



# **DEPARTMENT OF ADULT SERVICES**

## **FRAMEWORK AGREEMENT SPECIFICATION**

### **PROVISION OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES AND/OR PHYSICAL DISABILITIES**

**AO 231**

**JULY 2008**

## **SPECIFICATION**

### **PROVISION OF SERVICES FOR PEOPLE WITH LEARNING AND/OR PHYSICAL DISABILITIES**

#### **CONTRACT REFERENCE AO231**

#### **1. STATEMENT OF POLICY - GENERAL SERVICE PROVISION**

- 1.1 Wigan Borough Council has a statutory responsibility under the National Health Service and Community Care Act 1990 to make provision for those who have a Learning and/or Physical Disability. The philosophical emphasis of all services whether public, private or voluntary which the The Council uses in carrying out its duties are as follows:-
- i) to promote the health and welfare of the individual receiving the service.
  - ii) to respect the human rights of individuals, the rights of individuals, their rights of personal freedom, choice in daily living, dignity and self respect, independence, privacy and exercise of free will.
  - iii) to involve each individual in any decision making which concerns him/her.
  - iv) to assess and respond to the changing needs of the individuals.
  - v) to take account of all issues regarding the diversity of the Service User's circumstances when making decisions concerning him/her.
  - vi) to provide services within the operation of a clear equal opportunities policy.
  - (vii) at all times and in all aspects, the services should be delivered in a style and with a content which is appropriate to the age of the person for whom it is intended.
- 1.2 The Service Provider and his employees will honour this philosophy in providing the service.
- 1.3 Service Users will on a day to day basis require one or a number of the following services; personal care, social care, housing related support. The Service Provider will be expected to provide a combination of all services as required by the individual. Whilst the Council has a statutory duty to provide social and personal care to anybody assessed as eligible under Fair Access to Care Services

(FACS) criteria, there is no statutory duty to provide housing related support.

## **2. QUALITY STATEMENT - GENERAL SERVICE PROVISION**

2.1 In providing services for the Council, all Service Providers will be expected to maintain high standards of behaviour and performance in carrying out their duties.

2.2 All Service Providers will demonstrate the following at all times:

- i) that they and their employees understand the nature and purpose of the services which they are providing.
- ii) that they and their employees are providing the services in the manner consistent with the Council's policy statement and this specification.
- iii) that the specification of services will be maintained.
- iv) that they are operating working practices which comply with employment legislation, health and safety at work legislation and other relevant legislation which is designed to regulate their conduct.

2.3 In the provision of these services, the Council requires the Service Provider to adopt the philosophy and be pro-active in meeting the 7 proposed outcomes in the Department of Health's White Paper: Our health, our care, our say – a new direction for community services, February 2006.

- Improved health
- Improved quality of life
- Making a positive contribution
- Exercise of choice and control
- Freedom from discrimination or harassment
- Economic well-being
- Personal dignity

## **3. Service Objectives**

The service objectives relating to each specific service contained within the framework are outlined in separate appendices incorporated at the back of the service specification.

## **4. The Service**

Details of the services to be provided are outlined in separate appendices incorporated at the back of the service specification.

## **5. Responsibility of the Council in Relation to this Specification**

- 5.1 The Council will provide the Service Provider with a completed comprehensive needs led assessment of each service user's needs including their medical, personal care, social and emotional and dietary needs, their activities and interests and any special information required by the Service Provider to enable the Service Provider to deliver the required service. Other forms of assessment will be made available to the Service Provider where these have been commissioned (eg Psychiatric, Occupational Therapy).
- 5.2 The assessment provided by the Council will form the basis of a Care Plan in respect of the service user which forms part of this specification.
- 5.3 The Council has a duty to provide information on risk. The Council will provide all information available regarding risk either to the service user or the member (s) of staff employed to provide the service.
- 5.4 The Council will be responsible for explaining the Department's charging policy to the service user or their representative. The Council will be responsible for undertaking a financial assessment with the service user if requested.
- 5.5 The Council and the Service Provider will meet as appropriate to discuss the needs for any amendment or alteration to the service.
- 5.6 The Council will conduct statutory reviews of service user's assessed needs. They will ensure that the needs identified are still eligible under the Council's FACS criteria and that their needs are being met by the Service Provider. These reviews will be conducted annually and will be recorded on the individual service user's file.
- 5.7 The Council shall inform service users of their right to appeal against any outcomes arising from the assessment regarding suitability and written details of the appeals process should be given to service users. The final decision regarding any appeal will rest with the Council.

## **6. Responsibility of the Service Provider**

- 6.1 The Service Provider must be able to demonstrate their experience and knowledge of providing services to people with a range of disabilities based on the principles and values stated in this specification. The range of specialist experience and input required to accommodate the needs of the service users will include those who demonstrate complex or challenging behaviours.
- 6.2 The Service Provider will comply with all relevant current, and future legislation in the provision of the services. The Service Provider will be expected to observe and comply with any future changes to the Commission for Social Care Inspection (CSCI) standards. In addition, the Service Provider should note these standards are considered a

minimum requirement. The Service Provider will be expected to use the standards as a benchmark for continuous improvement.

- 6.3 The service provided will be in accordance with the following:-
- (i) the terms of this specification and the Service Providers framework application.
  - (ii) the Care Plan/Person Centred Plan
- 6.4 The Service Provider will provide appropriate levels of care and support to meet the assessed needs of each service user and will enable the service user to achieve their identified outcomes.
- 6.5 The Service Provider shall liaise appropriately with representatives from the Council's Department of Adult Services and be aware of the multi-disciplinary nature of individual care packages.
- 6.6 In making any decisions with respect to a service user, the Service Provider must ensure that the service is provided in a manner which is compatible with the linguistic, cultural and religious needs of each service user, whilst also being sensitive to their sexuality in accordance with the requirements of the service specification.
- 6.7 All assessment information concerning individuals participating in the scheme and given to the Service Provider must be handled sensitively and in confidence.

## **7. Eligibility for the Services**

- 7.1 The Council is required, for Adult Care services, to apply eligibility criteria based on the Local Authority Circular LAC (2002)13 "Fair Access to Care Services – Guidance on Eligibility Criteria for Adult Social Care". All new referrals and requests for help from individual service users will meet these criteria.
- 7.2 The Council will retain the sole right to make referrals to the Service Provider.
- 7.3 In the event of a vacancy occurring, the Service Provider will immediately notify the Council.
- 7.4 Every effort must be made to manage vacancies at the earliest practicable opportunity.

## **8. Service Delivery**

- 8.1 Illness of the Service User
- 8.1.1 Should the service user become ill whilst providing the Service, the Service Provider should contact the service users General Practitioner and/or Ambulance Service as appropriate, and notify the service user's key contact

## 8.2 Adult Safe Guarding

- 8.2.1 The Service Provider shall agree to accept and work within the locally agreed multi-agency Vulnerable Adult Protection Policy and Procedures.
- 8.2.2 The Service Provider's staff should receive basic adult safe guarding awareness training.
- 8.2.3 The Service Provider staff must report any suspected abuse to their manager.
- 8.2.4 In all such situations staff must follow the guidelines included in the document referred to in 8.2.1 above.

## 8.3 Difficult Behaviour

- 8.3.1 In a situation where the Service User presents violence, aggression or unacceptable behaviour to the Service Provider's staff member(s) providing services, the Service Provider may suspend service and then notify the Council's nominated officer immediately.
- 8.3.2 In considering such suspension of service the Service Provider must take account of the vulnerability of the Service User and the risk presented to him/her by the suspension of service. The Service Provider must advise the Social Worker/Keyworker or appropriate Team Manager/Co-ordinator of the situation.

## 9. Referrals

- 9.1 The Service Provider will be available to accept and consider any new referrals.
- 9.2 The Service Provider will consider a referral only if the Council has supplied, as a minimum, information detailed in the Care Plan.
- 9.3 The Service Provider will identify how they can meet the needs of an individual, as recognised in the Care Plan, within 5 working days of receiving a referral.
- 9.4 The Service Provider will identify and report to the Councils nominated officer, any changes to the individuals care plan, which may require a referral onto more specialised services.

## **10. Assessment**

- 10.1 For all new referrals, the Service Provider shall, upon receipt of a completed referral, complete an initial assessment of the suitability of the service and compatibility of the individual with the support staff and other service users.
- 10.2 The process will include the Council's nominated representative, Service Provider and Service User meeting to discuss whether the service can meet the service user's needs.
- 10.3 In order to determine compatibility, Service Providers will complete a comprehensive risk assessment to identify the potential risks to the individual being referred and staff. This will be undertaken through considering the needs of the individual as outlined in the community care assessment/care plan and any other assessment undertaken by the Service Provider to determine suitability. The Service Provider will supply both the Council and the potential Service User with a copy of their assessment.
- 10.4 Development of risk assessments will involve service users and take full account of their views, targets and aspirations.
- 10.5 Staff carrying out needs and risk assessments must be competent to do so. This may include outside agencies / professionals.

## **11. Allocation of Services**

- 11.1 The Service Provider will, following assessment of both care and support needs, confirm whether or not an individual will be accepted into any of the services.
- 11.2 The Council will regularly review the eligibility criteria, application and prioritisation process.

## **12. Support Plans (Person Centred Plans)**

- 12.1 The Service Provider must ensure all service users have individualised service support plans, pertaining to this service, which incorporate specific intended outcomes which have been agreed with service users and if appropriate, carers, relatives and other advocates.
- 12.2 The Service Provider will begin to develop an individual support plan for each service user on or before commencement of services.
- 12.3 Service users will be involved in the development of their own support plans.

## **13. Service Outcomes**

- 13.1 The Service Provider will on an on-going basis, review the support plan and will monitor whether the outcomes in the support plan are

being achieved. The Service Provider should refer to the principles outlined in The White Paper 2006, Our Health, Our Care, Our Say when assessing service user outcomes.

- 13.2 The Service Provider will conduct formal reviews of service users support plans. These reviews will be conducted after 3 months and a minimum of 2 per year thereafter and will be recorded on the individual service user's file.
- 13.3 Reviews can be initiated at any time by a service user.
- 13.4 Service Users will be reviewed as part of the commissioner's statutory responsibility. These reviews will monitor the outcomes that have been achieved.
- 13.5 It is the Service Providers responsibility to give comprehensive details of the outcomes achieved associated with each Service User.
- 13.6 In the event of the service no longer appearing to meet an individual's needs, the Service Provider will request the Council to undertake a reassessment of that person's needs. The Council will undertake such reassessment within a period of one month of the request. The reassessment should involve contributions from all appropriate agencies and may involve the holding of a case conference in order to share the necessary information. If the result of the reassessment indicates the need to revise the care plan and identify new outcomes, then a timetable to implement this will be agreed by all parties.
- 13.7 If the Council considers at any time that the needs of the individual are not being met by the provision of the service the Council may undertake a reassessment of the individuals needs. The reassessment will involve contributions from all appropriate agencies including the Service Provider. If the result of the reassessment indicates that there is a need to revise the individual's care plan and identify new outcomes, the Council may review the care plan and notify the Service Provider of any amendments thereto.

## **14. Staffing**

### Recruitment of staff

- 14.1 The Service Provider will employ sufficient professional staff to enable it to carry out the Service. Where reference is made to staff or employees this, where applicable will also include any volunteers utilised in the provision of this service.
- 14.2 All staff employed by the Service Provider will be suitably qualified, trained, skilled and competent.
- 14.3 Management, accountancy and administrative support will be provided for the Service by the Service Provider.
- 14.4 The Service Provider's employees shall have written terms and conditions of employment and a job description.



- 14.5 The Service provider will ensure that employees have access to a programme of development and training and shall have an identified written training policy which demonstrates a commitment to support training opportunities and the maintenance of professional knowledge and competence.
- 14.6 The Service Provider will adopt and implement an equal opportunities policy in respect of all posts to be filled in the provision of the service.
- 14.7 The Service Provider will ensure that Criminal Records Bureau Enhanced Disclosures are obtained prior to the commencement of the Service in respect of all employees and prospective employees who will have direct personal contact with Service Users.

The Service Provider shall comply with any reasonable requirement of the Council as to the employment in or withdrawal of employees from the service should any disclosure prove that the continuation of employment would mean that the service user may be put at risk.

If there are delays on the part of CRB in obtaining the Disclosures the parties shall for the period of such delay agree alternative arrangements as are considered by the Council necessary to balance the requirements of the Service with the need to protect the interests of the Service Users.

- 14.8 The Service Provider will ensure that where practicable and appropriate that Service Users and their families are represented on the requisite interview panel.

#### Deployment of Staff

- 14.9 The Service Provider must ensure that staff has the necessary knowledge, experience, skills and attitudes to provide the service specified to each individual service user.
- 14.10 The Service Provider must ensure that staff are given adequate information about the service user's situation and needs, and the way in which they are to be met.
- 14.11 The Service Provider must ensure that the minimum number of staff are used to provide services to the individual user to ensure continuity of care.
- 14.12 If a change of worker is necessary the Service Provider must take all reasonable steps to inform the Service User, with as much notice as possible prior to the next scheduled visit.
- 14.13 The Service Provider should strive to employ a workforce who can meet the cultural, religious and gender needs of any individual as specified by the Council.

- 14.14 The Service Provider shall treat Service Users, their homes and possessions with respect and courtesy, with a view to customer safety and to show sensitivity to the particular needs of, for example, the

young, older people, disabled people and service users from minority communities.

- 14.15 The Service should promote the most effective deployment of staff resources by, particularly, maximising contact and activities with the service user and minimising “building related” duties.

#### General Conduct

- 14.16 The Service Provider shall be responsible for developing policies relating to Staff Conduct.

- 14.17 The Service Provider will provide the Council with a copy of any procedures used by their staff whilst delivering the service relating to their conduct.

- 14.18 The Service Providers staff shall not undertake duty under the influence of alcohol or drugs.

- 14.19 Written guidance should be provided to all staff which explicitly states that staff are not allowed to:

- act as appointees, except where this has been agreed by the Council's Authorised Officer.
- involve themselves or members of their family, in the making of or benefiting from, service users wills or soliciting any other form of bequest or legacy or acting as witness or executor or being involved in any way with any other legal document.
- use loyalty cards except those belonging to the service user
- make personal use of the service users property, eg telephone
- borrow from or loan money to the Service User
- receive money or any other gifts from the Service User without informing his/her Manager; as a guide it is acceptable for workers to receive small token gifts from a Service User, for example, at Christmas time or where refusal would particularly offend. The reporting of such gifts is essential and must be recorded by the Manager on the Service Provider's records relating to the individual Service User;
- involve the Service User in gambling syndicates (eg national lottery, football pools)
- sell or dispose of goods belonging to the Service User and their family
- transport the Service User in the worker's personal transport, unless the Service Provider has sanctioned this arrangement and has previously confirmed that they have suitable motor

insurance, and that the vehicle is suitable to transport the Service User.

- Undertake any financial transaction on behalf of the Service User which is not covered by the Council's audit requirements.
- sell goods or services to the Service User
- incur a liability on behalf of the Service User
- take responsibility for looking after any valuables on behalf of the Service User
- taking any unauthorised person (including children) or pets into the Service User's home without permission of the Service User, their relatives or representative and the manager of the service.

14.20 If a member of the Service Provider's staff provides additional services for payment at the request of the Service User as a private arrangement, the Service Provider shall notify the Council Officer who authorised the original service(s).

## **15. Training**

Training requirements relating to each specific service contained within the framework are outlined in separate appendices incorporated at the back of the service specification.

## **16. Personal Support**

16.1 The Service Users should be actively involved in determining their own routines for what they do and when they do it. They must be consulted about any changes which affect them.

16.2 Whilst the Service Provider and its employees must be concerned to maintain the independence of each service user they will recognise that physical help with bathing, using the toilet, meals and other functions may be required in some cases. The Service Provider will provide such assistance in a manner that minimises dependence, preserves privacy and maintains the dignity of the users.

16.3 The Service Provider will ensure that the inequalities in health care are minimised by ensuring that:

- all individuals are supported by the Service Provider in offering support/carrying out the identification of their health care needs
- assistance is provided to the individual to reflect what is in the Health Action Plan
- training is facilitated as required to ensure that individuals and staff have the required competencies to meet individual need

- training is purchased as required to ensure that individuals and staff have the required competencies to meet individual need
- 16.4 The Service Provider will ensure that any medication used by the service user is handled, administered and stored with due regard for the safety and well-being of the individual and in line with the Council's current policy in relation to the administration of medication. (Appendix 5)
  - 16.5 The Service Provider will ensure that service users have access to leisure and recreational facilities, and educational and employment opportunities.
  - 16.6 The activities that service users do during the day should have developing relationships as a key aim, and should be designed and supported accordingly.
  - 16.7 The Service Provider will, wherever possible, seek to find and develop natural and informal support arrangements (the task of the service becomes one of co-ordinating and nurturing, rather than exclusively providing, the range of support).
  - 16.8 Service users should be supported in maintaining contact (or renewing contact) with family members. Existing relationships should be respected and sustained.
  - 16.9 Service users should be encouraged to self-advocate, or if they wish, to appoint an advocate to support them. Service users should be given privacy to see their representatives as and when they choose.
  - 16.10 Where services are provided within an individuals house staff should eat meals with the service users unless there are compelling reasons not to do so.
  - 16.11 In respect of the provision of meals it will be the Service Providers responsibility to ensure that the preparation of meals etc., complies with all relevant hygiene and food safety practices and, as appropriate, legislation.

## **17. Accommodation and Facilities**

Where applicable accommodation and facility requirements relating to each specific service contained within the framework are outlined in separate appendices incorporated at the back of the service specification.

## **18. Complaints Procedure**

- 18.1 The Service Provider should have a written complaints procedure, which should include a role for a person who is independent of the

organisation, as either an investigator or decision maker at an appeal stage.

- 18.2 The Service Provider should take all reasonable steps to bring this procedure to the attention of Service Users. A copy of the complaints procedure must be provided to the Council
- 18.3 The Service Provider should attempt to resolve complaints by informal discussions with the individual. If discussions fail to provide a solution satisfactory to both the Service Provider and the individual, a full written report shall be submitted to the Council who will designate a representative to investigate the complaint.
- 18.4 The Service Provider shall keep a complete record of all complaints made by individual Service Users or their representatives.
- 18.5 The Service Provider must respond within 5 working days, and in writing if appropriate, to all requests made by the Council to investigate complaints. The response will include details of the outcome of the investigation undertaken by the Service Provider.

## **19. Financial Arrangements**

- 19.1 Service users will be encouraged to have their own bank or building society account which they use to bank their personal money. The Service Provider will be required to implement a procedure whereby this aspect of the service can be separately monitored by the Council's Authorised Officer.
- 19.2 Service Users should have their own mobility allowance/disabled living allowance and decide how to spend them. If there is an existing contract for a mobility vehicle, it is recognised that there may need to be a transitional period, although the individual should continue to benefit from the availability of the vehicle.
- 19.3 Only when absolutely necessary should an appointee for DSS benefits be appointed. When there is an appointee, this should be a person who has regular contact with the service user.
- 19.4 If an appointee is necessary the Service Provider will institute and maintain properly documented financial accounts to record income and expenditure on behalf of the Service User. Receipts for purchases must be obtained and kept as part of the financial accounts. The Service User's accounts will be audited annually by the Council's Authorised Officer. The Service Provider will ensure the Service User's accounts will be made available to the Council's Authorised Officer on request. These records must be retained for 6 years plus the current year.
- 19.5 The Service Provider will have a written procedure for appointees which will include, but not limited to, guidance on day to day responsibilities, handling cash, spending limits, bank accounts,

signatories, requests for cash, requests for major purchases, etc, which should be approved by the Council's Authorised Officer.

- 19.6 The Service Provider shall use its best endeavours at all times to ensure that the maximum amount of benefit income is claimed in respect of the person, providing this reflects his personal best interests and opportunity. The Service Provider will be responsible for providing administrative support to achieve the above.
- 19.7 Under no circumstances shall the Service Provider make an application to the Court of Protection on behalf of the service user without the prior written agreement of the Council.

## **20. Quality Assurance**

- 20.1 In order that the Council can monitor the operation of the services the Service Provider will institute and maintain a properly documented system of Quality Assurance approved by the Council. The Quality Assurance System and its documentation will be made available to the Council's Authorised Officer on request.
- 20.2 The Service Provider will be required to implement and evidence, policies and procedures which support continuous improvement in service delivery and outcomes.
- 20.3 The Standards of Service will include, but not limited to, those incorporated within the standards associated with the Commission for Social Care Inspection (CSCI), review processes and the terms and conditions outlined within this specification and contract.
- 20.4 The Quality Assurance process will focus upon outcome based services. The Service Provider will be required to provide evidence of their actions to maximise the potential for each service user through a process of continual evaluation, monitoring and review of the achievements and outcomes for each individual. In order to facilitate this, the Service Provider will be required to utilise the services of independent professionals to meet with the Service User to evidence and gather monitoring information and / or act in the role of advocate.
- 20.5 It is not appropriate or necessary, for the Council to constrain the Service Provider by prescribing specific approaches or methods of quality assurance. It is however, necessary for the Service Provider to be able to demonstrate that they do operate the following minimum components of Quality Assurance.
- i) A method of ensuring staff are suitable for the work required, including any qualifications, competencies, or experience.
  - ii) Methods of enabling staff to understand the overall philosophy of the service and the interpretation and implementation in practice of the Service values and principles. This should emphasise the effect on the service user.

iii) Methods of ensuring all staff understand the methods and standards expected of them in their work. This may include written procedures, formal induction training, demonstration and working alongside competent staff.

iv) Methods of assessing staff performance, in order to ensure:

- they are pursuing the methods of reaching the standards required
- minor variations or under performance is rectified
- outstanding performance is commended
- continuing development of staff competence and performance is addressed

v) Mechanisms to ensure staff have access to management support and guidance, especially in relation to:

- operational decisions and directions regarding service user care
- clarification and interpretation of policy, guidance and procedures
- personal support to manage emotional demands, especially those related to experiences of violence, aggression, harassment, that the work involves
- personalised assessment of development and performance, with the identification of future developmental objectives, and opportunities to meet them

vi) Positive methods to establish service user's experience and views about the Service, covering the range of compliments, comments and complaints. This could include views from relatives/carers.

vii) Mechanisms for identifying when and how things do not meet agreed standards, agreeing and implementing corrective action, and rechecking this has resolved the original problem.

20.6 An Overall Framework which:-

- supports all the above
- enables realistic assessment of the quality of the services provided
- promotes working towards the best achievable results with the resources available

## 21. Monitoring and Review

21.1 It is a requirement of this specification that the Service Provider has in place a monitoring and management information system that clearly identifies the service provision associated with this contract.

21.2 As a part of the monitoring and management information requirements the Service Provider will submit, on request, but no less than quarterly, a detailed report, under a series of headings, but not limited to the following.

#### **Inputs/ Outcomes**

- Number of hours/visits provided to Service Users
- Identification of individual service users connected with the provision of service under this contract
- Sickness levels
- Disciplinary action being considered and undertaken.
- Staffing details including turnover, training etc.
- Outcomes for service users

#### **Quality Issues**

- Complaints.
- Records of any complaints or compliments the Service receives
- User self assessment questionnaires
- Health and safety
- Equal Opportunity and Diversity implementation.
- Adult Safe Guarding
- Compliance and adherence to the Data Protection Act (1998)
- Compliance and adherence to the Principles and Standards identified in the Caldicott Report (1997) as detailed in Section 13 of the Specification.

21.3 The Service Provider will make available the above information in such forms and at a frequency to be agreed with the Council's Authorised Officer.

21.4 The Service Provider shall permit officers of the Council to inspect, with or without notice, at any time the Service in order to monitor the provision of the Service and the well-being of the Service Users.



21.5 The Service Provider will meet with the Council's Nominated Representatives at least four times a year to monitor the contract terms and service provision.

21.6 The Service Provider will comply with all reasonable requests relating to the monitoring of any aspects of its performance, particularly those which demonstrate the Service Provider's ability to continue to meet the terms and conditions of this contract and specification.

21.7 The service will be reviewed on an annual basis. Service reviews may also be held at other times as appropriate, and may be initiated by either the Council or the Service Provider.

21.8 For services which are jointly commissioned with Supporting People the following additional monitoring and management information is required:

21.8.1 The Service Provider shall supply such information to enable the Council to submit to the Department for Communities and Local Government (DCLG) any information or data required by them for the purposes of evaluating the Key Performance Indicators / Service Performance Indicators. In specifying the information to be compiled and maintained for this purpose the Council will have regard to any directions or guidance that the DCLG may issue relating to the form and extent of such information.

21.8.2 The Service Provider must complete the SPI Monitoring Return and return by the deadline issued by the Supporting People Team.

21.8.3 The Service Provider will need to complete a Client Record Form for all new Service Users who begin to use Supporting People services as required by the DCLG.

21.8.4 The Service Provider shall ensure that authorisation to supply personal data shall include the right to transfer such personal data to the DCLG as required by him.

## **22. Confidentiality**

22.1 Both parties agree that the information, made available as a result of this Agreement, shall be treated as confidential and both will take steps not to infringe or prejudice the right of confidentiality enjoyed by the service users.

22.2 The Service Provider shall not, and shall take all reasonable action to ensure that their employees do not without the express permission of the Council's Authorised Officer, divulge to any third party, other than relevant parties normally entitled to information in the course of the duties, e.g. health and social care workers, any information related to the service user which comes into its or their possession while providing the Service.

- 22.3 The Service Provider will be required to comply with and adhere to the Data Protection Act (1998) and the Standards and principals outlined in the Caldicott Report (1997).

The 6 Caldicott principles are as follows :-

**Principle 1 - Justify the purpose(s)**

Every proposed use or transfer of personally-identifiable information within or from an organisation should be clearly defined and scrutinised, with continuing uses regularly reviewed by an appropriate Guardian.

**Principle 2 - Don't use personally-identifiable information unless it is absolutely necessary**

Personally-identifiable information items should not be used unless there is no alternative.

**Principle 3 - Use the minimum necessary personally identifiable information.**

Where use of personally identifiable information is considered to be essential, each individual item of information should be justified with the aim of reducing identifiability.

**Principle 4 - Access to personally-identifiable information should be on a strict need to know basis.**

Only those individuals who need access to personally-identifiable information should have access to it, and they should only have access to information items that they need to see.

**Principle 5 - Everyone should be aware of their responsibilities.**

Action should be taken to ensure that those handling personally-identifiable information- both practitioner and non-practitioner staff are aware of their responsibilities and obligations to respect an individuals confidentiality.

**Principle 6 - Understand and comply with the law.**

Every use of personally-identifiable information must be lawful. Someone in each organisation should be responsible for ensuring that the organisation complies with legal requirements.

**23. Procedures**

- 23.1 In addition to the above, the Service Provider should have a written policies and procedures manual (or equivalent) covering all aspects of service delivery. The manual should be readily available to staff.

Contents of the manual (or equivalent) should include as a minimum, the following, although Service Providers are expected to meet the requirements associated with the Code of Conduct, Induction Programme and Health and Safety;

- Assessment, review and support planning

- Record keeping and access to files
- Health & Safety including personal safety, lone worker policy, risk assessment and management, call-out procedures. Moving and handling, dealing with accidents and emergencies, dealing with violence and aggression, control of exposure to hazardous waste (COSHH) and fire safety.
- Administration of Medication
- Adult Safe Guarding and prevention of abuse
- Concerns and complaints
- Whistle blowing
- Acceptance of gifts and legacies
- Code of conduct
- Equal opportunities
- Harassment Policy
- Confidentiality and disclosure of information
- Data protection
- Terms and conditions of employment
- Disciplinary and grievance procedures
- Induction, training and staff development
- Working with volunteers
- Financial Management

This is not an exhaustive list and is a sample of the procedures that will be required to operate this service.

## APPENDIX 1

### Application for inclusion on Framework Agreement for the Provision of 24 Hour Care, Support and Accommodation for People with Learning and/or Physical Disabilities

#### AO 231

The following requirements relate to the Provision of 24 Hour Care, Support and Accommodation for People with Learning and/or Physical Disabilities.

#### 1. Service Objectives

- 1.1 The service will provide a range of direct help and support to enable service users to live as independently as possible in their own accommodation. The main objectives of the service are to:
  - 1.1.1 provide the service in a flexible and responsive way to achieve the agreed outcomes for individual service users
  - 1.1.2 provide sufficient care and support to meet the service users assessed needs
  - 1.1.3 provide sufficient housing related support to enable the service users to maintain their tenancies
  - 1.1.4 promote the learning and development of skills that will enable service users to live with the minimum levels of support
  - 1.1.5 promote social interaction, communication and independence skills to enable service users to continue living in the community
  - 1.1.6 provide practical and emotional support to service users and carers
  - 1.1.7 support and assist service users to access services and identify opportunities for mainstream employment, education, leisure and social inclusion

#### 2. The Service

- 2.1 The service will consist of a supported accommodation service to provide complete and individual care and support to individuals with Learning and/or Physical disabilities. The care and support will be provided in the Borough of Wigan.
- 2.2 The service may include support plans which are commissioned by the Department of Adult Services or support plans that are either jointly or solely commissioned with/by the Primary Care Trust, Supporting People and/or other agencies.

- 2.3 The service should provide consistency and stability to the service users being supported
- 2.4 Each service user's care and support arrangements will be individually determined by an assessment, which will identify individual outcomes for the service user and will be unique to that person. The service will enable the service user to achieve their identified outcomes.
- 2.5 The service will employ suitably qualified staff who are experienced in providing care and support to people with disabilities.
- 2.6 The service will, as a minimum, be provided in accordance with the standards appropriate to the Commission for Social Care Inspection (CSCI).
- 2.7 For services which are jointly commissioned with Supporting People, Service Providers should meet as a minimum, level C of the six core objectives and 2 supplementary objectives of the Supporting People Quality Assessment Framework (QAF).
- 2.8 The Service Provider will have a commitment to continuous improvement of the service.

### **3. Training**

- 3.1 The Service Provider must ensure that the training needs of staff and volunteers are regularly reviewed and skills are updated when a need is identified.
- 3.2 The Service Provider must ensure that all staff are given a period of induction. The induction programme needs to match the aims and objectives of the service to ensure workers have a good understanding of the needs of the service user.
- 3.3 Core training must be provided which meets the Statement of Purpose and should, but will not be limited to, themes/topics covering the following:
  - Adult Safeguarding (Basic Awareness)
  - Working with People with a Disability
  - Equality and Diversity
- 3.4 Specialist training should be targeted to those staff working with service users who have needs relating to their mental health, learning disability or physical disability. Examples include:

- Managing Difficult Behaviour
- Sensory Disability
- Mental Health
- Epilepsy
- Acquired Brain Injury
- Muscular Dystrophy
- Physical Intervention training
- Person Centred Planning
- Risk Assessment and Management
- Behaviour Management

#### **4. Accommodation and Facilities**

- 4.1 The accommodation where the services will be provided may be owned and managed by either a Housing Association or by a Registered Social Landlord (RSL) under a separate agreement with the Council.  
Services may also be provided in a service users home.
- 4.2 Where circumstances dictate, Service Providers are required to work with the Council to source and secure suitable accommodation.
- 4.3 Where appropriate, the service user will have a tenancy agreement.
- 4.4 The Service Provider will support the service user to take responsibility for keeping all furniture, and other equipment provided in the premises in good repair and condition and maintain the property appropriately. Replacement costs of these items will be met by either the Council or service user.
- 4.5 Where appropriate, the Service Provider will assist the service user in liaising directly with the owner of the property to ensure that appropriate maintenance and repairs are reported.
- 4.6 Service users should be encouraged to participate in the general day to day running of the premises although it is recognised that in some instances, this is not possible. In such instances;
- 4.6.1 The Service Provider shall support the service user to take responsibility for costs associated with the building in respect of all services including but not limited to telephone, utilities, rates, insurance (excluding buildings).
- 4.6.2 The Service Provider shall support the service user to maintain the building used in a reasonable state of tidiness and cleanliness.

- 4.6.3 The Service Provider shall support the service user in all aspects of security and safety within the building.
- 4.6.4 There should be an account for household expenditure, into which is paid the agreed weekly budgeted amount for household expenditure.
- 4.6.5 A calculated contribution to the house budget should be made by the Service Provider to cover the cost of staff meals and expenses.
- 4.6.6 The Service Provider will be required to implement a procedure whereby the joint household expenditure can be separately monitored by the Council's Authorised Officer.
- 4.7 The house will be equipped with a range of domestic safety equipment. The Service Provider will be responsible for all equipment which is considered necessary for staff to undertake their duties.  
More specialized equipment will be provided if indicated by the individual assessments, by agreement with the Council.
- 4.8 Where appropriate, the Service Provider shall use its best endeavours at all times to ensure that the maximum amount of housing benefit and Supporting People Grant is claimed in respect of the service user. All payments claimed will be payable to the Council. The Service Provider will be responsible for providing administrative support to achieve the above.

**Application for inclusion on Framework Agreement for the Provision of Home Support for People with Learning and/or Physical Disabilities**

**AO 231**

The following requirements relate to the Provision of Home Support for People with Learning and/or Physical disabilities.

**1. Service Objectives**

- 1.1 The Council requires the provision of a range of support services for people with learning and/or physical disabilities within ordinary houses in the community, where assessment establishes a need. This will enable service users to live as independently as possible in their own accommodation. The main objectives of the service are to:
  - 1.1.1 provide the service in a flexible and responsive way to achieve the agreed outcomes for individual service users
  - 1.1.2 provide sufficient care and support to meet the service users assessed needs
  - 1.1.3 promote the learning and development of skills that will enable service users to live with the minimum levels of support
  - 1.1.4 promote social interaction, communication and independence skills to enable service users to continue living in the community
  - 1.1.5 provide practical and emotional support to service users and carers
  - 1.1.6 support and assist service users to access services and make community connections. Assist in identifying opportunities for mainstream employment, education, leisure and social inclusion
  - 1.1.7 ensure that the support is provided in a manner which is compatible with the linguistic, cultural and religious needs of the Service User whilst also being sensitive to their sexuality.

**2. The Service**

- 2.1 The service will involve the provision of individual care and support to individuals with learning and/or physical disabilities. The care and support will be provided in the Borough of Wigan
- 2.2 The service may include support plans which are commissioned by the Department of Adult Services or support plans that are either



jointly or solely commissioned with/by the Primary Care Trust, Supporting People and/or other agencies.

- 2.3 The service will include full service user involvement as to how and when the service will be provided. The service provider will need to be flexible in how and when services are provided in order to meet the support requirements of the Service Users.
- 2.4 The service will provide a supportive environment whereby risks can be taken.
- 2.5 The service may be provided in the service users' own homes, in the home of a relative or in any other mutually agreed location.
- 2.6 The service should provide consistency and stability to the service users being supported
- 2.7 Each service user's care and support arrangements will be individually determined by an assessment, which will identify individual outcomes for the service user and will be unique to that person. The service will enable the service user to achieve their identified outcomes.
- 2.8 The service will employ suitably qualified staff who are experienced in providing care and support to people with learning and/or physical disabilities.
- 2.9 The service will, as a minimum, be provided in accordance with the standards appropriate to the Commission for Social Care Inspection (CSCI).
- 2.10 For services which are jointly commissioned with Supporting People, Service Providers should meet as a minimum, level C of the six core objectives and 2 supplementary objectives of the Supporting People Quality Assessment Framework (QAF).
- 2.11 The Service Provider will have a commitment to continuous improvement of the service.

### **3. Training**

- 3.1 The Service Provider must ensure that the training needs of staff and volunteers are regularly reviewed and skills are updated when a need is identified.
- 3.2 The Service Provider must ensure that all staff are given a period of induction. The induction programme needs to match the aims and objectives of the service to ensure workers have a good understanding of the needs of the service user.
- 3.3 Core training must be provided which meets the Statement of Purpose and should, but will not be limited to, themes/topics covering the following:
  - Adult Safeguarding (Basic Awareness)

- Working with People with a Disability
- Equality and Diversity

3.4 Specialist training should be targeted to those staff working with service users who have needs relating to their mental health, learning disability or physical disability. Examples include:

- Managing Difficult Behaviour
- Sensory Disability
- Mental Health
- Epilepsy
- Acquired Brain Injury
- Muscular Dystrophy
- Physical Intervention training
- Person Centred Planning
- Risk Assessment and Management
- Behaviour Management

**Application for inclusion on Framework Agreement for the Provision of a Residential Respite Service for People with Learning and/or Physical Disabilities**

**AO 231**

The following requirements relate to the Provision of a Residential Respite Service for People with Learning and/or Physical Disabilities.

**1. Service Objectives**

- 1.1 The primary objective of the Council's effort is to provide an effective respite service for people with learning and/or physical disabilities. It should follow that as caring and supporting services are being provided according to need, the users of the service, and their carers where appropriate, must be fully involved in all decisions about the provision of services whenever possible. It is however accepted that some people who are severely incapacitated may not be capable of meaningfully communicating their wishes or making decisions about some or all aspects of their lives. In such cases, employees of the Council in conjunction with any carer or advocate involved will hold the final responsibility for interpreting choices and wishes ensuring that any decisions made are in the individuals best interest.
- 1.2 The Service Provider will provide respite care in an environment in which the service users can be supported appropriately and which helps them achieve the outcomes highlighted in their support plan.. The main objectives of the service will be to:
  - (i) Ensure a quality Service is available, 365 days a year for individuals as identified in the Service User's support plan.
  - (ii) Provide practical and emotional support to service users and carers
  - (iii) Ensure a quality Service by providing members of staff who have the appropriate skills.
  - (iv) Participate in monitoring and evaluating the Service to maintain a high standard of support.
  - (v) Provide a Service which is available at short notice in response to emergency.
  - (vi) Ensure that the support is provided in a manner which reflects equality and diversity.

**2. The Service**

- 2.1 The Council requires the provision of residential respite beds for small groups of with learning and/or physical disabilities, and those with mental health needs where their individual assessment establishes such a need.

- 2.2 The Service will be provided in a ordinary house(s) in the community and will provide a safe, supportive living environment for the whole period of respite.
- 2.3 The Service Provider is expected to co-operate with others providing services to the Service User, including Carer, relatives and friends of the Service User.
- 2.4 Each service user's care arrangements will be individually determined by an assessment, which will identify individual outcomes for the Service User, and will be unique to that person.
- 2.5 The Service Provider should provide support which contributes to the health and well-being of the service user
- 2.6 The Service Provider should co-operate fully with local Health professionals and Adult Services' staff in supporting service users.
- 2.7 The Service provided will be in accordance with the following:
  - (i) the terms of this Specification and the Service Providers framework submission;
  - (ii) the Care Plan.
- 2.8 The service will, as a minimum, be provided in accordance with the standards appropriate to the Commission for Social Care Inspection (CSCI).
- 2.9 The Service Provider will have a commitment to continuous improvement of the service.

### **3. Death of a Resident**

- 3.1 The death of a resident shall be reported immediately to the Council.
- 3.2 Certification of death must be carried out by a General Practitioner or other qualified medical practitioner and all essential documentation completed as soon as possible.
- 3.3 All procedures on death shall be carried out in accordance with the "religious practices in death" of the resident concerned.

### **4 Training**

- 4.1 The Service Provider must ensure that the training needs of staff and volunteers are regularly reviewed and skills are updated when a need is identified.
- 4.2 The Service Provider must ensure that all staff are given a period of induction. The induction programme needs to match the aims and objectives of the service to ensure workers have a good understanding of the needs of the service user.

- 4.3 Core training must be provided which meets the Statement of Purpose and should, but will not be limited to, themes/topics covering the following:
- Adult Safeguarding (Basic Awareness)
  - Working with People with a Disability
  - Equality and Diversity
- 4.4 Specialist training should be targeted to those staff working with service users who have needs relating to their mental health, learning disability or physical disability. Examples include:
- Managing Difficult Behaviour
  - Sensory Disability
  - Mental Health
  - Epilepsy
  - Muscular Dystrophy and Arthritis
  - Person Centred Planning
  - Risk Assessment and Management
  - Behaviour Management
  - Acquired Brain Injury
  - Physical Intervention training

5. **Accommodation and Facilities**

- 5.2 Respite accommodation will be in ordinary domestic housing, in a location which is close to a good range of facilities.
- 5.3 The accommodation will blend harmoniously with its neighbourhood in style, appearance and use. The interior and exterior of the property should be pleasant and well maintained.
- 5.4 The Service Provider will be responsible for keeping all furniture, and other equipment provided in the premises in good repair and condition.
- 5.4 The user should have his/her own bedroom, unless they express a specific wish to share. The right to the individuals privacy in his/her own room will be respected.
- 5.5 The Service Provider will provide communal rooms for use by the residents and will also provide room for the use by the resident to meet visitors, relatives, social workers or financial advisors.
- 5.6 The Service Provider will maintain all buildings, fittings and equipment both internal and externally in good structural repair, clean and to a satisfactory standard of decoration.
- 5.7 The Service Provider must provide wash basins, baths or showers and toilets in accordance with the standards appropriate to the Commission for Social Care Inspection (CSCI) and in addition will provide hoists and lifting equipment for use by the resident if he/she

requires them. The Service Provider has a duty for ensuring all equipment used is suitable and safe and that staff are trained in its use.

- 5.8 The Service Provider will provide kitchen equipment, crockery and cutlery including proper facilities for the preparation and storage of food.
- 5.9 The Service Provider will provide laundry facilities to maintain a good standard of household linens and resident's personal clothing and carry out this duty in a manner that maintains each resident's dignity and general appearance.
- 5.10 The house will be equipped with a range of domestic safety equipment.
- 5.11 The Service Provider shall be responsible for all aspects of security and safety within the building.

**Application for inclusion on Framework Agreement for the Provision of Day Support Within The Community for People with Learning and/or Physical Disabilities**

**AO 231**

The following requirements relate to the Provision of a Day Support Within The Community for People with Learning and/or Physical Disabilities

**1. Service Objectives**

1.1 The service will enable the individual to develop new skills and/or enhance existing skills and progress to live the life they want and to meet the needs identified in their assessment. The service will provide a holistic and transitional support to enable the individuals to develop the skills they need to play as full a part in their community as they want. The support will increase the choices and opportunities made available to the individual. The support may include but will not be limited to:

- **Education and learning**
- **Employment and vocational training**
- **Daytime opportunities**
- **Relationships**
- **Leisure opportunities**
- **Social opportunities**
- **Promoting Independence**

The main objectives of the service are to:

- 1.1.1 provide the service in a flexible and responsive way to achieve the agreed outcomes for individual service users
- 1.1.2 provide sufficient care and support to meet the service users' assessed needs
- 1.1.3 promote independence using the support planning model
- 1.1.4 promote the learning and development of skills that will enable service users to live with the minimum levels of support
- 1.1.5 promote social inclusion and independence whilst living in the community
- 1.1.6 provide practical and emotional support to service users and families
- 1.1.7 support and assist service users to access services and identify opportunities for mainstream employment, education, leisure and social inclusion

1.1.8 establish links with the community

1.1.9 to maximise alternative funding streams

## **2. The Service**

- 2.1 The Service will consist of a combination of a base in Wigan and out reach services.
- 2.2 Placements may include 1:1, 2:1 and shared support, with some additional management provision.
- 2.3 The service will be available 7 days per week, 52 weeks per year (not including Bank Holidays).
- 2.4 Each service user's support arrangements will be individually determined by an assessment. This assessment will be translated into a person centred plan, which will identify individual outcomes for the Service User, and will be unique to that person. The Service will enable the Service User to achieve their identified outcomes.
- 2.5 The Service Provider will employ suitably qualified staff who are experienced in providing care and support to people with learning disabilities.
- 2.6 The service will, as a minimum, be provided in accordance with the standards appropriate to the Commission for Social Care Inspection (CSCI).
- 2.7 The Service Provider will have a commitment to continuous improvement of the service.

## **3. Training**

- 3.1 The Service Provider must ensure that the training needs of staff and volunteers are regularly reviewed and skills are updated when a need is identified.
- 3.2 The Service Provider must ensure that all staff are given a period of induction.
- 3.3 Core training must be provided which meets the Statement of Purpose and should, but will not be limited to, themes/topics covering the following:
  - Working with People with a Disability
  - Adult Safeguarding (Basic Awareness)
  - Equality and Diversity
- 3.4 Specialist training should be targeted to those staff working with Service Users who have needs relating to their mental health, learning disability or physical disability. Examples include:



- Managing Difficult Behaviour
- Sensory Disability
- Mental Health
- Epilepsy
- Acquired Brain Injury
- Muscular Dystrophy
- Physical Intervention Training
- Person Centred Planning
- Risk Assessment and Management
- Behaviour Management

#### **4. Accommodation and Facilities**

- 4.1 The Service Provider will ensure that they identify and source suitable accommodation in Wigan in which to provide a base from throughout the period of the contract.
- 4.2 The Service Provider shall be responsible for any costs associated with the building in respect of all services including but not limited to telephone, utilities, rates, insurance.
- 4.3 The Service Provider shall be responsible for maintaining the building used in a reasonable state of tidiness and cleanliness.
- 4.4 The Service Provider must ensure that the accommodation meets the requirements of the fire regulations and fully complies with fire regulations. All the Service Provider's staff should receive appropriate training to carry out emergency evacuations.
- 4.5 The Service Provider shall be responsible for all aspects of security and safety within the building.

## HOME CARE SUPPORT FOR MEDICINE MANAGEMENT IN THE COMMUNITY

### *Introduction*

Adults supported in their own homes by a domiciliary care agency will normally be responsible for their own medicines both prescribed and non-prescribed. Some are able to fully administer their own medicines, others will require varying levels of support. In some cases, the level of support for medication will be substantial.

Care workers may administer prescribed medication (including controlled drugs) to an adult service user with consent, so long as this is in accordance with the prescriber's directions (Medicines Act 1968). This is called 'administering medication'.

Competence training must be provided for all staff who undertake medication procedures, prior to the staff carrying out the tasks.

However, when medication is given by invasive techniques, the care worker will need additional training.

It is the Social Worker / Care Co-ordinators responsibility to agree the level of support required. It is the care agencies responsibility to ensure that the appropriate record keeping and training needs are met.

If a request is made to commission a prompt / administer / administer with special techniques service, all details should be included in the ISPEC and the level of tasks recorded.

Care workers must **ONLY** carry out tasks as specified on the ISPEC and Care Plan e.g. only administer medication listed – no other medication to be given. Care workers **should not offer advice** to an adult service user about over-the counter medication or complementary treatments. Service Users should be encouraged to seek advice from their G.P.

Where multiple agencies are contracted to provide services, there needs to be agreement about which agency hold the responsibility for support with medication.

## LEVEL ONE - PROMPT ONLY

### **Supporting adult service users who are responsible for managing their own medication but need help due to their physical disability or frailty.**

General support is given when the adult service user takes responsibility for their own medication. The following support given may include some or all of the following:-

- A reminder or prompt from the care worker to an adult service user to take their medicines.
- Manipulation of a container, e.g. opening a bottle of liquid medication or popping tablets out of a blister pack at the request of the adult service user.
- Care worker can check that the adult service user continues to be able to read and understand instructions for taking medicine and for safe storage.
- Care worker to note and record any change in the adult service user's ability to manage their medication. Need to report any such change to their line management. If the adult service user refuses or chooses not to take their medication this is their personal responsibility, but must be reported to line manager, who will subsequently alert the adult service users identified care manager.
- Care worker can remind the adult service user regarding arrangements for safe storage of medication.
- Care worker if aware from their own observations or if detailed in the adult service users care plan, can provide verbal prompting to remind the person to order their prescriptions.
- Requesting repeat prescription from the GP.
- Arranging the collection of medicines from the community pharmacy/dispensing GP surgery.
- Arranging for the safe disposal of unwanted medicines.

Level one – prompt support needs should be identified at the care assessment stage and recorded in the adult service users plan.

Service Users / Service user's representatives or other parties may request the medication is dispensed in a Monitored Dosage Systems. The final decision as to whether medication can be dispensed in this manner will be made by the Pharmacist and appropriate advice given. It is acknowledged that this will not always be possible due to the different types of medication available.

The care worker must report to their Line Manager any problems identified, such as the adult service user does not comply with some or all of the support that is offered e.g. does not store medication safely, does not take medication when reminded; hoards medication. The Line Manager will discuss with the allocated Social Worker / Care Co-ordinator or Wigan's Central Duty Team to generate a new referral.

Tasks the care worker **Must Not** carry out under LEVEL ONE support:

1. Administer medicines
2. Carry out any invasive, clinical or nursing procedures.

## **IMPORTANT**

**In the event of drug error, such as:-**

**Incorrect dosage  
Incorrect medicine  
Missed dosage  
Over administration**

(This is not an exhaustive list and is only a sample of incidents that could occur.)

**The adult service users GP must be informed immediately. In the event that the GP is unavailable medical advice must be sought from either NHS Direct; A & E; Chemist. The care worker must report the incident to their Line Manager.**

All action taken must be recorded accordingly at the time of event on the medication record sheet in the adult service user's home.

## LEVEL 2 – ADMINISTERING MEDICATION

### **Supporting adult service users who need assistance to manage and administer their own medication due to their physical disability / frailty or who do not have the mental capacity to take full responsibility and direct others to assist them take their medication**

The assessment by the Social Worker / Care Co-ordinator may identify that the adult service user is unable to take responsibility for the medicines and needs assistance.

The adult service user must agree to have the care worker administer medication and consent should be documented in the adult service users plan. If an adult is unable to communicate informed consent, the prescriber must indicate formally that the treatment is in the best interest of the individual.

The Care Agency should adhere to CSCI's guide to good practice 'The administration of medicines in domiciliary care'.

Administration of medication may include some or all of the following:

- Where the care worker selects and prepares medicines for immediate administration, including selection from a monitored dosage system or compliance aid.
- Where the care worker selects and measures a dose of liquid medication for the adult service user to take.
- Where the care worker applies a medicated cream/ointment; inserts drops to ear, nose or eye; and administer inhaled medication.

Service Users / Service user's representatives or other parties may request the medication is dispensed in a Monitored Dosage Systems. The final decision as to whether medication can be dispensed in this manner will be made by the Pharmacist and appropriate advice given. It is acknowledged that this will not always be possible due to the different types of medication available.

There may be occasions when an adult service user's disability is so severe that the care worker will be required to place tablet / liquid medication directly into the adult service user's mouth. If any resistance is offered by the adult service user, the care worker must report this immediately to their Line Manager who will take the appropriate action.

The care worker must carry out the following actions before administering any medication:

- The care worker should only administer medication from the original container, dispensed and labelled by a pharmacist or dispensing GP.
- The care worker must check seal, expiry date and time medication is to be administered.
- The care worker must wash hands, use hand gel and put on protective gloves, before removing medication from packaging.
- The care worker must wash any utensils, dispensing cup, etc, before and after use.

- The care work must record each action on the medication record sheet.
- The care worker must return medication to safe storage area.
- The care worker must report any concerns to their supervisor promptly.

**The care worker must not administer medication when a 3<sup>rd</sup> Party e.g. family member has dispensed from the original container or Monitored Dosage System. This is Secondary Dispensing and is unsafe.**

Tasks care workers **Must Not** carry out under LEVEL TWO support:

1. Peg feeding
2. Administration of controlled drugs
3. Pressure sore / ulcer dressings

### **IMPORTANT**

**In the event of drug error, such as:-**

**Incorrect dosage  
Incorrect medicine  
Missed dosage  
Over administration**

(This is not an exhaustive list and is only a sample of incidents that could occur.)

**The adult service users GP must be informed immediately. In the event that the GP is unavailable medical advice must be sought from either NHS Direct; A & E; Chemist. The care worker must report the incident to their Line Manager.**

All action taken must be recorded accordingly at the time of event on the medication record sheet in the adult service user's home.

## **LEVEL 3 – ADMINISTERING MEDICATION BY SPECIALISED TECHNIQUES**

**In exceptional circumstances and following an assessment by a healthcare professional, a care worker may be asked to administer medication by a specialist technique.**

If this level of care is commissioned, it must be documented by the Social Worker / Care Co-ordinator on the ISPEC. A healthcare professional must train the care worker and be satisfied that they are competent to carry out the task. The Social Worker / Care Co-ordinator must co-ordinate between the healthcare professional and the provider to ensure that the appropriate training is carried out.

Administration of medication by specialised techniques may include some or all of the following:

- Administration of controlled drugs
- Pressure sore /ulcer dressings (Concerns about any pressure areas should be reported to the carers Line Manager who will take appropriate action)
- Peg feeding

Tasks care workers **Must Not** carry out under LEVEL THREE support:

1. Administering injections
2. Administration of suppositories or pessaries
3. Re-insert gastrostomy tubes; catheters tubes; Naso-gastric tubes

### **IMPORTANT**

**In the event of drug error, such as:-**

**Incorrect dosage  
Incorrect medicine  
Missed dosage  
Over administration**

(This is not an exhaustive list and is only a sample of incidents that could occur.)

**The adult service users GP must be informed immediately. In the event that the GP is unavailable medical advice must be sought from either NHS Direct; A & E; Chemist. The care worker must report the incident to their Line Manager.**

All action taken must be recorded accordingly at the time of event on the medication record sheet in the Adult service user's home.

**DEPARTMENT OF ADULT SERVICES  
MEDICATION FORM**

**MF1**

<b>NAME</b>	
<b>ADDRESS</b>	
<b>TEL No:</b>	
<b>SWIFT No:</b>	
<b>G.P. NAME</b>	
<b>ADDRESS</b>	
<b>TEL:</b>	

<b>MEDICATION LEVEL</b>	<i>Please tick appropriate box</i>
Level One – Prompt Only	
Level Two – Administer	
Level Three – Administering by Special Techniques	

<b>Medication details</b>	<b>Dosage</b>

<b>Health or Social Care Professional commissioning the service:</b>	
<b>Date:</b>	

<b>MEDICATION REVIEW DATE:</b>	
--------------------------------	--

This form **MUST** be completed by the Social Worker / Care Co-ordinator / Health Care Professional. Copy to be sent to the Provider; Commissioning Team and the Adult service users file.




