

Adult Social Services

Home and Community Support

Service Specification Draft

September 2009

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Introduction

In August 2010, the London Borough of Barnet's current homecare contracts will come to end. This is an opportunity for Barnet to develop a new service which will promote self directed care in the market, increasing flexibility and choice of provision for all service users, whilst ensuring that a sustainable capacity is available and that it can be secured by Adult Social Services within a costed framework.

The new service will be able to be deployed effectively to support alternatives to residential / nursing care, in accordance with preference of people to remain living within community settings. It will be a more integrated element of wider care pathways, working in close partnership with informal carers and other services/ processes to enable more people to achieve independence goals and a reduced dependency on Adult Social Services overall.

Barnet seek to maximise independence for an increased proportion of older adults, including those with mental health problems and of younger adults with long term conditions who are referred to Adult Social Services for help with personal care. Rather than offering a traditional domiciliary homecare service, Barnet seek to commission a service which demonstrates a commitment to better quality, dignity and safety, based on an outcome focused approach to delivery of support. It will offer a more consistent and equitable service provided to people who use social care services at agreed rates.

Significantly, this specification does not make reference to 'care' and chooses instead to use the term 'support' when describing the assistance that staff will offer to people who use services. This omission indicates Barnet's dedication to moving away from the dependence-creating model of homecare and instead embracing an approach to create independence and confidence in a service user's own ability. Support Workers will be expected to fulfil a wide range of activities, some of which do not fall within the standards tasks register-able under the Care Quality Commission (CQC). Whether the activities executed under this contract fall within the regulations or outside them, the method and approach of the worker should always be to enable and facilitate people who use a social care service to maximise their independence.

This document sets out a service specification relating to the provision of support to assist service users in both the home and community in the London Borough of Barnet. It describes the key features of the service that should be provided and should be read in conjunction with the terms and conditions section of the contract.

1 Regulatory Requirements

- 1.1 The Provider will be registered with the Care Quality Commission (CQC) and any subsequent regulatory body. The Provider meets the statutory requirement for registration and regulation of a domiciliary home care service under the Care Standards Act 2000 while it is still law, then under the Health and Social Care Act 2008 (Registration of Regulated Activities) Regulations 2009 and all subsequent regulations that may succeed the above.
- 1.2 The regulations under the Health and Social Care Act 2008 cover a wide range of essential standards of safety and quality. It should be noted that these regulations identify a standard of service provision which an agency providing support for service users living in their own home must not fall below. The Provider must use their best endeavours to maintain registration. The Borough must be informed of any change and provided with timely copies all substantive CQC notifications.
- 1.3 The Provider will be expected to offer a quality of service that strives to consistently improve upon and exceed these criteria.

2 Glossary of Terms

Carer

Someone who, without payment, provides help and support to a partner, relative, friend or neighbour, who is reliant on their support.

Care Manager

The council or health worker who is responsible for assessing the needs of the service user and allocating resources or a Personal Budget.

Enablement

An approach which focuses on re-enabling people so that they achieve their potential in terms of a stable level of independence with the lowest appropriate level of ongoing support. Please also see section 3 **Enablement in Barnet**

Support

Assistance that enables an individual to live with dignity and respect in the community. These are the activities, services and relationships that help people to be independent, active and well throughout their lives, and participate in and contribute to society.

Support Worker

A paid worker who assists a service user in achieving their identified goals and outcomes.

Support Plan

A written agreement between the service user, the Provider and Care Management, setting out how support for the service user will be provided within the resources available.

3 Enablement in Barnet

3.1 The Enablement approach is designed to facilitate the service user to maximise their independence and skill by providing the lowest appropriate level of intervention.

3.2 Every service commissioned by the London Borough of Barnet must now embed an Enabling philosophy at the heart of its operation.

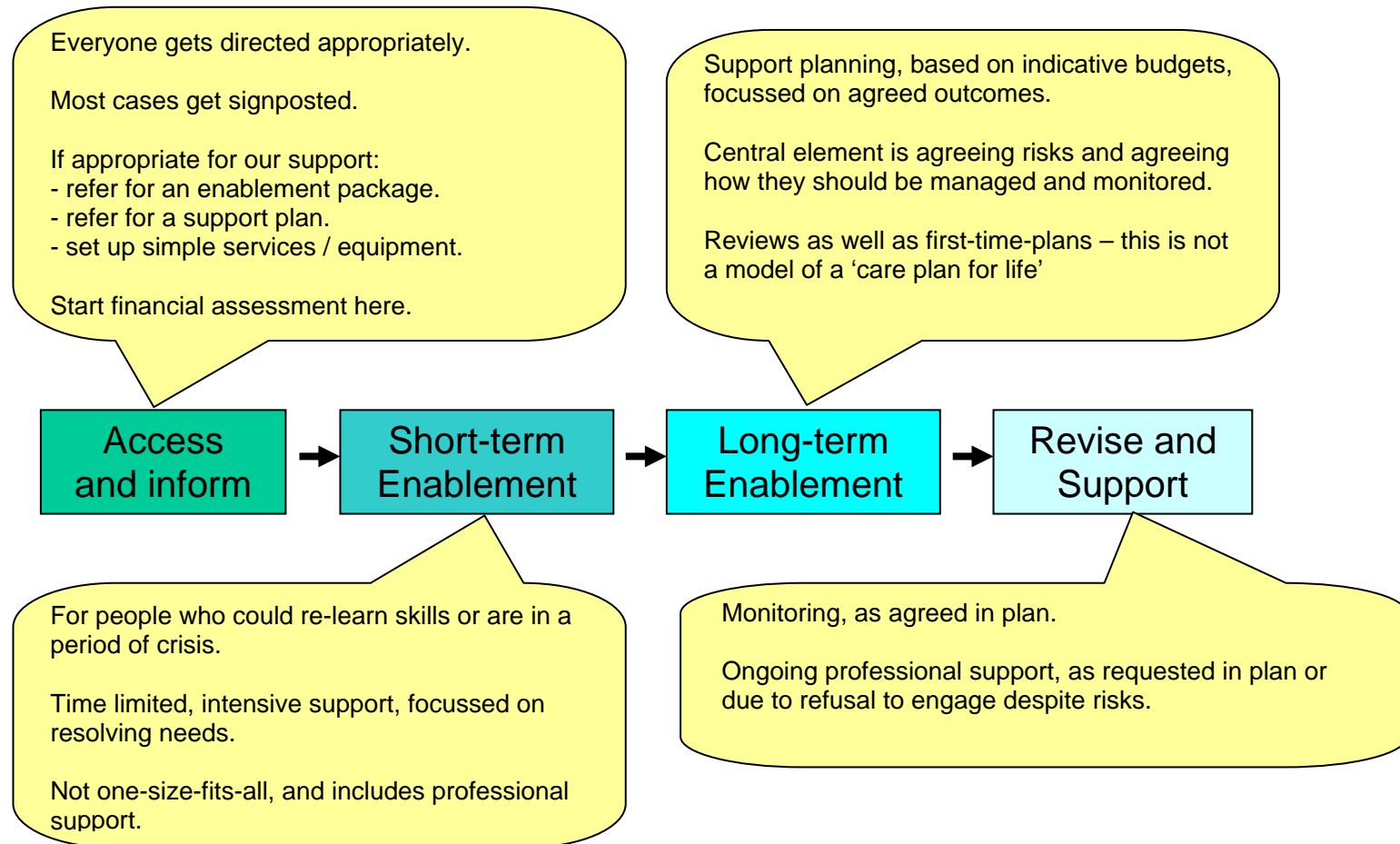
Barnet offers a range of services that seek to do this.

- Initiatives such as the development of assistive technology, 'Telecare', have a significant part to play in supporting people to remain in their home, while still feeling safe and supported, whether it be in an individual residence, sheltered or extra care housing.
- Since 2003, Barnet's Supporting People services have promoted a programme to deliver quality of life and promote independence for vulnerable people within the context of housing related support.
- The upcoming Floating Support service will be flexible and deliver outcomes leading to users being able to develop the skills to maintain their tenancies and to live independently in the community.
- Work with the voluntary sector and NHS Barnet with events such as **Living Longer, Living Better**, promoting a wide range of services that are giving more choice and independence to the borough's over 55s.
- Barnet is working to commission a discrete time-limited **Enablement Homecare** service, with a typical duration of 6 weeks, with the intention to achieve certain specified goals. This concentrates on individuals living at home who are entering the support systems either in the community or following a hospital admission. The service seeks to maximise their level of ability and independence. It can also be applied to existing service users who entered the support services prior to the implementation of Enablement.

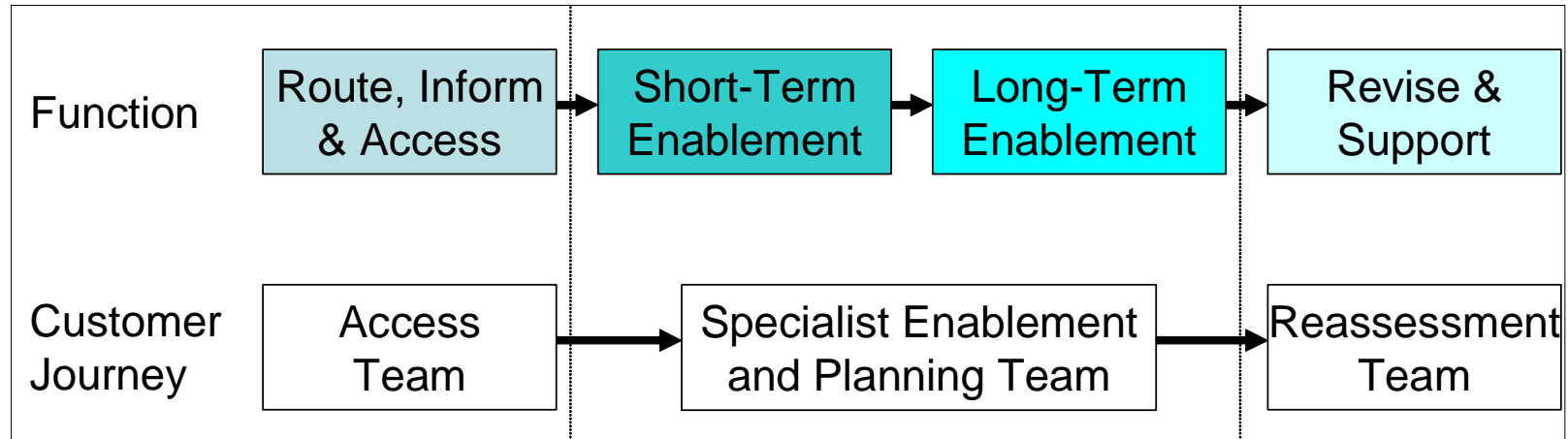
3.3 The relationship between this contract and the **Enablement Homecare** contract require that the Provider will supply support when necessary after the initial period of **Enablement Homecare**, and to continue to work within this approach to accomplish greater degrees of choice and quality of life for people who use a social care service.

4 The Care Model

The following diagram outlines the new model for Barnet's Care Management Teams.



Referrals for support under this contract will usually take place after the initial period of short-term enablement and come from the Specialist Enablement and Planning Team. For further information on possible routes for referral please see 8.1.



5 Principles of Support

The Provider will work with the Borough to ensure that support to service users is driven by the following principles:

- 5.1 People are individuals and have the right to dignity, privacy, confidentiality and independence
- 5.2 Service users should be central in making decisions about their own lives
- 5.3 All those involved in the provision of support and assistance are to ensure that they treat service users' homes and property with respect
- 5.4 Support is provided by the worker or workers of the service user's choice and with whom they can form a positive relationship
- 5.5 All those involved in providing support must acknowledge and respect people's gender, sexual orientation, age, ability and potential, race, religion, culture and lifestyle
- 5.6 Service users and their Carers must be assisted to exercise the greatest possible control over the way support is delivered
- 5.7 Support must use the enablement approach, facilitating and promoting independence by, whenever possible, supporting service users to be involved in tasks, when this is appropriate
- 5.8 Support should recognise the needs of carers and family members and work in partnership with them to achieve the service user's identified goals
- 5.9 Support must be flexible and be able to respond attentively to people's changing needs.

6 Provider Objectives

- 6.1 The aim of the Provider is to enable service users receiving home and community support to lead a good quality of life. The Provider should aim to maximise the service user's independence, enable them to remain safe and comfortable in their own homes for as long as possible whilst maintaining their individual dignity, allowing them privacy and freedom of choice
- 6.2 The Provider will provide support that will enable service users to maintain their contribution as active citizens within their communities for as long as possible
- 6.3 The Provider will offer support that will always seek to enhance the quality of life for service users, supporting them in doing tasks that they find difficult, maintaining and developing abilities, skills and motivation
- 6.4 The Provider will value difference and ensure the social, cultural and religious needs of service users are acknowledged and addressed
- 6.5 The Provider will work to sustain the existing support networks offered by carers, family, friends and their local communities, and will, wherever possible, create further links and build social capital
- 6.6 The Provider will use a 'whole person' approach in supporting the service user
- 6.7 The Provider will work in partnership with all those involved to ensure effective multi-agency working in order that the service user receives a co-ordinated approach to support
- 6.8 The Provider will be innovative in seeking to develop flexible and responsive services
- 6.9 The Provider will recognise that staff are accountable for the delivery of high quality services and set clear standards for all aspects of support
- 6.10 The Provider will identify ways to ensure that service users are involved in determining their own support and that their decisions are respected.

7 Individual service user Outcomes

7.1 General Outcomes to be demonstrated for all service users.

The council expects that as a result of receiving the service, service users can report the following:

- 7.1.1 Improved health and emotional well-being – ‘I am as healthy as I can be’:
Service users live longer and report better physical, mental and emotional health.
- 7.1.2 Improved quality of life – ‘I am able to live a fulfilled life’:
Service users have the best possible quality of life including life with other family members supported in a caring role. They are supported to access ordinary housing, transport, leisure, information, life-long learning and support that promotes well-being.
- 7.1.3 Making a positive contribution – ‘I can participate as a full and equal member of my community’:
Service users live, work, learn and participate their community as equal members. They are involved in planning and decision making about the direction of their support and in the design and delivery of the services they receive. Service users reporting a positive experience of their support.
- 7.1.4 Exercise of choice and control – ‘I have the same life chances as other adults’:
Service users determine for themselves where they live, how they are supported and how they spend their day, with reliable information and advice available in accessible formats.
- 7.1.5 Freedom from discrimination and harassment – ‘I have an equal chance to live free from avoidable harm, fear, discrimination and prejudice’:
Service users are supported to live without maltreatment, neglect and exploitation and are assisted to action against it as appropriate.
- 7.1.6 Economic well-being – ‘I am financially stable and have as much control as possible over my money’:
Service users have the opportunity to achieve economic well-being and have access to work and/or benefits as appropriate.
- 7.1.7 Maintaining personal dignity – ‘I feel valued by others’:
Service users experience secure, stable and good quality support. People experience privacy and appropriate levels of confidentiality.

Service users feel they are treated with respect and listened to, have a sense of self worth and are valued by others

7.2 **Specific service user Outcomes:**

7.2.1 Each service user will identify their personal Outcomes, specific to them as an individual. These must be specified clearly in an individual support plan agreed with each service user and signed off by the London Borough of Barnet. Support plan objectives for each service user must:

- derive from a written assessment of needs and associated risks
- be informed by the specific targets, if applicable, identified in conjunction with care management
- be defined and recorded clearly in their support plans in SMART terms

Specific

Measurable

Achievable

Realistic

Timely

- clearly “read across” to the 7 key outcomes for social care users
- be underpinned at all times by the principles of support outlined in section 2
- identify the respective responsibilities of the support provider, service user and, where applicable, other agencies
- be reviewed one month, three months and six months after completion of the first support plan, and at other times as appropriate

7.2.2 Each support plan will be regularly reviewed and the progress charted. The service user must be central to this reviewing process and their views and judgments should govern the development of their service and future support.

7.2.3 The Provider will have appropriate mechanisms for effective monitoring to measure the impact that the service has on individual service users. This will include quantifiable data on how far the service user has achieved each of the general and personal Outcomes (e.g. from “Not at all” through to “Fully”) and the service user’s experience and satisfaction level.

8 **Person-Centred Service Delivery**

The Provider is required to demonstrate that the following conditions are being met to ensure that service they provide is able to fulfil the range of service users needs. The sections below are not an exhaustive list but should be regarded as the core elements of service delivery.

The successful attainment of the aspects of service delivery outlined will ensure that service users under this Contract receive a consistent, reliable and professional standard of service, and that staff are capable of successfully supporting service users in meeting their individual Support Plans.

8.1 **Access to the service**

Service users receiving support under this specification may be referred from various care groups and under different funding streams. Service users will all be over 18 and require support at home or in the community.

8.1.1 Service users may fall under but are not limited to the following Care Groups:

- Physical and Sensory Impairment
- Transition
- Learning Disability
- Mental Health
- Drugs and Alcohol
- HIV/AIDS
- Older Adults (service users over 65)

8.1.2 Service users may fall under but are not limited to the following funding streams:

- Support purchased directly by LB Barnet
- Personal Budget
- Direct Payment
- Health Funded
- Self Funding (private purchaser)

- 8.1.3 Referrals can be made in the following ways:
- By telephone, from staff from the Barnet Brokerage Team, and will then be followed by a written confirmation of services requested.
 - By telephone, email or Textphone from the service user or carer themselves in the case of service users in receipt of Direct Payments. They may chose to enter into their own contract, but this specification should be offered as an option.
- 8.1.4 A support co-ordinator must be available to accept referrals at all times, both during office hours and in times of urgency, after hours and at weekends, on the telephone, by email, or by Textphone.
- 8.1.5 An appropriate response deadline must be agreed by both the Provider and the referrer at the initial point of contact and must be adhered to.
- 8.1.6 There is an expectation that the Provider will be able to offer a swift response in urgent cases, and will be adequately staffed to provide support with little or no notice.
- 8.1.7 The office must be staffed fully with both management and administrative staff for usual office hours of between 9am and 5pm, Monday to Friday and a duty officer must be available at all other times.
- 8.2 **Needs Assessment**
- 8.2.1 A service user's individual needs will be identified through an assessment completed by a Care Manager.
- 8.2.2 The specific outcomes to be achieved for the service user by their package of care will then be agreed between care manager, provider and service user.
- 8.3 Specific service user Outcomes:
- 8.3.1 Each service user will identify their personal Outcomes, specific to them as an individual. These must be specified clearly in an individual support plan agreed with each service user and signed off by the London Borough of Barnet. Support plan objectives for each service user must:
- derive from a written assessment of needs and associated risks
 - be informed by the specific targets, if applicable, identified in conjunction with care management
 - be defined and recorded clearly in their support plans in SMART terms

Specific
Measurable
Achievable
Realistic
Timely

- clearly “read across” to the 7 key outcomes for social care users
- be underpinned at all time by the **Principles of Support** outlined in section 5
- identify the respective responsibilities of the support provider, service user and, where applicable, other agencies
- be reviewed one month, three months and six months after completion of the first support plan, and at other times as appropriate

8.4 **Risk Management**

The Provider ensures that service users are supported to manage their own risk where possible and kept safe within a framework of recorded risk assessment compiled with the service user and/or their representative

- 8.4.1 There is a policy and procedures for the management of risk; these are evidenced in systems and practice
- 8.4.2 Care Management or health workers provide a comprehensive risk assessment for service users who lack capacity or where there are significant risks that the Provider needs to be aware of. The Provider records and implements practical control measures to minimise risk
- 8.4.3 The risk assessment is reviewed regularly to ensure that the service user’s changing needs are adequately addressed
- 8.4.4 Risk assessors are competent and receive specific training
- 8.4.5 Where changes in risk are identified, these are communicated to the service user, and/or their representative and the care management team. The solution agreed is the least invasive and offers the service user maximum independence and control

- 8.4.6 Service users are offered the opportunity to accept and assume a certain degree of risk and this procedure is clearly recorded and, where necessary, signed off appropriately by Care Management
- 8.4.7 Staff are familiar with, and work under, Barnet's Multi-Agency Policy and Procedures for Safeguarding Adults
- 8.4.8 Staff are familiar with a comprehensive Code of Practice which includes a statement that Support Workers will not be accompanied to work by members of their family or friends, or reveal the whereabouts of service users to any unauthorised persons. This Code of Practice will include procedures for handling money, receipts, key holding, gifts, bequests etc. This document will have been signed by the Support Worker to certify that they both understand and abide by the code

8.5 **Joint Working**

The Provider will work collaboratively with other services in Barnet for the benefit of, and with the focus on, individual service users

- 8.5.1 Where there are a number of providers or agencies involved with a service user, the Provider must work in co-operation with them to achieve a co-ordinated approach for the service user.
- 8.5.2 Where a service user exercises their right to choose a different support provider, for whatever reason, the Provider must endeavour to work with them to facilitate a seamless transfer of support
- 8.5.3 The Provider must make relevant information easy to access and simple to understand while strictly adhering to the service user's right to confidentiality.

9 Communication

9.1 Initial Service Delivery

9.1.1 Prior to the commencement of service, the Provider should undertake an initial evaluation of any general risks to health and safety of the service user and their staff, and ensure that support workers are aware of risks and ways to minimise them

9.1.2 The risk assessment and acceptable risk and/or actions to mitigate risk are agreed with the service user and/or representative, and recorded

Please also see 8.4 **Risk Management** for further guidance on risk.

9.1.3 Wherever possible, service users are provided with information packs about the service **prior** to their individual service commencing. Where this is not possible, due to urgent support required with little or no notice, information packs are provided within a maximum of 48 hours of the service commencing

9.1.4 The information pack outlined in 9.1.3 must include an explanation of the complaints procedure and the process through which complaints can be escalated to the council

9.1.5 Clear information is provided to service users from the outset, outlining the individual agreed service to be provided and how that can be changed

9.1.6 Where a service user is using a Personal Budget, service users are aware of the tariff of costs for different elements of the service and have a breakdown of their individual service costs.

9.1.7 Where possible, the support worker identified should attend any initial assessment or meeting with the service user to assist in beginning to develop a good relationship. See also 9.3 **Key Working**.

9.2 Service Delivery

9.2.1 Systems and practices ensure that service users are involved and informed when there is a need for changes to support workers, call times, etc.

9.2.2 Where there is at least 48 hours notice of a change to the expected service, the service user is informed in writing where appropriate.

9.2.3 The number of support workers involved with a service user is kept to a minimum to facilitate familiarity and developing positive relationships. However, this should be managed in conjunction with condition 9.2.4.

9.2.4 When necessary, additional staff are made available to a service user in the event that their unusual identified support worker is unable to assist through sickness, holiday, etc. Whenever possible, these should be support staff who have had previous positive association with the service user.

9.3 **Key Working**

9.3.1 Though there may be a number of support workers involved in a package of support, each service user will have a named key worker responsible for co-ordinating their support plan and linking with other staff and colleagues

9.3.2 Whenever possible, this worker should attend the initial assessment and participate in drawing up the support plan with the service user and Care Management

9.3.3 This person will most likely be the worker with the most intensive involvement with the service user but may be any support worker of the service user's choice

9.3.4 When changes to the support plan are identified as needed, the key worker is responsible for liaising with Care Management as appropriate.

9.4 **Exit from Service**

9.4.1 Once a period of support has been concluded, the Provider must ensure that the service user is both confident and comfortable without further involvement. Information to the contrary should be reported appropriately

9.4.2 The Provider must ensure that the service user has sufficient information to access resources independently

9.4.3 The Provider must ensure that the service user has sufficient information to contact and re-enter the service if necessary

9.4.4 Customers leaving the service must be asked to complete an exit survey about the quality of the service, the outcomes they feel they have achieved and the ways in which they think the service could be improved.

10 Standard Service Delivery, Deployment of Resources

The Provider will have access to appropriate resources to support service users and ensure that they have control of their individual service design to meet with the agreed Outcomes in their individual Support Plans. Staff will be recruited and trained to deliver high quality and flexible services to meet individual support plans.

10.1 Recruitment and Staffing

10.1.1 There is a recruitment and selection policy that takes account of all current legislation. The policy covers recruitment, advertising and interviewing

10.1.2 The policy outlined in 10.1.1 ensures that a minimum of two satisfactory written references (including one from the most recent employer) are routinely obtained before new support workers commence work

10.1.3 There is an on-going recruitment process to ensure sufficiency of trained staff for both the delivery and management of the service

10.1.4 Enhanced Criminal Records Bureau (CRB) checks and Protection of Vulnerable Adults (POVA) checks are required and in place for staff. The portability and durability of CRB checks is in line with statutory requirements

10.1.5 There are robust contingency plans to cover unexpected staff shortages.

10.2 Staff Training

10.2.1 Enablement and Outcome-based approaches are explicit in the policies and procedures for the organisation

10.2.2 There is a robust programme of training and induction which ensures that all staff are supported to work in a flexible way that respects and fits with service users' lives

10.2.3 There is a procedure for matching staff skills, training and proficiencies with service users' needs, including requirements related to religious and ethnic background. Where gaps are found these are recorded and action is taken to address them

10.2.4 The Provider works with the National Skills Academy for Social Care, or other suitable organisations, to benefit from the work currently being undertaken to transform provision and promote excellence in skills development, learning support and training practice in social care

10.2.5 Staff can demonstrate their ability to communicate effectively with service users

10.2.6 All staff have a documented period of induction which incorporates philosophy and approach to support; working with rather than delivering to, with the intention to create independence and enable the service user to develop and retain their own skills.

10.3 **Staff Evaluation and Personal Development**

10.3.1 Staff have an identified line manager who provides regular one-to-one supervision and keeps written records that are held in an individual staff file

10.3.2 Staff are continually monitored with regular supervision sessions with an identified senior staff member no less frequently than on a 6-weekly basis to enable them to develop the necessary skills to meet the service needs

10.3.3 Signed training records are available for each staff member showing that all staff receive induction training, on-going refresher training with regard to mandatory training, and specialist training to meet the range and complexity of work to be undertaken

10.3.4 Staff have the opportunity, through supervision and direct approach, to highlight areas of work for which they need, or would like to attain greater expert guidance and training. This is logged appropriately in the staff file and results in suitable action to achieve these identified goals

10.3.5 Staff have a planned annual appraisal, building on previous work and setting out objectives for future development

10.3.6 There are regular team meetings to ensure that services develop to meet the changing needs of service users and to allow staff to have the opportunity for shared learning in a structured environment

10.3.7 Individual staff members' personal development/action plans are recorded and reviewed on a regular basis to ensure high quality standards of support for service users

10.3.8 There is a programme of access for staff to funding and opportunities for certified training courses and qualifications e.g. NVQ.

10.4 **Office Management**

10.4.1 The service is provided 365 days and nights each year if required. The Provider ensures that there is appropriate management of the full service delivery, with emergency support for out of office hours services

- 10.4.2 A permanent site must be maintained within the London Borough of Barnet to offer a presence and basis for operations at all times
- 10.4.3 The office must be suitable and available to members of the council, or to service users and their carers, who may wish to visit, access records, or discuss confidential information
- 10.4.4 There must be an identified manager or designated officer who can, at all times, take responsibility for decision making on behalf of their organisation
- 10.4.5 The office and its staff must be accessible to service users via a range of media such as email, telephone and text phone
- 10.4.6 Interpreting and translation services must be made available upon request
- 10.4.7 There must be a dedicated telephone line for urgent referrals and for ease of contact by service users
- 10.5 Record-keeping and Administration
 - 10.5.1 Accurate records are maintained about service users' individual services/accounts
 - 10.5.2 An electronic system, supplied or approved by the council, accounts for individual service users' service delivery and enables service users to have choice and control over the delivery of service within their Personal Budget, where appropriate, to meet their recorded Outcomes.
- 10.6 **Policies, Procedures and Codes of Practices**
 - 10.6.1 Enablement and Outcome-based approaches are explicit in the policies and procedures for the organisation
 - 10.6.2 The Service operates effectively and efficiently to deliver good quality, flexible services to service users, implementing and maintaining good practice through robust policies and procedures, in line with the Care Quality Commission's requirements. The Provider meets all the legislative and regulatory requirements and works to a programme of continuous improvement
 - 10.6.2.1 The service responds to the diverse practical and emotional needs of the service users and promotes a culture of empowerment amongst staff and service users

- 10.6.2.2 The Provider's Code of Practice includes statements on the need to deliver services in such a way as to take account of living patterns and cultural, racial, religious, social, spiritual and emotional needs
- 10.6.2.3 There is a clear policy recognising and mandating the importance of privacy and confidentiality of information
- 10.6.2.4 The Code of Practice includes a statement on service users' rights, procedures for handling money, and requirements for vehicles to be insured for business use, for example. Staff understand this and put this into practice in their everyday work. Upon commencement of a support worker's employment this has been outlined to them and a signed copy kept on file
- 10.6.2.5 Robust policies and procedures are in place and staff are familiar with them and work in-line with them at all times
- 10.6.2.6 Systems and practice ensure that service users are respected and confidentiality is maintained
- 10.6.2.7 The Provider is designed and managed to ensure that the service user is at the centre of all planning and decision making
- 10.6.2.8 The Provider can evidence reliability, flexibility and consistency of good standards of support to service users within a framework of open communication
- 10.6.2.9 The Provider adheres to Barnet's Medication Policy with a clear summary for Support Workers on how to comply.

10.7 **Quality Assessment and service user Satisfaction**

- 10.7.1 A robust system of quality assurance is in place, based on the Outcomes for service users, which clearly defines the standards and indicators to be achieved and monitored on a continuous basis by staff and their line managers to ensure that the service is run in accordance with the best interests of the service users
- 10.7.2 There is a documented system for monitoring, recording and acting on the views of service users regarding support offered and how it is provided
- 10.7.3 The quality system documents the standards required, the method of attaining these, and the audit procedure
- 10.7.4 The quality system analyses feedback and measures the success of the Service in meeting the aims, objectives and statement of purpose of the

service and service users, which includes the requirements under the council's contract

- 10.7.5 The quality assurance report summary is routinely made available to service users and the council
- 10.7.6 Within the quality assurance system there is a defined process for consulting regularly with service users and/or their carers about the service and mechanisms for taking account of feedback to improve service delivery
- 10.7.7 There are various means for service users to feed back with regard to service delivery and Outcomes being met, taking account of service users' individual preferences as to the mechanism of feedback (questionnaire, interview, phone call, service review etc) and format (language, pictorial, font size, etc)
- 10.7.8 There is a regular and timely process in place with adequate response times and signposts to independent supports for the completion of feedback should the service user require assistance
- 10.7.9 When written feedback, both complimentary or constructive, is submitted, a formal response from the provider is supplied noting its receipt and the action that will follow
- 10.7.10 There is comprehensive recording of regular reviews, demonstrating flexible service delivery and noting service users' preferences about how the service is to be delivered to meet their Outcomes. Recorded information is shared with service users.

10.8 **Risk Management**

The Provider ensures that service users are supported to manage their own risk where possible and kept safe within a framework of recorded risk assessment compiled with the service user and/or their representative

- 10.8.1 There is a policy and procedures for the management of risk; these are evidenced in systems and practice
- 10.8.2 Care Management or health workers provide a comprehensive risk assessment for service users who lack capacity or where there are significant risks that the Provider needs to be aware of. The Provider records and implements practical control measures to minimise risk
- 10.8.3 The risk assessment is reviewed regularly to ensure that the service user's changing needs are adequately addressed

- 10.8.4 Risk assessors are competent and receive specific training
- 10.8.5 Staff are familiar with, and work under, Barnet's Multi-Agency Policy and Procedures for Safeguarding Adults
- 10.8.6 Staff are familiar with a comprehensive Code of Practice which includes a statement that support workers will not be accompanied to work by members of their family or friends, or reveal the whereabouts of service users to any unauthorised persons. This Code of Practice will include procedures for handling money, receipts, key holding, gifts, bequests etc. This document will have been signed by the support worker to certify that they both understand and abide by the code.

10.9 **Community Resources**

The Provider has a documented strategic approach to linking with the local community and promotes community-based projects and services, enabling service users to maintain established community links and forge new ones

- 10.9.1 The Provider is pro-active in linking with neighbourhood schemes and organisations to find solutions to meet service users' identified support Outcomes and working with local community services collaboratively
- 10.9.2 The Provider has sufficient resources/materials to be able to inform service users about a wide range of community services
- 10.9.3 Support workers feel comfortable, and are capable of researching and identifying suitable opportunities and alternatives to meet service users' identified outcomes
- 10.9.4 Support workers are able to explain orally and provide written reports on local resources and information to a reasonable standard, clearly understood by the service user and in the format that they request
- 10.9.5 Support workers encourage and enable service users (should they wish) to participate in community leisure activities, interest groups, employment and academia
- 10.9.6 Support workers are aware of their role in health promotion and link with community nursing services, local GPs and pharmacists.