPORTED ACCOMMODATION KEY PERFORMANCE INDICATORS

KEY PERFORMANCE INDICATOR	CRITERION	STANDARD
Service Referrals	Every referral will be accepted by Provider, unless an appeal is agreed by the Authority	100% = met Mandatory
Person Centred Outcome Based Support Plan	The Provider is to commence development of person centred outcome based support plan within 5 working days of moving in	100% = met Mandatory
1:1 Support Plan/Progress Review	The Provider is to review support plans at minimum quarterly, or within 24 hours of a serious incident	100% = met Mandatory
Provider ensures individual achieve their agreed outcomes	Percentage of outcomes that have been met within the agreed timeframes on an annual basis	95%
Evictions	No evictions without the permission of the Authority	Nil
Planned move ons'	% of planned move ons'	95%
Breakdown by destination:  Extra Care Nursing Residential Other	Reporting on Service User move on destinations	100% = All destinations reported at time of move on
Participating in meaningful daytime activities identified in support plan: Formal education Informal accreditation Employment Apprenticeship Volunteering/Social Action None of the Above	Reporting on Service User engagement in meaningful daytime activities	100% = All meaningful activity to be reported.  No more than 3% at None of the Above
Activities /support session	Number of group outcomes based support activities offered per week	Minimum 4 per week per scheme
Service User Experience	The Service will carry out an anonymous Service User Survey at least every 6 months	100% = Mandatory
Total Number of staff on this contract	Service is staffed (FTE) as per the contract	95%
Number of temp/agency staff	Percentage of agency/temporary staff in staff team	No more than 20%
Staffing Hours	Number of hours worked	As per contract

Provider staff have the skills, training and behaviors to meet the individual needs of the people they support	Appropriate staff training is delivered to meet the needs of the service users referred to the support service.	100% = met Mandatory
Staff Turnover	Turnover, % = ((Number of employees who left service during the period) / (Average Number of Employees for The Period)) * 100%	<20%
Provider is compliant with safeguarding: London multi-agency safeguarding policy and procedures to safeguard adults from abuse and London Child Protection Procedures	Provider has robust quality assurance processes in place that ensure reporting times are being met and Provider has taken appropriate action to protect people from harm. Number of safeguarding alerts raised.	100% = met Mandatory
Early identification and prevention of poor health	Supported to attend and complete an Annual Health Check with GP	95%
Access to mainstream health services	Registered with Dentist Registered with Optometrist	100%
Choice and Control	Evidence of PBS plans Involvement in development of Support Plan Accessible format (Easy Read) Positive risk taking	Annual report
Communication	Communication passport in place and reviewed Hospital passport in place and reviewed	95% 95%
Service utilisation	% of accommodation units utilised	95%
Performance & Activity Data Report	Quarterly submission of accurately completed Performance & Activity Data Report	100% = met Mandatory

In addition, the Service will report on the additional metrics outlined in the 49b Star Road Respite and 49c Star Road appendices, respectively.

## SCHEDULE 2: SUPPORTED ACCOMMODATION PERFORMANCE INDICATORS AND OUTCOMES

PERFORMANCE INDICATOR	CRITERION	STANDARD
Number of complaints resolved	Percentage of complaints resolved to the satisfaction of the complainant	>90%
Service user satisfaction	Percentage of all users satisfied with the service on exit questionnaire	>90%
Serious Incidents reporting	Reporting the number of serious incidents during the period	100%
Staff training	Reporting of the number of staff that attended a training session each quarter	100%
Protected characters per individual	Reporting of the number of service users age, disability, gender reassignment, religion and belief, marriage and civil partnership, race, sex and sexual orientation	100% Asked

### SCHEDULE 3: SERVICE DESCRIPTION

<b>Name of Service</b>	Learning Disabilities and Autism Supported Accommodation Service
<b>Type of Service</b>	Supported accommodation service for people with learning disabilities and/or autism aged 16+ (18+ for respite service)
<b>Service ID/Reference</b>	TBC
<b>Capacity</b>	71 units
<b>Level of Service</b>	High need schemes: 24-hour support 7 days per week, 365 days per year Medium need schemes: <b>TBC following award of tender</b> Low needs schemes: <b>TBC following award of tender</b>
<b>Type of Contract</b>	Block
<b>Duration of Contract</b>	5 years (with optional extensions 3 x 1 year)
<b>Contract Value</b>	Maximum value: £3,500,000 per annum Contract value: <b>TBC following award of tender</b>

## **SCHEDULE 4: SERVICE ORGANISATIONAL STRUCTURE**

- 1 Including Full Time Employees and Total Number of Support and Non-Support Hours for the Service.
- 2 Full Time Employees and Total Number of Support and Non-Support Hours for each Site.

Note 1 and 2 above are to be agreed through tender process and prior to commencement of contract. These can be amended as the Service develops where the Council and Provider both agree.

**TBC following award of tender**